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Over the course of every fifty years, there are thousands of people met, decisions made, and changes agreed and acted on. On a global scale, fifty years can set the scene for vital discoveries, in the field of medicine for example, or incredible innovations that can revolutionise ways of communicating, working and living, or significant new courses which review international commitments and trends from human rights to the International Development Agenda.

Consider medical science, which in 1968 was deeply different. Fifty years ago, the knowledge that DNA is responsible for genetic transmission was just gaining ground. Today, we can modify DNA to cure genetic diseases. In the field of cancer, over the course of fifty years we have gone from using cytostatic drugs which have a wide area of effect, to molecular tools which only destroy the tumour cells. Unimaginable progress.

When it comes to international cooperation, in 1968 this was guided by an approach set by the Marshall Plan and the Warsaw Pact, wherein bilateral cooperation projects with a direct rapport between donor and beneficiary countries were started. Following the Second World War, the creation of the Universal Declaration of Human Rights imposed obligations for the international community to intervene on violations; and with the highlighted process of decolonisation, supranational institutions also engaged in multilateral cooperation. However, these interventions are mostly passed by national governments to accelerate industrialisation, agricultural mechanisation and projects of public interest. Since the 1960s a different method of cooperating has been developed, which is bottom-up, has a voluntary basis and is driven by ideals and the desire to be enactors of change. As such, non-governmental organisations (NGOs) were born, which were linked to the most vulnerable people of our cities from accessing healthcare. Fifty years have transformed and enriched us and have brought healthcare competence to life. A voluntary commitment stemming from the desire to bring the right to wellbeing to the poorest people in the world, facilitated through evening meetings aimed at organising missions in very remote areas of Kenya, Ethiopia and South Sudan. We have had fifty years of exciting victories and profound defeats, of saved lives and lost ones, of dreams come true and critical experiences from which we have recovered. Fifty years of wars, migration, economic growth and newly-developed poverty. From living through the social and economic changes at both a global and local level, we have changed as well.

We are, as always, faithful to our decision to save the highest number of lives possible, by focusing our efforts on the most widespread and deadly diseases, and also to act as promoters of real development through the strengthening of communities and local health workers. We have therefore revised, improved and updated our method of action. An example of this is our ever-growing collaboration with non-health-related actors, which was created with the awareness that health is made up of many determinants, and that it needs a holistic approach made possible through the development of partnerships.

CCM’s fifty years have been made up of many healthcare staff, of caesarean sections taught and learned, of vaccinated children, of women assisted during pregnancy and delivery, of premature babies cared for with the warmth of their mothers, of communities met, of small isolated hospitals rendered functional, of centres which help prevent severe malnutrition, and of villages aided by mobile clinics. Today, CCM is the fruit of many people’s labour; people from different origins, backgrounds and cultures who with their passion, skills and values have shaped the organisation in these fifty years. The exchange of knowledge and mutual understanding has bound us together, enriched us on a human level and continues to motivate us. It has also convinced us to take action here in Italy, providing us with the ability to break down the social and cultural barriers that hinder the most vulnerable people of our cities from accessing healthcare. Fifty years have transformed and enriched us and have brought healthcare competencies to Africa and Italy.

We are ever ready to get involved, to give our contribution to the International Agenda and search for new allies and new ways to achieve the best healthcare possible. For us CCM, it is an important human enrichment and an essential commitment.

Marlena Bertini
Executive Director
In 1968, a group of young doctors and medical students from Turin decided to take action to guarantee the right to health for all: the Comitato Collaborazione Medica (CCM) was born. For 50 years we have been providing healthcare skills in areas where local health workers need training. We support and train community health workers so that they are able to treat patients appropriately, even in the poorest areas and under the most difficult circumstances. We look after the most vulnerable groups in society, in particular women and children, who continue to have a high mortality rate.

Our first international cooperation project was in Kenya in 1970, in the rural Eldama Ravine Hospital. This means that we have been in Kenya for nearly 50 years, and we are now in Nairobi and in the Isiolo area. In 1983, we set up the first training course for local health workers in Wau, South Sudan. We are still there, despite war, violence and logistical difficulties, supporting the hospitals in Turalei, Tonj and Maria Lou, as well as the area’s healthcare centres. Our first project in Ethiopia dates back to 1983. Since then, we have continued our work in Bale Zone, in Tigray and in Somali Region. We have been in Burundi since 1992, especially in Cibitoke where we have built a transfusion centre, improved its hospital and established a neonatal unit: 25 years in maternal and child health. In 1997, we set up, and continue to run, the rehabilitation and physiotherapy program at Lacor Hospital in Uganda. We have been in Somalia since 2004, where we continue to battle against the great pandemics, especially tuberculosis. The countries we work in are particularly challenging, and improvements are slow, but we continue to support these countries by bringing the best possible health services to their poorest areas.

Since 1978, CCM in Italy has been committed to providing training for doctors who want to join missions in Africa. We now continue this training through our Global Health Course and scientific meetings. We have also turned our attention to the poorest and most vulnerable people in Piedmont. Thanks to the knowledge and skills developed in Africa, we are able to organise multicultural training workshops for health workers, in collaboration with many local health authorities, and we train workers who are committed to the reception and management of migrants. The current economic climate has increased the number of vulnerable people. With this in mind, in Turin we are now collaborating in the management of two clinics for those most in need, where we offer an initial screening and then direct patients to the National Healthcare Service. Since 2005, we have been working in schools, bringing students and teachers together to discuss important topics, such as discrimination and bullying.
We support developmental processes that protect and promote the right to health with a global approach, working on health needs and influencing socio-economic factors, identifying poverty as the main cause for the lack of health.

We focus on the poorest people and work in the most disadvantaged areas of the world, with the help and collaboration of individuals and communities in Italy and disadvantaged countries.

We work via international cooperation projects in the health sector; education programs for global citizenship and health promotion; support for fair policies; measures to protect migrants' and nomads' health.

Our values are:

1. **Respect** for people's dignity
2. Secularism, pluralism and acceptance of others, with the aim of establishing peace
3. **Participation** and establishment in areas
4. Honesty and transparency
5. **Solidarity** as an act of justice
6. Sobriety
7. Voluntary work and professionalism
8. Testimony
9. **Appropriate** technology
10. Development of local professionalism

**CAPACITY BUILDING**

**ON-THE-JOB TRAINING**

**VOLUNTEERING**

**GLOBAL HEALTH**

**TASK SHIFTING**

**COMMUNITY PARTICIPATION**

**APPROPRIATE EQUIPMENT**
CAPACITY BUILDING

We bring skills to African health workers, who in turn use these skills to treat their own communities. Our primary commitment is to improve their ability to respond to their community's health needs and to individuals' emergencies. Our capacity building programs include formal and informal training courses. The formal courses combine theory and practice and involve hospital and health centre health workers, as well as community workers who are responsible for raising health awareness and education in the villages. The informal training is mostly on the job, shadowing doctors and nurses, international volunteers and local health workers.

ON-THE-JOB TRAINING

This is one of the simplest and most effective ways to pass on knowledge and skills: on-the-job training shadowing experts, for those who are less experienced, providing direct learning in a hospital, in operating theatres, visiting patients and during check-ups in the mobile clinics that reach the most remote villages. Those who know how to perform a specific task teach it to their less-expert colleagues. This is one of the essential aspects of our volunteer doctors’ missions, and the same applies to our health workers with their new recruits; both produce extremely positive results.

TASK SHIFTING

It is essential to ensure that the few health workers present in each area are skilled and able to respond to the highest possible number of health needs. For this to be possible, the redistribution of tasks and responsibilities between different health workers is a highly effective strategy; this is called ‘task shifting’. We train non-medical staff in life-saving surgery (for example, caesarean births) even in the smallest health centres.

APPROPRIATE EQUIPMENT

Appropriate equipment is available, and can be used, even in remote and very poor areas to deal with particularly important health concerns. In practice, the equipment is very low cost, easy to use and maintain. A perfect example is kangaroo mother care (KMC) for preterm and low-birth-weight newborns: simple wraps allow newborn infants to benefit from their mother’s body warmth and skin-to-skin contact. This is producing excellent results in terms of saving lives in places where an insufficient number of incubators could be provided, and where maintenance would be impossible, due to cost and lack of skills. Furthermore, experience has shown that using this type of equipment also promotes a joining together of healthcare provisions and social setting, working to break down potential cultural barriers and encouraging the community to use the available health resources.

COMMUNITY PARTICIPATION

Engaging with local communities is another fundamental aspect of our work. Understanding their real needs, and sharing the creation and implementation of our plans, increases our programs’ effectiveness. In addition to having facilities that work and appropriate skills, the local people must be made aware of how important it is to prevent and treat diseases. Our presence in these countries for many years works in our favour, as the people now know and trust us. Moreover, the choice to reinforce the National Health System, instead of creating a parallel one, allows us to work as a team with the local communities. This means that in time they will be able to continue the work without us.

GLOBAL HEALTH

Global Health is a research and action approach, defined by adopting a broad view that analyses the interdependence between local and global phenomena, and benefiting from the contribution of many inter-disciplines, as well as those that are typically health-related (social and human sciences, economy and law). We have wholeheartedly adopted this approach since the 1990s, increasingly paying attention to the various determinants of health. Our activities aim at establishing useful teamwork so that health service improvements go hand-in-hand with integrated community strengthening; for example, by means of income-generating activities and improvements to the infrastructure needed for better hygiene.

VOLUNTEERING

The CCM was set up by a highly motivated group of volunteers in 1968. The same strong sense of motivation still allows today’s volunteers to overcome the many physical and psychological challenges that our missions bring with them. Without this strong motivation, it would be difficult for our volunteers to continue to take part in missions (which often happens), or to continue their work when they return home, raising awareness, sharing their experiences and involving others (as they continue to do). Over the years, the organization has been structured so as to increase the impact of its actions. Today, the CCM is no longer just a volunteer organization; it also has a strongly motivated staff of professionals, both in its offices and in the field. However, volunteers are still one of our most precious resources.
The Comitato Collaborazione Medica (CCM) is a Civil Society Organization (OSC in Italy), recognized by the Italian Agency for Development Cooperation (Law no. 125/2014, Decree 2016/337/000148/5), already eligible to undertake activities in low-income countries under the terms of Law no.49/1987. The association obtained its legal personality in 2010.

The CCM’s headquarters are in Turin, where full and part-time employees work together with volunteers to implement policy and strategy recommendations from associate bodies, and to ensure the coordination and overall control of activities.

With the exception of Uganda and Somalia, the CCM has a stable organisational structure in every country, supervised by a Country Representative.

Governance
The main governance assets are set out in the Statute (Article 3).

The CCM Members’ Assembly approves and modifies the Statute; it approves the admission and exclusion of Members presented to the Executive Board; it elects members of the Executive Board; it elects the College of Auditors; it examines and approves the annual activity report and the budget presented by the Executive Board; it examines and approves the program presented by the Executive Board for the following financial year; it makes all the necessary decisions on Members’ proposals.

The Executive Board is composed of seven Members, with a 3-year mandate. It elects the President, Vice President and Treasurer. It is responsible for developing and deciding on CCM policy and strategy. It evaluates CCM activities, promotes fundraising and decides on the allocation of raised funds. It decides on new project proposals and the continuation of those that are already ongoing. It periodically assesses activities, and authorizes the signing of contracts with staff, and third-party agreements. Since 2008, the Executive Director has guided and coordinated the operational structure, to implement the strategic guidelines provided by the Board. The Executive Director reports to the Board and is responsible for the results.

The College of Auditors is responsible for verifying the management accounting and for compiling the final statement of account.

CCM Members’ Meetings
25 March 2017
Migrants: their needs, rights, and welcome and integration services

17 June 2017
Targets for sustainable development and the right to health.
Approval of the Mission Report and 2016 operating budget.

CCM Advisors
Marilena Bertini • President
Ugo Marchisio • Vice President
Anna Valesano • Treasurer
Matteo Bolla
Maria Teresa Perenchio
Francesco Ponzio
Francesco Torta

CCM Auditors
Mario Moiso • Chairman
Antonio Mainardi
Michele Romano
Human Resources

We have always valued both our paid and volunteer staff, all of whom have always been essential in helping us realize our plans. They are competent and motivated individuals, Italians and Africans, who passionately commit to the cause every day.

### Employees

<table>
<thead>
<tr>
<th></th>
<th>Paid</th>
<th>Voluntary</th>
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</thead>
<tbody>
<tr>
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<td>208</td>
</tr>
<tr>
<td><strong>Africa</strong></td>
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<td>15</td>
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<tr>
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<td>2</td>
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<td><strong>Ethiopia</strong></td>
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<tr>
<td><strong>Somalia</strong></td>
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<tr>
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<td>1</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td>-</td>
<td>2</td>
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<tr>
<td><strong>Regional Health Advisor</strong></td>
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<td>-</td>
</tr>
<tr>
<td><strong>Preliminary total</strong></td>
<td>587</td>
<td>223</td>
</tr>
<tr>
<td><strong>TOTAL (on payroll and volunteer)</strong></td>
<td><strong>810</strong></td>
<td><strong>663</strong></td>
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### Volunteers

<table>
<thead>
<tr>
<th></th>
<th>Paid</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td><strong>Africa</strong></td>
<td>476</td>
<td>14</td>
</tr>
<tr>
<td><strong>Burundi</strong></td>
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<tr>
<td><strong>Ethiopia</strong></td>
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<td>2</td>
</tr>
<tr>
<td><strong>Kenya</strong></td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>Somalia</strong></td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td><strong>South Sudan</strong></td>
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<td>2</td>
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<tr>
<td><strong>Uganda</strong></td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td><strong>Regional Health Advisor</strong></td>
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<td>-</td>
</tr>
<tr>
<td><strong>Preliminary total</strong></td>
<td>503</td>
<td>160</td>
</tr>
</tbody>
</table>

The work done by volunteers in 2017 has an estimated value of around 365,000 euro

In **Italy**:
- **37 employees**: 12 men - 25 women
- **208 Volunteers**: 71 men - 137 women

**In the African countries**: 550 employees: 377 men - 173 women
- **15 Volunteers**: 7 men - 8 women
- **9 expatriates** (European personnel): 2 men - 7 women
- **37 regional staff** (from neighbouring African countries): 25 men - 12 women
- **512 local staff** (local African personnel): 352 men - 160 women
Volunteers and Support Groups

2017 was a year of innovation and change for CCM volunteers. Two clinics, dedicated to the vulnerable groups in the population, were set up in Turin, involving volunteers for the first time in Italy in clinical activities. A new local group (the Needle Association) was established in Caluso, and the first volunteer weekend was organized, to strengthen volunteers’ sense of identity and belonging.

But it was also a year for continuing events for CCM volunteers and friends: training (cultural competence, medical anthropology, ethnopsychiatry), in-depth project study and a focus on countries we work in, exchange of experiences and informal gatherings reflecting on themes that are important to us (for example, the film forum on discrimination and bullying).

Volunteer participation is an integral part of the CCM’s mission. Their hard work, professionalism, passion and responsibility continue to make the difference and provide the best testimony to our work on the ground.

In 2017, 15 volunteers went on missions to Africa, in 18 missions. Among those who took part in our Global Health Course, 3 had the opportunity of undertaking a volunteer training mission at the Ikonda Hospital in Tanzania. 18 people have continued their collaboration in supporting the hospital’s various activities, providing a wide variety of skills. Around 60 volunteers have been working in Italy in training and global citizenship education, and in projects that include vulnerable groups. 3 young women have completed their Civil Service course, and two others have begun it, here in Turin, with the Italian Projects area. Around 130 people have been involved in fundraising and awareness-raising activities.

The support groups have continued to organize initiatives to raise awareness and generate funds; this contributes to the association’s economic sustainability. Among these groups, we want to recognize: Gruppo Volontari Torino, Volpiano for CCM (Turin), Amici CCM Ivrea Amici di Nanni (Cuneo), Gruppo Pulia (Saluzzo), Amici CCM Arazano (Genoa), Comitato “Per Terre Remote Onlus” (Sonfrio), Amici di CCM Bergamo — Monte Marenzo, Amici Mondo Domani Bitonto (World Friends Tomorrow Bitonto) (Bari). The Needle Association, established in Caluso in 2012 by a group of young people, including several health professionals, officially became a CCM support group in 2017, providing us with activity support on the ground and on health missions in Africa.

Organizational structure

(Updated May 2018)
**Sounding board**

This was born from the desire to compare ourselves with others — with people who live and work in realities that are different from ours — and also through international co-operation, giving us ideas and different points of view to reflect on. Established in the first half of 2017, the CCM’s Sounding Board meets around twice each year.

**The CCM Sounding Board:**

- **LORENZA BRAVETTA**
  Sociologist
  Expert in visual arts and advisor at MI-BACT (Italian Ministry of Cultural Heritage, Activities & Tourism)

- **ANDREA SILVESTRI**
  Marketing and communication expert, CEO of the social enterprise Trame d’Italia s.r.l.

- **RAFFAELE MASTO**
  Journalist and Africa expert
  M.D., Chairman of Turin Medical Doctors Professional Association

- **GIUSEPPE COSTA**
  Epidemiologist and expert in health inequalities
  Professor of geography and political economics, and expert in International co-operation

- **EGIDIO DANSERO**
  Epidemiologist and expert in health inequalities
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- **FLAVIANO ZANDONAI**
  Euricse (European Research Institute on Cooperative and Social Enterprises) researcher and secretary of the Iris Network

- **LORENZA BRAVETTA**
  Sociologist
  Expert in visual arts and advisor at MI-BACT (Italian Ministry of Cultural Heritage, Activities & Tourism)

- **MARTINO GRINDATTO**
  Expert in corporate business and social activities
  M.D., expert in global health, development and international cooperation

- **STEVEN RHEINGOLD**
  Senior Managing Director of Accenture
  Marketing and communication expert, CEO of the social enterprise Trame d’Italia s.r.l.

- **CHIARA SARACENO**
  Sociologist

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**Networks**

**INTERNATIONAL**

White Ribbon Alliance, WHO – GIEESC (Global Initiative for Emergency and Essential Surgical Care), Europa Asilo (Europe Asylum)

**NATIONAL**


**LOCAL**

COP (Piedmont NGO Consortium), CCVD (Committee against Violence against Women), GRIS (Regional Group on Migration and Health of SIMM – Italian Society for Migrant Medicine), OMCEO (Turin Medical Doctors Professional Association), Not Just Asylum Network, Turin Paediatric Network, Planet Africa.
Stakeholders’ map

CCM has always directed its actions, first and foremost, towards its beneficiaries. Our programs focus on local workers and the most vulnerable communities, mothers and children in particular. It is, however, a multi-stakeholder partnership. We work by collaborating, sharing and integrating with many different and important people. Our stakeholder map is one of synthesis and cooperation, explained in full in our Mission Report, in the various analysis sections and in the list of individual projects.

How to Read the Mission Report 2017

The Mission Report gives an in-depth overview and analysis of CCM by presenting its internal activities in an international context, showing a trend compared to the previous year and facilitating the comprehension of the various activities by organising them into four principle organisational areas of interest: The health of mothers, children and adolescents; The fight against global Pandemics; Surgery, emergency medicine and traumatology; and Inclusion of vulnerable persons.

For each area, the presented indicators allow the timely monitoring of activities and the counting of beneficiaries reached. The Monitoring Frameworks of each project facilitate the collection of data relating to many training and awareness activities as well as the provision of health services.

Regarding these latter points, the indicators are selected from those which have already been provided for by the national healthcare system’s information and daily data collected in the registers of healthcare facilities. Each indicator reports the number of services provided, not the individuals treated. A baby that gets access to nutritional services and is subsequently admitted to a paediatric ambulance for a possible diagnosis of malaria is therefore counted twice; however, only the initial access to the healthcare facility is counted in the case of services and their protocols requiring multiple visits, such as prenatal and vaccination services.

The services that fall into several areas of operations are reported separately under each area but are only counted once in the Total Beneficiaries table. As such, a mother who takes an HIV test during a prenatal visit is counted both in the area of “The health of mothers, children and adolescents” and in the area of “The fight against the great Pandemics”, but only once in Total Beneficiaries.

An addition to the 2017 Mission Report is the reference to the Sustainable Development Goals (SDG). At the beginning, some practical examples allow the analysis of CCM’s strategy in light of the SDGs and related indicators to which our various projects contribute. These are subsequently reported to describe the programme of each country.
There are shared priorities set at the international level that guide long-term activities, and there are emerging needs that require the focus of activity to be expanded or revised quickly.

Our presence in the field is obviously bound up with both these aspects. Our activities are well planned, developing long-term strategies that represent the guiding principle of the entire organisation. However, the speed of events, the instability of certain situations and the urgent imperative to respond to new needs, require us to have ever-greater flexibility of thought and action.

We adhere to certain fixed points that characterize who we are: collaboration with existing health facilities; working in countries where conditions are difficult, and with high mortality diseases that are often not highlighted by political and media attention. We also uphold the use of technology that is appropriate to the contexts in which we work; not necessarily the most ‘flashy’, but the most effective technology, paying attention to the complexity of the right to health, and therefore the various determining factors that influence this. Another of our fixed points is choosing to invest almost everything in direct action in the field, and to limit structural costs to less than 10% of the volume of our activities, thus sacrificing communication or fund-raising activities.

At the same time, we try to move fast in new critical situations and emergencies, enhancing our skills and varying their application according to the context.

Since 2000 the world has established priorities for international cooperation, which were updated, revised and also amended in 2015. The number of shared goals has increased, from the 8 Millennium Development Goals to the current 17 Sustainable Development Goals. More goals, expressed in numerous sub-goals, which affect all participants, not only in low-income countries; goals that only appear to focus less on health, and therefore less on our activity. Although only goal no. 3 is directly concerned with health, suggestions for future health-related directions and activities are actually contained in a large number of Sustainable Development Goals (SDGs). Aligned with the international agenda, the CCM’s 2018–2020 strategic plan is consistent with the lines of activity and goals up until 2030. Projects and activities always consider the concept of health in its entirety, recognizing how the influencing factors consist of not only providing cures for diseases, but also disease prevention, together with a set of socio-economic factors — from gender equality to education, from inequality to the reduction of poverty. In this sense, we are strengthening our partnership with other NGOs that complement our work, NGOs that deal with microcredit, for example.

We also work with national health systems, with international as well as local organizations and with missionary programs, to reinforce local and global partnerships. These are essential to improve health guidelines in an increasingly more efficient way. In Italy we work in a similar way, collaborat- ing with local health authorities and the university, supporting other Third Sector (voluntary, community and non-profit) organizations, and offering services and guidance to the most vulnerable social groups.

At the same time, we act on and respond to international and critical national problems, requiring both us and our stakeholders to think and act quickly.

The current economic, political and social situation is volatile and critical. Increasingly often it requires us to open and/or reinforce new fields of operation and activity, which often align with those in Italy and the countries we work in, but necessitate different approaches. Vaccines, migrants and adolescents are three major macro areas that have headed a list of international and national priorities in 2017; they also had particular importance in our activities.

In Africa, vaccinations are essential for saving so many lives: we are intensifying our activities as much as possible with campaigns in villages, in response to epidemics, and among pregnant women. In Italy, since 2017, we have been responding to a recent and almost opposite problem: through training and awareness-raising activities we have been fighting against a reluctance to vaccinate; this reluctance is spreading doubt about such an essential instrument for public health.

Regarding the increasingly important phenomenon of migration, we operate both in the places of origin and in reception centres in Italy. We supply reliable information in the places of origin about the dangers of leaving by irregular channels, which are routes of death and violence, and we support genuine development of local communities so that people find good, concrete reasons to stay. In Italy we support reception services by training social workers and cultural mediators, and we break down the social and information barriers that often hinder migrants and asylum seekers from gaining access to the available health services.

The CCM has had a presence among adolescents in Italy for many years, giving talks in schools about the role of emotions and against the many types of discrimination. In Africa too, adolescent vulnerability is a new field, one that is closely interconnected with the effective development of the region, with migration and with the health of the whole community. Here, for the past couple of years, we have been starting up new initiatives that are specially devoted to this area of work.
3.1 **The CCM and the SDG’s**

### SUSTAINABLE DEVELOPMENT GOALS

<table>
<thead>
<tr>
<th>1. NO POVERTY</th>
<th>2. ZERO HUNGER</th>
<th>3. GOOD HEALTH AND WELL-BEING</th>
<th>4. QUALITY EDUCATION</th>
<th>5. GENDER EQUALITY</th>
<th>6. CLEAN WATER AND SANITATION</th>
</tr>
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**GOAL 3**

Ensure healthy lives and promote well-being for all at all ages

3.1 **By 2030 reduce the global maternal mortality rate.**

Maternal and child health is one of the CCM’s most important areas of activity (p.22) and the subject of the Smiles of African Mothers campaign (p.35). Among the many projects aimed at reducing maternal and child mortality rates, in 2017 the Kirama Plus! project in Burundi came to an end, good practice in the field of neonatal health, also presented at the Antwerp International Congress * in October 2017 (p.26).

3.2 **By 2030 reduce the mortality rate for newborns and children under 5 years of age, in all countries, with the aim of reducing the neonatal mortality rate at least from 12 per 1000 live births, and reducing the under 5s mortality rate at least from 25 per 1000 live births.**

The fight against the major pandemics is an integral part of our projects, both when working to strengthen health systems and also when we meet the communities. A group of experts in Somalia has carried out regular supervision and assessment of TB centres (p.30). Alongside such networks as the Italian Observatory for Global Action against AIDS, we aim to maintain the full attention and commitment of governments and institutions (p.23).

3.3 **By 2030 eradicate AIDS epidemics, tuberculosis, malaria and overlooked tropical diseases, fight hepatitis, water-borne and other transmissible diseases.**

In our support and prevention activities, particularly those for young people, we always pay attention to the type of dependency and substance abuse. This is particularly important for the Boresha Maisha project in Kenya, which supports children and young people on the streets (p.30).

3.4 **By 2030 reduce by one third premature mortality from non-transmissible diseases by means of prevention and treatment, and promote mental health and well-being.**

The focus of our meetings with communities, and the information we provide, is to teach the importance of prevention, a theme that runs through all our projects in Africa and Italy (p.26).

3.5 **Enhance the prevention and treatment of substance abuse, including narcotics and the harmful use of alcohol.**

In our support and prevention activities, particularly those for young people, we always pay attention to the type of dependency and substance abuse. This is particularly important for the Boresha Maisha project in Kenya, which supports children and young people on the streets (p.30).

3.6 **By 2020 halve the number of deaths and injuries worldwide from road accidents.**

Together with Michelin Italia, in the province of Cuneo we are promoting street safety to children (p.32).

3.7 **In 2030 guarantee universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national health strategies and programs.**

This is a key aspect of the Smiles of African Mothers campaign. We aim to make services, equipment and medicines available, to guarantee the skills and abilities of

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health workers and a functioning emergency transfer system. However, we know that it is also essential to focus our attention on women, by going into communities, promoting their education and encouraging trust in the health system. Results obtained in Ethiopia, for example, show the value of this; in the Bale region the CCM supported local authorities in setting up Community Networks, which actively encouraged using the area’s maternal health services.

3.8 Achieve universal health coverage, including protection for financial risks, access to good-quality essential health services, safe and efficient access to essential, good-quality and affordable medicines, and access to vaccines for all.

It is written in our DNA: the CCM works for the right to health to be understood as a possibility for all, including the most vulnerable, to have access to health services and essential treatment (p.6).

3.b Support the research and development of vaccines and medicines for the treatment of the transmissible and non-transmissible diseases that affect developing countries in particular; provide access to essential medicines at affordable prices, as well as to vaccines, in accordance with the Doha Declaration on the TRIPS Agreement (https://www.wto.org/english/tratop_e/trips_e/t_agm0_e.htm) and public health, which states the right of developing countries to use fully and flexibly the provisions of the agreement on the commercial aspects of intellectual property rights, in order to protect public health and, in particular, to provide access to medicines for all.

We are committed to improving access to, and the availability of, essential medicines, supporting local authorities with transport and helping with purchases in an emergency situation. This is particularly important in the more remote rural areas, especially during the critical rainy season, when a timely pre-delivery of essential medicines is necessary to guarantee the management of common diseases and possible epidemics (e.g. malaria) (p.26).

3.c Significantly increase health financing, and the recruitment, development, training and retention of health professionals in developing countries, especially in countries that are less developed and in some small developing island states.

For 50 years the key element of our work has been in strengthening the skills of local health workers, by providing formal and informal training courses, on-the-job training and task shifting. In 2017 we also provided 2 bursaries in memory of Doctor Giuseppe Meo and 2 young south Sudanese, a nurse and a worker who monitored and assessed services (pp. 6, 18).

3.d Enhance the capacity of all countries, in particular developing countries, to have an early warning system, to reduce and manage national and global health risks.

It is essential to identify promptly outbreaks of epidemics, to manage treatment effectively and stop epidemics from spreading. We are always on the front line when it comes to responding to these emergencies, which often, unfortunately, strike the communities we work in, which are particularly poor and vulnerable. Cholera is an example, which struck part of South Sudan in 2017, in particular Mingkamann and Tonj (p.31).

In this situation we increase the implementation of One Health, an approach that aims to improve early warning systems and reduce risks, of zoonotic diseases in particular (60% of the infectious diseases), (p.28).

### GOAL 2

**End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

2.2 By 2030 eradicate all forms of malnutrition in order to reach, by 2025, the goals agreed at international level on the nutrition of children below the age of 5yrs; meet the nutritional requirements of adolescents, pregnant and breastfeeding women and elderly people.

Malnutrition is a plague that strikes the poorest, causing many complications and death. In 2017 support given to 13 dedicated clinics and 4 stabilization centres in the Greater Tonj area of South Sudan cured around 4230 severely malnourished children (p.31).

### GOAL 4

**Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

4.7 By 2030 ensure that all students acquire the knowledge and skills needed to promote sustainable development, through education for sustainable development and sustainable lifestyles; promote human rights, gender equality, the promotion of a culture of peace and non-violence, a sense of global citizenship, an appreciation of cultural diversity and the contribution of culture towards sustainable development.

In Italy we are strongly committed to providing, and bringing into schools, education and skills for young people, as well as promoting global citizenship and encouraging young people to reach out to, and respect, differences (p. 32).
GOAL 5
Achieve gender equality and empower all women and girls

5.6 Guarantee universal access to sexual and reproductive health, and reproductive rights, as agreed on the basis of the action plan for the International Conference on Population and Development, and the Beijing Platform for Action.

This is a key aspect of the Smiles of African Mothers campaign, which is based on the integrated approach to sexual and reproductive health, maternal, neonatal, child and adolescent health. New activities have been set up, particularly for adolescents, to guarantee the availability of services that are entirely focused on the young – Youth Friendly – in 28 health centres in Ethiopia (p.27).

In Italy also, education about emotions and sexuality is a key aspect of our work, particularly with vulnerable adolescents (p.32).

GOAL 6
Ensure availability and sustainable management of water and sanitation for all

6.2 By 2030 guarantee access to health and hygiene services and to an appropriate and fair hygiene regimen for all; end open defecation, with particular attention to the needs of women and girls and those in vulnerable situations.

Attention to personal hygiene and the surrounding environment is essential for health. For example, we teach mothers correct neonatal hygiene, we raise community awareness about simple but essential habits, such as hand washing. We advise health workers to take great care in cleaning facilities and instruments. We also deal with subjects that are still taboo, such as menstrual hygiene, which in some places is still the cause of illness and isolation. In Kenya and South Sudan we have also directly involved some students by creating Health School Club, making them ambassadors for good practice on this subject. In partnership with other organizations we also support the construction of new latrines in schools, health facilities and in the communities (pp. 29, 31).

GOAL 9
Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

9.a Facilitate the development of sustainable infrastructures in developing countries by means of greater financial, technological and technical support for African countries and those countries which are less developed.

A lot of expensive construction and renovation work needs to be carried out each year. In 2017 particularly substantial work was needed in Burundi (the neonatal department at Cibitoke) and in Ethiopia (Youth Friendly Service at Robe, and many dispensaries at Filtu (p.18).

GOAL 10
Reduce inequality within and among countries

10.2 By 2030 strengthen and promote social, economic and political inclusion for all, regardless of age, sex, disability, race, ethnicity, origin, religion, economic status or anything else.

Inclusion of the vulnerable groups in society is one of the CCM’s key activities (p.25). In Africa meeting with, and the direct involvement of, local communities are important both for responding in an appropriate and sustainable way to health needs, and for improving social inclusion. We also work in collaboration with other organisations that promote income-generating activities in order to strengthen economic inclusion (p.27). In Italy we work to break down cultural and information barriers that hinder the true inclusion of the more vulnerable among the population, migrants in particular (p.33).
10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, also through implementing well-planned and managed migration policies.

The right to migration is absolute. However, it is also right to know the risks associated with irregular migration and to have the possibility of choosing to stay in the country of origin. We develop some of our projects in Ethiopia along these lines (p.27).

10.b Encourage public aid for development and cash flows, including direct overseas investments, in areas where the need is greatest – in particular in less developed countries, and in African countries,...

We maintain, together with the networks we are part of, that it is important for governments to invest in international cooperation to support low-income countries (pp. 11-13).

GOAL 11

Make cities and human settlements inclusive, safe, resilient and sustainable

11.6 By 2030 reduce the negative per capita environmental impact in urban centres, paying particular attention to air quality and management of urban and other types of waste.

Correct management of health-related waste and hospital waste is fundamental. Minimizing waste production, ensuring its correct separation and treatment according to national and international rules is a commitment that applies to all our projects.

GOAL 12

Ensure sustainable consumption and production patterns

12.8 By 2030 ensure that people throughout the world receive the information that is relevant to their needs, and raise awareness about sustainable development and lifestyles in harmony with nature.

In Italy, in collaboration with Piedmont’s NGOs, we are providing teachers and students with educational and awareness-raising activities, so that they can individually and collectively make sustainable choices from an environmental point of view (p.32).

GOAL 13

Take urgent action to combat climate change and its impacts

13.1 Enhance resistance and the ability to adapt to risks that are linked to climate and natural disasters.

The correlation between human, animal and environmental health forms the basis of One Health. The CCM is further exploring this approach through structured research and projects set up among the nomadic people of the Somali region in Ethiopia and Marsabit County in Kenya, people who are particularly vulnerable to extreme meteorological events and climate change (p.28).

GOAL 17

Strengthen the means of implementation and revitalize the global partnership for sustainable development


The innovation and spread of appropriate technology to support capacity building, by constructing multi-stakeholder partnerships that share knowledge and skills on a win-win logic: this is the basis on which we plan our actions and commitments (p.6).
In Africa

In 2017 the CCM continued and consolidated its activity in the Horn of Africa by implementing 34 projects in support of 19 districts in 6 countries where it has now been working for several years: Burundi, Ethiopia, Kenya, Somalia, South Sudan and Uganda. The regions in which the CCM operates have a population of over two million people and, in line with our principles and values, we have paid particular attention to the most vulnerable groups, amongst whom are women, children and young people who live in the most remote and disadvantaged places — rural areas or areas of high population density in the urban centres.

Through continued collaboration with local authorities it has been possible to train over 1300 health workers, including doctors, nurses and midwives, but also 120 community workers. This has meant that the more common diseases can be treated at home, and facilitated the referral of more complex cases to health care facilities. Raising the awareness of over 225,000 people and creating the so-called Community Health Networks has enabled the community to get involved in empowerment initiatives, making each individual the advocate of their own and their family’s health.

Training and technical supervision have led to an improvement in the supply of services in 196 healthcare facilities, including 6 hospitals which run services to manage obstetric emergencies and basic surgery. Over 510,000 people have benefited from preventive services, such as vaccinations against the principal infectious diseases, and prenatal visits to pregnant women. They have also benefited from curative care, such as pediatric, medical and surgical outpatient clinics, as well as hospitalization, help with childbirth, surgery and emergency operations.

Together with local authorities we have identified the main problems underlying the supply and use of services, and have planned effective and sustainable strategies to resolve them. For example, small-scale renovations have been carried out in many of the healthcare facilities we support, 9 of which have benefited from important rehabilitation activities. In some emergency situations, we have purchased and distributed medicines and essential medical supplies. An approach based on sharing and joint planning allows all the CCM’s activities to respond to genuine needs, and over time these activities establish themselves in local communities, where they play their part in the wider development of the community.

This is even more achievable when a multi-sector approach is developed, through creating partnerships with others that promote development, and who are involved in socio-economic support projects and the management of natural resources. With this in mind, the CCM has in recent years embraced the One Health approach with the aim of promoting a single health concept, one that promotes the development, resilience and well-being of communities, animals and the environment.
In Italy we have continued our work in 2017 in 3 main areas. Firstly, professional training and refresher courses for healthcare workers and those who are studying to work in this field; secondly, global citizenship education (GCE) and healthcare promotion; thirdly, social inclusion and improvement in the health of vulnerable groups. Altogether we have implemented 13 projects, which have reached 4,143 beneficiaries.

Training activities and refresher courses have been particularly aimed at promoting community health, which is successfully practiced in low-income countries but is still not widespread in Italy. Training has also aimed at enhancing human resources, in order to respond to the health problems of individuals and communities. As regards the activities that focus on breaking down the cultural, information and relationship barriers that inhibit the most vulnerable social groups, migrants in particular, from using and gaining access to existing healthcare services, various activities have been implemented for training and informing teachers at Adult Education Centres (CPAs in Italy) and migrant education centres.

In 2017 projects and activities aimed at promoting the inclusion of the most vulnerable and improving their health standards have continued to be extremely important, with the opening of important new lines of intervention, such as vaccinations and digital health literacy.

Thanks to the valuable collaboration of our social and healthcare volunteers, since 2017 we have begun supporting Turin’s Balsamo di Filomena Centre, a clinic run by Caritas and the Congregation of Camillian Fathers. This is a day reception centre for people in a poor state of health with no fixed abode, offering first aid as well as handling referrals from and to the public healthcare service.

The numbers in this table indicate a significant reduction in the number of healthcare beneficiaries reached in 2017, compared to 2016. It is a fall of 11%, which is reflected equally across all the areas we are involved in, as can be seen in the section devoted to the Areas of Activity. Such a reduction is due to the closure of several projects and a reduction in the number of activities we are involved in.

In particular, our disengagement from Yirol East County in the Lakes State of South Sudan and the subsequent lack of support for 6 healthcare units have led to a reduction of around 6% in the country’s healthcare beneficiaries. Nevertheless, the country has a significant presence in the organisation’s total calculation (82%). Similarly, failure to approve projects to support Garowe Hospital in Somalia has led to a significant reduction in healthcare beneficiaries in this country (from around 24,000 in 2016 to almost 4,000 in 2017), with a particularly noticeable impact in the field of maternal, child and adolescent healthcare. Burundi and Kenya also contribute to a fall in healthcare beneficiaries in the same field. In the mid-2017, neonatal projects were wound up in the province of Cibitoke (Burundi), and maternal-child healthcare in the county of Isiolo (Kenya).

The only country that has recorded a net increase in its beneficiaries is Ethiopia (+40%). The launch of new initiatives is having a particularly significant impact on maternal, child and adolescent health, thanks to the support given to sexual and reproductive health services, which are entirely dedicated to young people in the Tigray and Ahmara regions. New initiatives are also having a significant impact in the fight against major pandemics, thanks to education and community awareness-raising activities about zoonotic diseases, through the One Health approach in the Somali region.

The figures relating to activity in Italy confirm an essentially stable picture, with a slight increase in vulnerable people receiving care, due to the support provided to the clinic in Turin.
Our operation is best summarized in both words and figures. This helps us describe more clearly what we do, how we work and our future directions.

**TOTAL PROJECTS UNDERTAKEN**

47

**TOTAL BENEFICIARIES REACHED**

741,313

**TRANSPARENCY INDEX**

95%

The number of beneficiaries in our varied areas of activity demonstrates the range of choices we make. These are always directed towards combatting the most deadly diseases and the ones we can fight most effectively, with the ultimate goal of saving the greatest possible number of lives.

**LOCAL EMBEDDING INDEX**

The ratio of expatriate staff to local workers is an indicator of our local impact and establishment in the communities.

**BENEFICIARIES IN STRATEGIC SECTORS**

- Maternal and child healthcare: 441,769
- Fight against major pandemics: 396,683
- Surgery, emergency medicine and traumatology: 4,199
- Inclusion of vulnerable groups: 3,798

third place among Italian NGOs in the rankings compiled by Open Cooperazione (Open Cooperation).

In the NGO transparency index we are committed to providing prompt and accurate accountability to all our stakeholder.
The organisation’s activities are concentrated in South Sudan and our commitment in Ethiopia is growing considerably, at the same time as it is decreasing in other countries. The amount of activity in Italy shows a large increase, which is linked in particular to the launch of new projects in European partnerships.

**COMMITMENTS IN AFRICA AND ITALY**

The CCM confirms its decision to direct most of its funds towards implementing field activities, with only a small amount going towards fundraising and communications. In fact, 88.27% of economic resources are directed towards the implementation of the usual types of activities in Africa and Italy. The cost of general support amounts to 5.25%, made up of 1.43% for the cost of coordinating the headquarters in Africa, and 3.82% for the cost of coordinating central headquarters. The cost of coordinating the headquarters is recorded net of the flat rate administrative costs agreed through arrangements with institutions.

**USE OF FUNDS**

The organisation is committed to looking for a greater diversification of funding sources. This always helps improve our response to new emerging needs in the communities, and strengthen and stabilize our activities.

**DIVERSIFICATION OF FUNDING SOURCES**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Union</td>
<td>0.55%</td>
<td>37,739 euro</td>
</tr>
<tr>
<td>Cooperazione Italiana (AICS)</td>
<td>25.58%</td>
<td>1,763,473 euro</td>
</tr>
<tr>
<td>Foreign public administrations</td>
<td>42.37%</td>
<td>2,921,173 euro</td>
</tr>
<tr>
<td>UN agencies and other international organizations</td>
<td>17.49%</td>
<td>1,206,110 euro</td>
</tr>
<tr>
<td>Individual and corporate donors</td>
<td>12.62%</td>
<td>870,046 euro</td>
</tr>
<tr>
<td>Financial and Capital income</td>
<td>1.39%</td>
<td>96,145 euro</td>
</tr>
</tbody>
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**COMMITMENTS IN AFRICA AND ITALY**

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>62.71%</td>
<td>4,001,233 euro</td>
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<tr>
<td>Ethiopia</td>
<td>21.78%</td>
<td>1,389,454 euro</td>
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<tr>
<td>Kenya</td>
<td>3.49%</td>
<td>222,490 euro</td>
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<tr>
<td>Somalia</td>
<td>5.56%</td>
<td>354,791 euro</td>
</tr>
<tr>
<td>Burundi</td>
<td>3.66%</td>
<td>233,318 euro</td>
</tr>
<tr>
<td>Activities in inter-country projects</td>
<td>0.08%</td>
<td>5,349 euro</td>
</tr>
<tr>
<td>Activities in Italy</td>
<td>2.73%</td>
<td>174,196 euro</td>
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**USE OF FUNDS**

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<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Operating costs</td>
<td>88.27%</td>
<td>6,380,831 euro</td>
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<tr>
<td>Promotion and fundraising</td>
<td>3.52%</td>
<td>254,791 euro</td>
</tr>
<tr>
<td>Financial and capital expenditure</td>
<td>2.95%</td>
<td>213,288 euro</td>
</tr>
<tr>
<td>General support costs/expenses</td>
<td>5.25%</td>
<td>379,501 euro</td>
</tr>
<tr>
<td>Activities in Italy</td>
<td>2.73%</td>
<td>174,196 euro</td>
</tr>
<tr>
<td>Activities in inter-country projects</td>
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<td>5,349 euro</td>
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<td>1.39%</td>
<td>96,145 euro</td>
</tr>
</tbody>
</table>
Areas of Activity

5.1 The health of mothers, children and young adults

Africa is still today the most dangerous place to bring a baby into the world. More than half of the women who die during pregnancy or childbirth are African. They die from easily-curable diseases, because they live far from hospitals, because there are few doctors and nurses, or because they are poorly-informed about the risks and checks to be performed during and after pregnancy. Many of these deaths would be avoidable if there were adequate and accessible healthcare. In 2017 we continued our efforts to provide women with access to contraception and midwifery services, partly assisted by qualified personnel, for prenatal and postnatal care, and the prevention and diagnosis of infectious diseases. Through capacity building we worked in close collaboration with the public sector to improve its ability to provide a quality service to women and to strengthen the network of healthcare workers across the area, rendering it as widespread as possible and thereby ensuring access to vaccinations, diagnoses and healthcare for newborns and babies. We have simultaneously worked to stimulate changes within communities and to raise awareness of crucial aspects such as the promotion of health, family planning and women’s rights, and in particular for young women, the management of their fertility, involving them in sessions directed towards the promotion of health which use various participative techniques.

In Italy, our attention has been directed towards not just foreign mothers and their children, but for the first time, we have committed ourselves to assisting the very topical issue of the dispute surrounding the increasingly widespread hesitancy to vaccinate amongst Italian parents. In collaboration with the Azienda Sanitaria Locale in Turin, we have contributed to breaking down the information barriers that are often the root cause of it. We have also laid the foundations in 2018 for continuing the delicate job of sexual and emotional education with vulnerable teenagers and their teachers.

Mother and child health remains at the centre of the Sustainable Development Goals. Over the past 25 years, great improvements have been made in the health of women and children, with a 44% reduction in maternal mortality on a global scale and a marked increase in the use of services for pregnancy and childbirth. Despite the ever-increasing socio-political attention towards maternal health, some countries have seen only little progress: 1 out of 36 women are still at risk of death during pregnancy and childbirth in Sub-Saharan Africa compared to 1 out of 4,900 in high-income countries.

Every woman and every new-born in any part of the world has a right to quality health care, but instead poor quality and inequity of access to healthcare remains a serious problem. With 210 million women who become pregnant and 140 million babies born every year, it is imperative that the quality of healthcare is improved, and that the accessibility of services is increased in order to effectively contribute to the economic and social development aimed for by the objectives of the international agenda.

The quality of healthcare is a universal right. Yet the inequalities are enormous. In some of the wealthier areas of African countries, the risk of over-medicalising pregnancy and physiologic birth is always high. In poorer countries and most disadvantaged communities, the danger of giving birth at home without access to emergency services is still prevalent.

To improve the health of women and children it is necessary to act at a global level, improving the quality of healthcare everywhere, ensuring equal access to medical services even in poorer parts of the world and strengthening the capacity and resilience of healthcare systems so that they can cope with increasingly widespread humanitarian crises and natural disasters.

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In Africa

<table>
<thead>
<tr>
<th>Service</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births and obstetric care emergencies</td>
<td>7,507</td>
<td>9,194</td>
</tr>
<tr>
<td>Children under 5 treated</td>
<td>182,391</td>
<td>175,871</td>
</tr>
<tr>
<td>Women of childbearing age and children vaccinated</td>
<td>47,492</td>
<td>36,964</td>
</tr>
<tr>
<td>Women monitored during pregnancy</td>
<td>23,933</td>
<td>30,391</td>
</tr>
<tr>
<td>Women who use family planning</td>
<td>5,463</td>
<td>32,374</td>
</tr>
<tr>
<td>Adolescents and youths who have access to dedicated services</td>
<td>917</td>
<td>-</td>
</tr>
<tr>
<td>People’s awareness raised maternal and child health</td>
<td>127,950</td>
<td>199,028</td>
</tr>
<tr>
<td>Staff trained in maternal and child health</td>
<td>705</td>
<td>1,249</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>396,357</td>
<td>485,071</td>
</tr>
</tbody>
</table>

In Italy

<table>
<thead>
<tr>
<th>Service</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained healthcare social workers</td>
<td>261</td>
<td>1,050</td>
</tr>
<tr>
<td>Awareness raised/people educated</td>
<td>65</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>326</td>
<td>1,050</td>
</tr>
</tbody>
</table>
We are continuing to take action against HIV/AIDS and tuberculosis and to prevent and treat malaria in the common fight against the great epidemics. For HIV/AIDS our strategy is fundamentally focused on four key areas: the primary prevention of the HIV virus in women of childbearing age, increasing their awareness of the disease, promoting the distribution and use of condoms and promoting gender equality; the prevention of unwanted pregnancies; the prevention of HIV transmission from an infected mother to her child; and the provision of healthcare and support to women and babies during childbirth and in the first days of life. In 2017, we enhanced the capabilities of communities and healthcare professionals in prevention activities and improved the capacity of healthcare systems to reach, identify and treat patients affected by HIV, tuberculosis and malaria. To achieve containment of these epidemics synergistic action of prevention and treatment is needed. In healthcare facilities in South Sudan staff encourage women to participate in voluntary checks through individual pre-test counselling sessions, HIV tests, and individual post-test counselling sessions during which they receive their results. If the patient wishes the voluntary checks are also available to her partner. These sessions are facilitated by healthcare staff who have received special training.

In Italy, the CCM has committed itself to the containment of new infections, both amongst migrants and young Italians, through the implementation of healthcare education sessions and the promotion of digital skills in the field of healthcare. In addition, the CCM’s scientific conventions and annual meeting have been centred around the prevention of epidemics with insights both on Italy and abroad.

Between 1990 and 2015 the incidence of HIV, malaria and tuberculosis decreased dramatically on a global scale, allowing the achievement of the sixth Millennium Goal. Nevertheless, the eradication of these infectious diseases is still far from being achieved. A stronger and more global commitment is needed to align us with the 2030 Sustainable Development Goals which aim to put an end to these epidemics.

In 2015 around 2 million people contracted the HIV virus. The incidence of infection remained particularly high in Sub-Saharan Africa where 1.5 new infections were reported per 1,000 people. In the same year, over 10 million new cases of tuberculosis were counted worldwide, a number, which is still very high despite a reduction of around 17% since 2000. Around half of the global population is at risk of malaria: in 2015, the incidence of the disease was estimated at 94 new cases per 1,000 people, which translated into around 214 million cases, of which almost 90% were in Sub-Saharan Africa. One of the most serious risk factors for infectious diseases lies in the lack of clean water and sanitation, which mainly affects low-income countries in Africa and Asia. Sustainable development and the eradication of the most common and widespread infectious diseases is therefore only possible through integrated actions, which go beyond prevention and treatment interventions and address all the social and economic determinants of human health.

### In Africa

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytical laboratories observed</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>HIV tests carried out</td>
<td>8,597</td>
<td>7,663</td>
</tr>
<tr>
<td>Cases of infectious diseases identified and treated</td>
<td>319,794</td>
<td>353,051</td>
</tr>
<tr>
<td>People educated about infectious diseases</td>
<td>103,810</td>
<td>136,251</td>
</tr>
<tr>
<td>Staff trained in infectious diseases</td>
<td>235</td>
<td>282</td>
</tr>
<tr>
<td>Mosquito nets distributed</td>
<td>9,126</td>
<td>11,094</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>441,562</td>
<td>508,341</td>
</tr>
</tbody>
</table>

### In Italy

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained healthcare social workers</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Awareness raised/people educated</td>
<td>187</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>207</td>
<td>3</td>
</tr>
</tbody>
</table>
For years we have been engaged in providing quality surgery to patients who would otherwise not be able to receive it. Our model continues to be free healthcare which is able to guarantee high clinical standards for each procedure and promotes the training of qualified healthcare personnel and the development of local healthcare systems. The already critical healthcare situation in these countries is indeed further aggravated by the chronic scarcity and availability of expert surgeons. The challenges that are met in these contexts are numerous: the medical team is often drastically reduced, frequently in fact the surgical procedures, including the most complex, are conducted by a sole surgeon with only the assistance of a local surgical nurse; the tools available are often inadequate such as operating tables and instruments far below common standards; the precarious facilities and services, frequent blackouts, for example, which render the performance of such procedures difficult. Nevertheless, the CCM is conscious of the necessity to guarantee continuity and sustainability to such an important healthcare service. For this, we are constantly challenging local healthcare authorities on their development plans in a critical and constructive manner, and we offer local staff theoretical and practical training to acquire useful skills and become autonomous and independent. In this way nurses, technicians, hygiene and cleaning staff, together with the surgeon allow the facility and the service to function sustainably. In 2017 our action was focused on 19 districts and 6 hospitals in Africa.

In Africa

<table>
<thead>
<tr>
<th>Supported surgical structures/services</th>
<th>5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical procedures and emergency operations conducted</td>
<td>4,197</td>
<td>4,895</td>
</tr>
<tr>
<td>People referred for urgent surgery</td>
<td>-</td>
<td>40</td>
</tr>
<tr>
<td>Staff trained in surgery and emergency medicine</td>
<td>2</td>
<td>53</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>4,199</td>
<td>4,988</td>
</tr>
</tbody>
</table>
The World Health Organisation (WHO) and industry experts reported that inequalities of health are rising on a global scale. It is a phenomenon that can be observed both in countries with a clear “north-south” divide, and an internal divide, for example between social classes, genders, rural/urban areas etc. To reduce inequalities, it is necessary to act structurally on determinants of health, namely the relational and environmental socio-economic factors that underlie living conditions. Therefore, according to the approach of Health in All Policies, which encourages a coordinated and continued commitment for all political and economic actors, it is necessary to put health at the centre of the objectives and interests of every sector. The CCM — which recognises that it is not sufficient to influence individual behaviours to promote health but that it is necessary to trace and intervene on the root causes of inequalities — focuses its own interventions through the collaboration with public, private and non-profit entities which operate in other fields, as well as engaging in advocacy actions.

Even in Turin, health inequalities are great. For example, the average life expectancy for someone living in a wealthier neighbourhood is up to 5 years longer than someone living in a deprived periphery. In 2017 in the Piedmont region, the CCM concentrated its efforts on migrants, in particular: illegal migrants, asylum seekers and teenagers. In the end, actions were taken to support outpatient activities aimed at homeless people organized by two important Turin organizations.

The 2030 plan for the Sustainable Development Goals aims to improve living conditions and future prospects for everyone, everywhere. A distinctive characteristic of the plan is the attention paid to the poorest and most vulnerable populations and communities. Several objectives, including those related to poverty (SDG1), hunger (SDG2), health (SDG3), education (SDG4), water and sanitation (SDG5) and urban development (SDG11) have specific references to vulnerable communities. Sustainable and inclusive development is as much an objective as it is a right.

Babies and children, persons affected by disability, the elderly, minority ethnic groups, refugees and migrants remain amongst the most vulnerable groups. There are no social security systems and as such, their living conditions worsen during situations of conflict and humanitarian crises. They do not have access to essential services and to education, to job opportunities and social security systems, and they do not have the possibility to actively participate in decision-making processes.

In the context of health, these remain the most fragile and vulnerable groups: they are more easily exposed to the most common infectious diseases, the risk of disability and premature death; and they have limited access to sexual and preventive health services.

Ensuring that the healthcare system responds to the needs of everyone in an inclusive and participative manner is the top priority of the WHO, which states that only the integration of the aspects of equality, legal rights and gender in politics and healthcare programmes will ensure sustainable health and development.

Through the project Kira Mama Plus! in 2017, Comitato Collaborazione Medica continued its commitment in the sectors of sexual and reproductive health, as well as the health of mothers, newborns, infants and adolescents. The objective of this project is to improve neonatal health in the Cibitoke province, by guaranteeing qualified medical assistance during birth and offering home visits to newborns.

With the support of the current presidency, the tense political situation created in 2015 after the presidential elections is now relatively stable.

- **Kira Mama Plus!**

  By providing on the job training and support to doctors, midwives and other support positions within the health system, the Kira Mama Plus! project aims to reduce neonatal mortality across the province by operating at 15 birthing sites in the Cibitoke district in northern Burundi. The project has also enabled the start-up of basic neonatology services, with the use of appropriate technologies and sustainable techniques, in two of the province’s hospitals, located in Mabay and Cibitoke. In 2017, the new neonatology unit was inaugurated at Cibitoke hospital and will become the reference point for the entire province, in handling premature and underweight newborns. Best practices developed and consolidated throughout the project were presented at the European Congress on Tropical Medicine and International Health, which was held in Antwerp in October 2017. (https://www.ectmih2017.be/).

  **Beneficiaries:** 208 health professionals trained; more than 27,100 members of the community provided with information and involved in awareness raising; 7,127 newborns assisted.

  **Partner:** The management of the 16 health clinics and two hospitals, as well as the decentralized services of the Ministry of Health in the province and district of Cibitoke.

  **Sponsors:** FAI – Foundation of International Assistance, Tavola Valdese, Only The Brave Foundation, Prosolidar Foundation, private CCM donors.

  **Timeframe:** March 2015 – June 2017

- **Support for services caring for victims of sexual violence at Mabay, Muramwya and Kiganda hospitals.**

  At the district hospitals in the provinces of Cibitoke and Muramwya, the CCM continues to provide technical assistance and increased support to the health services, with specific focus on victims of violence.

  **Beneficiaries:** 48 victims of sexual violence.

  **Partner:** The Health Departments in the Cibitoke and Muramwya provinces.

  **Sponsors:** Volpiano (Turin) for CCM, private donors.

  **Timeframe:** November 2015-December 2017.
In 2017, CCM continued its commitment of strengthening Ethiopia’s health system by expanding and improving the availability of primary and secondary health services. Action to raise awareness and provide information to various communities together with capacity building of health workers and authorities have helped make this possible. The care of mothers, newborns, children and adolescents has been a particular focus in this intervention. The three-year project in Bale, in the Oromia region, regarding maternal and infant health has now come to an end whilst the three-year project in the Liben Zone of the Somali region continues. CCM has increased its support of social health workers, working with children in Bale in the Oromia region; in the eastern zone of the Tigray region; in South Wollo, in the Amhara region. Furthermore, in the Somali region, CCM and its partners have contributed to strengthening the resilience of the local shepherd community through integrated, multidisciplinary interventions based on the One Health approach.

**• Strengthening the network and improving the quality of the reproductive health services in Bale.**

This operation has increased access to maternity healthcare services for women in the districts of Harena Buluk and Meda Walabu, both located in southern Bale, by involving local networks of women and primary health workers and by providing quality primary healthcare. On the one hand, the project has concentrated on strengthening services at healthcare centres and dispensaries in the areas involved. This has been achieved through the training and continued supervision of health workers in handling obstetric complications, with the ultimate aim of preventing maternal mortality. On the other hand, it has worked on the direct involvement of the community, promoting best practice with regards to healthcare and the request for health services, and by providing information and raising awareness among families, especially women and religious and cultural leaders. CCM has also supported the local health authorities in the administration and supervision of the health centres. A booklet that summarises and evaluates the project is currently available.

**Beneficiaries:** 37 primary healthcare clinics, 153 health workers have benefited from training courses and continued on the job supervision, 11,235 women have been assisted and cared for during pregnancy and birth, 6,250 people in the community have been informed about issues regarding maternal health.

**Partner:** The Health Departments of Bale and Meda Walabu and Harena Buluk districts.

**Sponsors:** Agenzia Italiana della Cooperazione allo Sviluppo AICS/MAECI, The Italian Episcopal Conference, Tavola Valdese, Maria Bonino Foundation, Stabilimento Michelin di Cuneo, Maurizi Group, Humanitas Onlus, Archdiocese of Turin – Quaresima di Fraternità, Gruppo Pulia, Gruppo Bergamo – Monte Marenzo, private donors.

**Timeframe:** May 2014 – August 2017

**• Improvement of the living conditions of the return population and young residents of Bale, in the Oromia region, in order to reduce the causes of irregular migration.**

The project developed by CCM, in partnership with the Italian NGO COOPI aimed to reduce the causes of irregular migration of young people from Bale. The project focuses on support to the setting up of economic activities in the communities of Sinana, Robe and Goba; the improvement of availability and access to health services offered to young people at Robe Hospital; raising awareness in local communities about irregular migration and its associated risks; gathering, studying and distributing data concerning the irregular migration phenomenon in the area. CCM has focused its attention on the improvement of social healthcare services for youths. A theatre production, in collaboration with the Associazione Club 20/25 of Goba and the Associazione Culturale Scarlattine Progetti, has helped raise awareness in the community about the risks associated with migration.

**Beneficiaries:** In 2017, 876 young people benefitted from sexual and reproductive health services designed specifically for them, 18,700 people were made more aware of issues related to the health of young people and the risks of clandestine migration.

**Partner:** COOPI NGO, the Bale Health Department, University of Meda Walabu, Associazione Club 20/25, Associazione Club 20/25, Culturale Scarlattine Progetti.

**Sponsors:** Foreign Headquarters of the Agenzia Italiana della Cooperazione allo Sviluppo – AICS of Addis Abeba.

**Timeframe:** May 2016 – February 2017
• **Universal and equal access to quality health services that satisfy the healthcare needs of women and children in the Filtu and Dekasuftu districts**

By increasing access to preventative healthcare services at Filtu Hospital and in 5 clinics and 14 dispensaries, in the two districts of the Liben Zone, this operation aims to improve the health conditions of mothers and children. Services are strengthened both from an infrastructural point of view (and through availability of medical equipment), and also through the training and continued supervision of health workers. The provision of training courses and technical assistance for health authorities will strengthen their capacities in planning, administration and monitoring of health services. Activation of protocols, communication systems and the transfer of urgent cases to the qualified centres will enhance the referral system. This is a particular area of focus for the operation and will help ensure that patients from the communities receive treatment at primary healthcare centres. CCM supports the “House for a Safe Delivery” at Filtu Hospital, where women who are close to childbirth and present symptoms of possible complications are cared for. Here they are guaranteed quick and direct access to urgent care if necessary. In collaboration with the associations already present in the area, the local community is provided with information on best practices with regards to health of mothers and children. Theatre productions and meetings with community and cultural leaders are examples of how local people have been reached.

**Beneficiaries:** In 2017, 230 health workers were trained in topics regarding maternal and infant health, 6,954 women and children benefitted from preventive healthcare, 2,388 community members received education and awareness in this same field.

**Partner:** Health Departments of the Somali region and Filtu and Dekasuftu districts, The Administration at Filtu Hospital, SOWDA (Social Welfare & Development Association), Associations of young people and groups of women from Filtu and Dekasuftu.

**Sponsors:** Agenzia Italiana per la Cooperazione allo Sviluppo AICS/MAECI, Zanetti Foundation, Ecolab – Food, Beverage and Agriculture Division, Stabilimento Michelin of Cuneo, Nicole Fashion Group, Pulia Group, FNMCEO (Italian National Federation of Surgeons and Dental Surgeons), private donors.

**Timeframe:** January 2016 – April 2019

• **One Health: improving sanitary conditions of nomadic shepherds in the Filtu district.**

80% of the population in the Somali region are shepherds. Due to their constant movement around the region and their cultural and behavioural dynamics, shepherds are rarely inclined to resort to conventional health services. In this region, health services are scarce and insufficient. This contributes to critical health indicators in the area, characterized by high infant mortality rates and a high incidence of infectious diseases, particularly zoonosis (diseases transmitted from animals to humans). Recognizing the close connection and interaction between shepherds, the environment and animals, the project intends to use the One Health approach. This promotes an integrated model of human, animal and environmental health which is well adapted to the characteristics and needs of the nomadic shepherds. Action is focused in the Filtu and Dekasufu districts in the Liben zone of the Somali region.

**Beneficiaries:** In 2017, around 5,000 shepherds and their families benefitted from awareness raising campaigns regarding hygiene and zoonosis. In addition, over 268,000 cattle were vaccinated, which has indirectly benefitted around 9,600 families.

**Partner:** NGO CISP, Health Authorities and Authorities for Agriculture of Livestock and Fishing in the Filtu and Dekasufu districts and in the Liben zone.

**Sponsors:** Foreign Headquarters of the Agenzia Italiana della Cooperazione allo Sviluppo – AICS of Addis Abeba, the Presidency of the Council of Ministers through funding from 8×1000.

**Timeline:** November 2016 – March 2018

• **Strategy and opportunity: integration of basic services and promotion of employment opportunities to prevent irregular migration in the Tigray region.**

CCM, in partnership with the NGOs VIS, CISP and CIAL, developed this project with the objective of contributing to the prevention of irregular migration from the eastern zone of the Tigray region. Its purposes are to promote better job opportunities which generate an income for young people, to facilitate better access to basic social and health services, and to create a greater awareness of the risks associated with irregular migration. It aims to achieve the latter by offering a detailed study on the migration reality of the area, in collaboration with the University of Adigrat. CCM, in close collaboration with the NGO CIAL, has focused its actions on strengthening social and health services for children at five health centres. CIAL has concentrated on the psycho-social health of young people, enhancing the listening skills of workers, and encouraging the participation of young people in raising awareness and distributing information about health amongst their peers.

**Beneficiaries:** In 2017, 30 health workers benefitted from training courses, 474 adolescents benefitted from dedicated sexual and reproductive health services, 7,327 young people were made aware of sexual health issues and about the possibility of accessing health services dedicated to them.

**Partner:** NGO VIS (leader), CISP, CIAL, Tigray region Health Department, The Catholic Secretariat of Adigrat – ADCS.

**Sponsors:** Foreign Headquarters of the Agenzia Italiana della Cooperazione allo Sviluppo – AICS of Addis Abeba.

**Timeline:** June 2016 – March 2017
• **YOUTHS AT THE CENTRE!** Giving the young people of Tigray a voice by promoting health and research.

The project consolidates the results obtained from the joint project, carried out with VIS, CISP and CIAI, which promoted the implementation of an integrated approach to improve living conditions of young people in the area. Based on the results obtained, CCM and CIAI have continued with the task of improving sexual health services for young people. Dedicated spaces at 20 healthcare structures have been created, supported by actions to raise awareness, and involvement in community activities. A specific research component, which will use a multidisciplinary, anthropological and epidemiological approach, will follow the development of the project over 36 months. This research component will lead to a greater understanding of the topic, as well as identify strengths and weaknesses of the proposed strategy, so as to organize future activities that can respond effectively and efficiently to the needs of young people.

**Beneficiaries:** It is estimated that around 79,000 young people will have access to sexual and reproductive health services and will be involved in educational activities; the training of 80 health workers and the participation of 10 researchers in Tigray will help achieve this target.

**Partners:** CIAI, University of Turin, University of Rome, Tigray region Health Office, Institute of Health and Research in Tigray, University of Mekelle, The Letwomen Association.

**Sponsors:** Agenzia Italiana della Cooperazione allo Sviluppo AICS/MAECI, Vismara Foundation.

**Timeframe:** April 2017 – June 2020
**Duration:** April 2017 - giugno 2020.

**KENYA**

The volatility of this region is still high, and we often experience tense situations that put our on-site work at risk, making it more difficult to operate in the region.

In July 2017, the operation carried out in collaboration with the NGO L VIA in the rural county of Isiolo came to an end. This joint operation was designed to respond, in an integrated way, to the problems of access to water and of basic health in the region.

In February of 2017, in partnership with GRT – The Transcultural Relations Group - and Heshima Kenya, we launched an institutionalized and community welfare project (psycho-social and health) in the slums of Nairobi, Mlango Kubwa and Eistleigh. In this area, homeless children and young refugees live in critical conditions of neglect, and need care and social reintegration.

• **Clean water and primary healthcare in Isiolo County**

CCM, together with the NGO L VIA, support the local authorities in the implementation of an intervention designed to improve access to sources of clean water and to raise awareness among the population about correct hygiene. These actions also foresee an upgrading of basic health services - so that the most common diseases can be recognized and treated on time — through the supply of medicine and small-scale equipment, and through the ongoing training and technical supervision of health workers in 15 clinics and dispensaries, in the districts of sbio, Garbatulla and Merti.

**Beneficiaries:** It is estimated that around 12,000 young people will benefit from sexual and reproductive health services and will participate in awareness-raising activities; the training of 72 health workers will be crucial in order to achieve the expected results.

**Partners:** CIAI (International Centre for Childhood and Families), the Health Offices of the South Wollo zone and the districts involved in the project, Social and Community Theatre Centre of Turin – TSC.

**Sponsors:** Agenzia Italiana della Cooperazione allo Sviluppo AICS/MAECI.

**Timeframe:** April 2017 – June 2020

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• **#Myroots: Operation for socio-economic and socio-health support of potential migrants in the South Wollo Zone of Ethiopia.**

The project, carried out by CIFA and CCM in Woreda of Ambassel, Tehuledere, and Worebabo (South Wollo zone), is intended to contribute to the improvement of the socio-economic and socio-health conditions of potential migrants and to inform them about the risks of irregular migration. CCM is particularly concerned with improving the availability, quality and accessibility of health services intended for young people, through the education of health workers and the opening of spaces dedicated to both their physical and psychological needs - Youth Friendly Services. The project also promotes the exchange of best practices, between the services dedicated to young people at 8 health centres in the area. In collaboration with the professionals at the Social and Community Theatre Centre – TSC of Turin, the project foresees the organization of a training and mentoring initiative on various socio-health topics for groups of young people. These activities will be added to other projects promoted by the TSC, with the help of CIFA, that are more directly related to raising awareness about the risks of irregular migration.

**Beneficiaries:** It is estimated that around 12,000 young people will benefit from sexual and reproductive health services and will participate in awareness-raising activities; the training of 72 health workers will be crucial in order to achieve the expected results.

**Partners:** CIFA (International Centre for Childhood and Families), the Health Offices of the South Wollo zone and the districts involved in the project, Social and Community Theatre Centre of Turin – TSC.

**Sponsors:** Agenzia Italiana della Cooperazione allo Sviluppo AICS/MAECI.

**Timeframe:** April 2017 – June 2020

**Mission Report**

**May 2014 –July 2017**
• Boresha Maisha! Life alternatives for homeless children and young refugees in Nairobi

CCM, together with the NGO GRT, supports the local authorities of Nairobi in order to contribute to the improvement of the psycho-social and health wellbeing of homeless children and adolescents, in the slums of Mlango Kubya and of child refugees of Eistleigh. The project’s strategy foresees the development of rehabilitation activities and community reintegration, as well as improvements in socio-health services. Moreover, sport will play a fundamental role in this project. Boys and girls, in fact, are involved in group and individual sports in order to promote better lifestyles and social integration, tearing down the easily formed stigma and prejudice that is so widespread in these areas.

**Beneficiaries:** In 2017, 675 girls and boys benefitted from preventive care and treatment; 122 vulnerable children were involved in social integration activities; 40 community health workers were trained in order to improve the delivery of basic health services to communities.

**Partners:** GRT — Group for Transcultural Relations, Heshima Kenya, The Health Office of the sub-county of Stahere.

**Sponsors:** Agenzia Italiana della Cooperazione allo Sviluppo AICS/MAECI.

**Timeframe:** February 2017 — January 2020.

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**SOMALIA**

The presidential elections, which were conducted in a relatively peaceful manner in 2017, have helped Somalia to take a turn towards stability. In 2017, CCM’s activities, organized from their headquarters in Nairobi, continued with support operations in Garowe Hospital, located in Puntland, and the monitoring of centres for the diagnosis and treatment of tuberculosis throughout the entire country. CCM has also made its services available by offering technical assistance to the NGO Terre Solidali which is engaged in reactivating care services at De Martino hospital, in Mogadishu.

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**Improvement in the hospital services at Garowe General Hospital in Puntland**

From 2010 to early 2017, CCM has supported Garowe General Hospital, in Puntland by providing technical, medical and administrative support. Through specialized technical support and training, and through the purchase of medicines, medical material and other essential equipment, the project has supported the maternity and surgery wards, emergency divisions and the pharmacy. The project has also improved the data collection and analysis system, paying special attention to the quality of care delivered by various hospital wards and to the completion of clinical reports. An incinerator has been built, and a system to dispose of hospital waste has been implemented. Over the course of 2017, activities have focused on the organization of the pharmacy and the administration of drugs.

**Beneficiaries:** In 2017, 40 health workers were trained and around 4,000 people benefitted from better healthcare.

**Partners:** The Administration of Garowe General Hospital, Puntland Minister of Health.

**Sponsors:** Tavola Valdese

**Timeframe:** April 2016 – March 2017

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**Relaunch of health services at De Martino hospital**

CCM offered technical sanitary assistance in the relaunch project of De Martino hospital in Mogadishu, aimed at the development of a health and training plan for the hospital. The hospital was restructured by UNOPS in 2013, in a project financed by the Italian government and administered by the NGO Terre Solidali.

**Beneficiaries:** Hospital employees, hospital patients (in patients and outpatients), and veterans.

**Partners:** NGO Terre Solidali (leader), IIDA Women’s Development Organisation (local partner), Ministry of Health, Ministry of Defence, Ministry for Women and the Development of Human Rights.

**Sponsors:** The United Nations Office for Project Services (UNOPS) through funding from the Italian government.

**Timeline:** October 2015 – June 2017

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**Project supporting the control of tuberculosis**

In 2017, CCM, as part of the national program to control outbreaks of tuberculosis supervised by The Global Fund, carried out supervision and evaluation of 46 of the 100 centres responsible for diagnosis, treatment and monitoring of the care offered to tuberculosis victims all over Somalia. A monitoring system in place guarantees that health workers and laboratory technicians are properly trained in techniques and procedures, in order to improve the quality and effectiveness of the diagnosis. The CCM has also offered its technical assistance in the pharmacology sector, to departments dedicated to TB in the three areas of the country.

**Beneficiaries:** In 2017, 92 laboratory health workers were monitored.

**Partners:** National Program for Tuberculosis of the Health Ministries of Somalia, Puntland and central southern Somalia.

**Sponsors:** The Global Fund against AIDS, Malaria and Tuberculosis.

**Timeframe:** January – December 2017.

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**GOOD HEALTH AND WELL-BEING**
South Sudan became an independent nation 6 years ago, making it the world’s youngest country. Since then, about a third of its 12 million inhabitants have been evacuated or have sought refuge in bordering countries. The country is in a state of extreme poverty. This situation is mirrored in the grave state of its health and education systems: childbirth related deaths and illiteracy rates are extremely high.

In 2017, we continued with our support to 3 hospitals, 6 health centres and 20 health units in the states of Twic, Greater Tonj and Eastern Lake. The activities carried out, designed especially to help women and children, focused on the treatment of infectious diseases, pre-natal and post-natal visits, medical assistance during childbirth, vaccines, prevention of HIV transmission and fighting malnutrition. All of these activities were supported by a significant effort to raise awareness among the community about health and hygiene and to train local health workers.

- **Supporting the primary healthcare system to improve the nutritional state of mothers and children in the State of Greater Tonj and Twic**

  The projects carried out in the counties of Tonj east, Tonj south and in Turalei hospital, aim to guarantee extensive access to preventive and curative care, in order to reduce malnutrition, whilst promoting best practices and strengthening the competencies of local staff. Alongside the enhancement of the integrated nutrition services offered in the health centres, the involvement of the community is particularly important. The goal, on one hand, is to identify the most adequate way to provide nutritional services, and on the other hand, to promote the active participation, especially amongst mothers, in effectively changing certain behaviours that put their health at risk.

  **Beneficiaries:** 4,800 children and breastfeeding women affected by severe, acute malnourishment.

  **Partners:** The Ministry of Health, County Health Departments of Tonj east and Tonj south.

  **Sponsors:** UNICEF, Fratelli Dimenticati.

  **Timeframe:** October 2013 – December 2017

- **Supporting the primary healthcare system in order to benefit the population of the counties**

  CCM is working to support 21 health facilities in the counties of Tonj east and Tonj south, located in the State of Greater Tonj. These efforts aim to provide universal access to basic healthcare by providing technical assistance and supervision of the services, provided by supplying medical equipment and medicine, by training local health staff and by strengthening the capacities of the local authorities. The project also includes activities to promote proper hygiene and health practices in local communities. The main goal is to improve the general health and epidemiologic status of both counties’ populations.

  **Beneficiaries:** Around 272,000 people, particularly children under the age of 5 and women in their reproductive age.

  **Partners:** Ministry of Health of the State of Greater Tonj, The Counties Health Department of Tonj east and Tonj south, local communities.

  **Sponsors:** Health Pooled Fund, CHF/UNDP, UNICEF, Tavola Valdese, private donors.

  **Timeframe:** October 2013 – December 2017

- **Support in reducing maternal and infant mortality rate by improving secondary health services**

  By starting a collaboration with the Ministry of Health of the State of Greater Tonj and Twic, CCM aims to strengthen health services offered in the hospitals and to improve the referral system with the primary care structures, health centres and units. The project involves the hospitals in Tonj, Marial Lou and Turalei and aims to reduce the maternal and infant mortality rate in the area. This will be achieved by the activation of a surgery service, in order to guarantee caesarean births and by managing obstetric emergencies and enhancing neonatal care.

  **Beneficiaries:** Around 160,000 people, in particular pregnant women and obstetric emergencies.

  **Partners:** The Ministry of Health of the State of Greater Tonj, The Health Departments of Tonj east and Tonj south, local communities.

  **Sponsors:** Health Pooled Fund, CEI – Italian Episcopal Conference.

  **Timeframe:** October 2013 – December 2017

- **Coordinated and timely response to the humanitarian crisis in South Sudan, in support of the Health System of Awerial County, Lakes State.**

  Due to the conflict, over 114,000 people have migrated to Awerial County in the Lakes State. The intervention responds to the healthcare emergency among the local population and refugees. The refugees live in precarious hygienic conditions, worsening the already fragile conditions of the county’s health system. The projects intended to respond to the most urgent needs of the population by enhancing the integrated management of malnutrition, both in health centres and in the community, and by improving the capabilities and competencies of the local authorities in the epidemiological surveillance and in the coordination between various organizations involved in the humanitarian crisis.

  **Beneficiaries:** 23,340 women and children have benefited from preventive and curative care; around 4,700 members of the refugee and local communities have participated in awareness-raising activities.

  **Partners:** The Ministry of Health, County Health Department of Awerial County.

  **Sponsors:** Agenzia Italiana della Cooperazione allo Sviluppo – AICS of Addis Ababa.

  **Timeframe:** August 2016 – April 2017
CCM does not directly operate in Uganda, but it collaborates with Piero and Lucille Corti Foundation, an NGO based in Milan and engaged in supporting and financing the second university hospital in the country, the St. Mary Lacor Hospital of Gulu.

**UGANDA**

- **Project Trauma**

  The project aims to guarantee effective care at Lacor hospital in Gulu, for trauma patients who arrive, not only from many of the districts in northern Uganda (Guru, Amuru e Oyam) but also from South Sudan. For this purpose, the CCM guarantees periodic missions of Italian orthopaedic surgeons, who voluntarily spend weeks at the Gulu Hospital in order to perform orthopaedic operations, which are otherwise only available in Kampala, and to improve local health workers’ skills in patient care.

  **Beneficiaries:** 27 orthopaedic patients operated on, 60 patients treated for non-life-threatening traumas.

  **Partner and sponsor:** Piero and Lucille Corti Foundation (NGO)

  **Timeframe:** August 2015 – July 2018

**IN ITALY**

- **ACTECIM – Acteurs du territoire pour une Education à la Citoyenneté Mondiale**

  The European project, in which the CCM participates as a COP member, aims to raise awareness and educate primary and secondary school children on relevant and increasingly related issues: environment, world citizenship, human rights, economy. CCM has participated in co-design teams to define educational modules and tools for citizenship education. Local authorities, NGOs, Universities and schools of Italy are involved, France and Romania

  **Beneficiaries:** Students and teachers of three Italian schools.

  **Sponsor:** EC (Erasmus +)

- **Discrimination and affectivity in schools**

  This activity is made up of educational micro-projects, created ad-hoc by various educational entities, and aims to campaign against discrimination. A laboratory work, divided into 6 hours and subdivided into 3 sessions, and an evaluation of the project’s progress, through interviews and surveys completed by students and teachers, are presented within this project. The project is being carried out at the Technical Institute (ITIS) of Cuneo, along with the collaboration of Michelin. It envisages a future training course for the company workers who accompanied CCM’s educators during their time in the classroom.

  **Beneficiaries:** Around 400 first year secondary school students in San Benigno and Volpiano (Turin) and the ITIS of Cuneo.

  **Sponsors:** Various educational establishments.

- **MEGA; migration, global education and activism**

  The project has had an effect on both students and teachers through its goals of reflecting on the phenomena of migration using real data, of fighting against prejudice towards immigrants and the discrimination that stems from it, and to encourage students to reflect on racism and xenophobia. Educational workshops in class have been designed specifically for the students, and a training course has been created for teachers, providing them with useful methods and tools for their everyday teaching. The project concluded with a micro-campaign, created by the students themselves, through blog entries, videos and their participation as speakers on Border Radio.

  **Beneficiaries:** Around 450 students, teachers, educators and employees in Turin and Cuneo.

  **Sponsor:** Piedmont Region

- **The Labyrinth of feelings**

  The final goal of this project is to raise awareness among students who live in difficult situations — social, family, scholastic etc. — on topics of sexuality and affectation. Co-planning meetings with teachers and educators, along with four workshops on some key concepts (birth control, sexual relations, violence and gender discrimination) were organized, in order to achieve this goal. At the end of the process, surveys were carried out to evaluate the project’s quantity-quality relationship.

  **Beneficiaries:** Around 60 students and 20 teachers/educators/psychologists from Turin

  **Sponsor:** Specchio dei Tempi Foundation.
• **D.I.S.Co.R.S.I.** Migrants: Inter-regional Dialogue about the Services regarding Competencies, Housing, and Health for the Integration of Migrants in Piedmont, Auvergne-Rhône Alps and Catalonia.

The general goal of the project is to contribute to the improvement of the reception and integration of migrants in Piedmont, by working to include them in the housing, health and professional systems. This will be achieved through a process of interregional dialogue and cooperation between the various institutional players and the citizens of Piedmont, Rhône Alps and Catalonia.

**Beneficiaries:** 60 institutional representatives, 100 health workers, 120 social workers, 45 foreign women

**Sponsor:** FAMI 2014-2020 project 275

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• **In Turin, a stronger partnership between private and public organizations in order to provide healthcare services for the weaker members of society**

It is estimated that in Turin, around 100,000 people live in conditions of absolute poverty. Among the various centres that exist in the city dedicated to supporting these people, are the Vincentian Homeless Shelter for people who are in serious difficulty, located on Via Nizza 24, and the Centre “Balsamo di Filomena” on Via Cappel Verde 6. Comitato Collaborazione Medica – CCM, along with World Friends, contributes to the improvement of health conditions of vulnerable people, by enhancing the quality of health services offered to them and by improving the referral system, from and to the public health service. Both centres are supplied with the medicines and basic equipment they require.

**Beneficiaries:** Around 2,000 people in difficulty and provision of 4,500 services.

**Sponsors:** The CRT Foundation, Bank of Italy, private sponsors.

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• **MEDIATO 5**

This project, now in its fifth version, has allowed for the delivery of a professional training course addressing legal, social and health topics for health workers/educators in public organisations or co-ops, working with people seeking asylum in Turin. The operation handled by CCM has been organized into two courses, run by multidisciplinary professionals and aimed at social workers and mediators, with the goal of strengthening their professional profiles.

**Beneficiaries:** 300 people, among them educators, social workers and intermediaries involved in receiving those seeking asylum and unaccompanied minors in Turin.

**Sponsor:** Tavola Valdese

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• **Multiple cures 4**

The operation, a continuation of the namesake project launched in 2014, aims at facilitating access to the socio-health services in Turin for migrants and their families. In order to achieve this, health education programs on a variety of themes, have been designed for immigrants (infectious diseases and STDs, maternal-infant health, etc.), in order to facilitate their access to the benefits of health services in the Turin area.

**Beneficiaries:** 58 migrant men and women who are seeking asylum.

**Partners:** Centro Frantz Fanon Association, Marco Cavallo Migration Centre, Esseeci Co-op, Mamre Association (NGO).

**Sponsors:** San Paolo Company, Mary Poppins Association, Ministry of Internal Affairs.

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• **Let’s do ourselves some good!**

The project, launched in October 2016, has worked on reducing parents’ hesitation about vaccinating themselves and their children, by enhancing the knowledge, and communicative and relationship skills, of health workers dedicated to the care of mothers and infants in Turin. This has been achieved by training social workers and by raising awareness among journalists about the importance of media, in influencing the choices and health behaviours of the general population.

**Beneficiaries:** around 160 people, among them health workers, social workers, social educators, publishers and journalists.

**Partner:** The Health Department of Turin

**Sponsor:** The Cassa di Risparmio Foundation in Turin

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• **Straight to the point**

The objectives of this project were to improve the competencies of the teachers of CPIA – Centre for Adult Education on teaching about the right to residence and health of foreign citizens –, and to enhance the knowledge of the foreign students of CPIA on learning about the right to residence, health and access to medical services. The following website www.piemonteimmigrazione.it/mediato provides information for anyone who is interested.

**Beneficiaries:** Around 280 people, among them teachers and students in Turin and the surrounding area.

**Sponsor:** Tavola Valdese
**Outdoor of Passo, building a road to solidarity**

The project is located in the Barriera di Milano area of Turin. The area is characterized by a high immigrant population, from zones that are at present being upgraded to those in a serious state of neglect, and which suffer from an uneven provision of services offered. It is therefore, a social laboratory of enormous potential but presents the challenge of fighting racism/xenophobia and social marginalization. Through the organization of activities, that will promote micro-regeneration of the urban area, through involving inhabitants in a process to obtain citizenship and by the formation of a group of community leaders, the project aims to turn Via Nomaglio into a road of solidarity.

**Beneficiaries:** Around 460 people, among them citizens and users of the Passo Social Point, inhabitants and shop owners in Via Nomaglio and nearby streets will benefit indirectly, raising the sum of beneficiaries to around 2,000 people.

**Sponsor:** San Paolo Company

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**IC-HEALTH Improving Digital Health Literacy in Europe**

The final goal of the project, which was launched in November of 2016 by CCM and other European partners in Belgium, Denmark, Germany, Italy, Holland, Spain, Sweden and the United Kingdom, is to enhance the digital competencies of some of the vulnerable sections of society, and to facilitate access to and responsible use of digital resources, in order to improve health. The sections of the population involved are pregnant women and mothers of children under 6 years of age; children aged 10–13; adolescents, the over-sixties; diabetics. Web communities have been designed for each specific group, and 35 training packs have been created and tested (one for each target group, in eight EU languages) to improve skills in digital health literacy.

**Partners:** The Canary Islands Government (lead partner), La Laguna Universi-
y, Las Palmas University, European Consulate, EHMA, FUNKA, SCANBAL T, The Louvain Catholic University, Udine University, The Meyer Hospital, Na-
tional Council of Research, ULSTER University, Tallin University.

**Beneficiaries:** Around 1,000 people living in Italy (direct beneficiaries)

**Sponsor:** C.E. Horizon 2020SC1-HCO-12-2016 call

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**Course for Global Health 2017**

In 2017, a professional training course was held for health workers interested in carrying out clinical work in low-income countries, or in treating migrant patients in Italy. This course, accredited as ECM (Continuing Medical Education) and partially delivered as Distance Learning, is made up of four modules: Right to health, globalization and development; Elements of global health; Infectious diseases; Mental Health. Three participants carried out a short practice mission at Ikonda Hospital in Tanzania.

**Beneficiaries:** Around 80 entrants, all of them healthcare workers (doctors, nurses, midwives, laboratory technicians, etc.) from all over Italy.

**Sponsor:** Self-financed (enrolment fees) and supported by the San Paolo Company (2nd module).

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**Scientific Conference “Prevention is better than cure”**

In November 2017, three conferences on the vaccine debate, accredited as ECM and directed towards health workers, were organized in Turin, Alba and Ivrea. During the discussion, the efficiency of this health strategy was discussed, the argument focused on the behaviour of other European countries and on the experience with vaccinations in low-income countries. The conferences also analysed the relationship between the information from mass media sources and patient ambivalence towards vaccination, the fake news about vaccines that bombards social networks and the university-level teaching approach.

**Beneficiaries:** Around 250 participants of the three conferences, among them socio-sanitary workers and students from socio-health faculties (Ex. Medicine, Nursing Science).

**Sponsors:** Private donors

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**Elective teaching activities**

In 2017, the Departments of Medicine and Surgery and Nursing Science at the University of Turin, and the Department of Medicine and Surgery at the University of Saint Luigi di Orbassano, agreed to collaborate in organizing a co-teaching program in the areas of curricular and elective courses for university students. The courses were organized in the following manner: Health organization in low-income countries (2nd year — Degree in Medicine); Medical Humanities (1st year — Degree in Nursing Science); Health, culture and discrimination (2nd year — Degree in Nursing Science); Community Health (3rd year — Degree in Nursing Science).

**Beneficiaries:** Around 310 medical students and around 220 nursing students.

**Sponsors:** University faculties and private donors.
We train health workers. We protect mothers and children.

With Smiles of African Mothers (the campaign we launched in 2011 that focuses on the health of mothers and children), Comitato Collaborazione Medica – CCM has intensified its commitment and work to reduce child and maternal mortality. The campaign focuses on strengthening the skills and abilities of health workers as well as access to assistance and treatment.

2017 marked the second year of the second phase of the campaign, relaunched at the end of 2015 with objectives to 2020. Effective communication and the continued collaboration with local communities, authorities and health workers has enabled us, in just two years, to reach 82% of our five-year objective for the training of health workers; 40% of our target with regards to the assistance of women during pregnancy and childbirth; and 55% of that relative to the vaccination and treatment of children.

In 2018, CCM intends to continue its commitment to the health of communities, paying particular attention to the most vulnerable groups of the poorest communities: women, children and situations that create particularly challenging conditions, such as adolescents or nomadic communities, for whom access to quality healthcare services is often difficult.

Our ultimate goal is to improve the quality of the healthcare service and the training of health workers remains at the centre of our commitment. In 2018, our goal is to train at least 600 health workers, provide assistance for 30,000 women throughout pregnancy and childbirth and vaccinate and treat 154,000 children.
**Health professionals - Capacity building training programmes**

- **2015-2020 OBJECTIVES**
- **2017**
  - 1,159 health workers trained
  - 915 Nurses/midwives
  - 123 Community health workers
  - 65 Local authorities
  - 56 Students
  - 44% Child health care
  - 36% Service and data management
  - 13% Sexual and reproductive health
  - 7% Mother health care

**OBJECTIVES**

- **2015**
- **2016**
- **2017**
- **2020**
- **2020**

**Mothers - Assistance during pregnancy**

- **2015-2020 OBJECTIVES**
- **2017**
  - 36,392 women assisted
  - 67,755 women assisted
  - 31,363 women assisted in 2017
  - 76% 23,748 assistance during pregnancy
  - 24% 7,615 assistance during childbirth

**OBJECTIVES**

- **2015**
- **2016**
- **2017**
- **2020**
- **2020**

**Children - Vaccination and care**

- **2015-2020 OBJECTIVES**
- **2017**
  - 221,994 children vaccination and care in 2017
  - 210,098 vaccination and care received
  - 432,092 vaccination and care received
  - 82% 182,249 healthcare
  - 18% 39,745 Vaccinations

**OBJECTIVES**

- **2015**
- **2016**
- **2017**
- **2020**
- **2020**
In 2017, in view of the fifty-year anniversary coinciding with 2018, the association’s **new logo was officially formalised**. The restyling followed the guidelines of **continuity** with the CCM’s traditional values, and the need to translate them into a **contemporary representation**. The task was entrusted to the creative direction of Emilio Bibini and involved both the association’s **internal staff** and **external stakeholders**. The new logo revolves around the figure of a **circle**, the symbol of collaboration and specificity. Three circles intersect each other and work towards the final element — the **healthcare cross** — and consequently the **right to health**.

The logo is accompanied by the new slogan “**Curiamo chi cura**” (**Caring for those who care**) which in a few words summarises a distinct element of our organisation: the **training** of those who work in healthcare in Africa and Italy. Likewise, this task has involved many internal staff and external stakeholders and was conducted under the creative direction of the company **Sudler Milano** pro bono, which specialises in branding in the healthcare sector.

**Communication’s numbers**

**Press Office**
- 107 total releases online, on radio, on TV and in national and local newspapers
- 2 journalistic visits to South Sudan (Fabio Bucciarelli) and Ethiopia (Alessandro Rocca & Enrico Caporale)
- 2 video reports from Burundi and Ethiopia
- 1 press conference “Facciamoci del Bene” (Let’s Do Good) with ASL Città di Torino — Turin, 4th April 2017

**Publications**
- **Note A Margine** (Quarterly Report) — 3 releases with an average circulation of 2,000 copies
- **“Almost 50. Events in Medicine and Humanity”** — the diaries of CCM doctors in Africa with adapted texts by Fabio Geda and Alessandro Rocca
- **Mission Reports**, an annual report published in Italian and English
- **The Smiles of African Mothers: 2017 Activities and Results & Strategies and Objectives for 2020**, a campaign progress report in Italian and English
- **Strengthening of the network and improvement of the quality of reproductive health services in Bale Zone** (Oromia, Ethiopia)
  - final project report

**Events**
- **Almost 50** — 5th December 2017, Scuola di Holden, Turin — A theatrical reading of CCM doctor stories, accompanied by reconstructions, enacted by Vittorio Camarota and Marta Cortellazzo Wiel from the Teatro Stabile di Torino, and directed by Barbara Cinquatti.

**On line**
- **www.ccm-italia.org**: 26,135 registered users in 2017 (+37% since 2016; data from Google Analytics)
- **Institutional Newsletter**: 12 sent to an average 7,500 recipients (+35%)
- **Newsletter “Educhiamo i cittadini di domani” (Let’s Educate the Citizens of Tomorrow)**: 5 sent to an average 100 recipients
- Facebook: 3,673 fans + 28% compared to 2016
- Twitter: 750 followers +9.5%
- Youtube: 2,900 total views +54%
- Instagram: 206 followers +25%
- LinkedIn: 244 followers +15%

**Altre**
- Joint Photographic Competition “Storie di Donne” (The Stories of Women)
- Petitions for the Health of Mothers and Children
In 2017, the Fundraising Department was given the objective of raising the funds necessary to cover the institutional co-financing of projects in Africa and Italy. This was achieved by focusing fundraising activities on private donors, companies and foundations with an increase in funding of around 15% compared to 2016.

The CCM has taken part in a myriad of events, such as the “Raduno Internazionale delle Mongolfiere” (International Hot Air Balloon Rally) in Mondovì and “la Mezza Maratona di Torino” (The Turin Half Marathon). It has also organised various local initiatives such as the “Uova solidali” (United Easter Eggs) campaign in Easter, a food & drinks event with CineForm in the summer and various markets and the traditional “Ogni pacco un sorriso” (A smile for every parcel) event over Christmas.

Sport was also united with wellbeing in the third edition of IVolleyYou. Four events were held in the region of Turin with youth teams from the UISP and “La partita del cuore” (The Match of the Heart) was held in Brescia and led by former Olympic volleyball player Alberto Cisolla. There was also a fundraising tennis tournament held by ITennisYou in Turin.

The 2017 CCM lottery supported the Boresha Maisha project for homeless children in Nairobi and was pleased to receive the well-needed support of US Acli Torino in selling tickets.

Thanks to the partnership with the network of lawyers of Legal community and to the participation at their events, a pro bono collaboration has also begun with the international legal firm Latham & Watkins.

Individual donors were invited to donate via two bulk emails, whilst larger donors received individual invitations aimed at supporting particular projects. On the digital-fundraising front, development of the site dedicated to fundraising activities continues at www.sostieni.ccm-italia.org, and a new online shop at www.ccm-italia.org/regalisolidali has been launched. Personal fundraising activities via the online portal “Rete del dono” (Donations Network) have also been optimised.

Intense planning activities have been carried out in conjunction with foundations, personal meetings and participation in tenders. Banca d’Italia, Creonti, Prosolider Onlus, Specchio dei Tempi, Pepino Vismara and Fratelli Dimenticati have all supported our projects. As well as having organisations support various projects, the experience of co-designing with the Michelin Factory in Cuneo has continued. Our effective partnership with Ecolab Food & Beverage Agriculture has also continued, which is favourable for the activities in Ethiopia. The companies Lucibianca and Nicole Fashion Group were partners of the fourth CCM Photographic Competition, which this year was dedicated to the Boresha Maisha project. Other companies which have put their faith in the CCM are: AB&S SRL, Enmisphera sas, Diatech srl, Decathlon Settimo e Grugliasco, ElleEsse Multiservice, Cati Spa, Gruppo Maurizi, Libreria dei ragazzi, Libreria Luxemburg, Fratelli Vergnano, Giacometto snc, Il Tucano Viaggi e Ricerca, Macron Store Torino, Mondadori, Relab, Peraga srl, Soimar spa, Studio Legale Scafati, Studio Esperia and The new way srl.

Some special mentions of our collaborations with organisations in our networks go to l’Arcidiocesi di Torino, which supported mothers and their children in Filuo, Ethiopia by involving parishes during the Lent of Fraternity and la ASLTO5 which started Payroll Giving amongst its staff to go towards Turalei Hospital in South Sudan.

The local support given by these groups is fundamental for the CCM.

Last but not least, 5xmille’s contribution at the end of 2017 was very significant.
2017 financial statement consolidates the financial reports of the work carried out in Italy, Ethiopia, Kenya, Somalia, Sudan and Burundi. These financial reports have been locally audited and certified as follows:

- in Ethiopia by Soliyana Kiros Chartered Certified Accountant & Authorized Auditor;
- in Kenya by Obwanga and Associates Certified Public Accountants (K);
- in South Sudan by Kigundu & Co;

The financial statement was consolidated and audited in Italy.

The comprehensive financial statement was submitted for external audit to Dr. Michele Matteo Romano, who verified and certified the accuracy and clarity of the capital, financial and economic information reported, including the coherency and solidity of the underlying administrative processes.

In 2011, CCM had implemented the recommendations received by CIPSI, the Umbrella NGO CCM belonged to at that time, adopting the methods and guidelines to properly structure the annual financial statement of charitable organisations issued by the Onlus Agency, on 11/02/2009. Since then, the operating surplus was annually brought into balance, to highlight the ideal and non–for-profit purposes of the association.

From 2016, in order to report the economic management in the clearest and most transparent way, it was deemed appropriate to highlight the outcomes in the management and financial report and to request CCM Assembly to make a decision on the coverage of any eventual deficit or on the allocation of potential annual surplus.

### Balance Sheet - ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td>420,708</td>
<td>485,441</td>
</tr>
<tr>
<td>Intangible</td>
<td>3,412</td>
<td>5,825</td>
</tr>
<tr>
<td>Tangible</td>
<td>403,791</td>
<td>466,111</td>
</tr>
<tr>
<td>Financial</td>
<td>13,505</td>
<td>13,505</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td>2,838,958</td>
<td>3,087,349</td>
</tr>
<tr>
<td>Credit</td>
<td>2,247,763</td>
<td>2,618,664</td>
</tr>
<tr>
<td>For completed projects</td>
<td>863,779</td>
<td>986,146</td>
</tr>
<tr>
<td>To Creditors</td>
<td>1,158,865</td>
<td>1,485,057</td>
</tr>
<tr>
<td>Others credits</td>
<td>225,119</td>
<td>147,461</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>591,195</td>
<td>468,685</td>
</tr>
<tr>
<td><strong>CREDIT PAYMENTS</strong></td>
<td>72,492</td>
<td>41,963</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>3,332,158</td>
<td>3,614,753</td>
</tr>
</tbody>
</table>
Balance Sheet - LIABILITIES

1 **NET ASSETS**
   - Organizational endowment: 100,000
   - Fixed assets: 1,663,903
   - Amounts due to funders: 1,455,165
   - Fixed funds: 50,426
   - Contributions funds: 158,312
   - Free funds: 469,140
   - Available assets: 80,000
   - Projects funds: 722,865
   - Operating result in progress: -333,725

2 **LIABILITIES AND RISK PROVISIONS CHARGES**
   - TFR EMPLOYEES: 215,351

3 **DEBTS**
   - Banks: 266
   - Funders: 94,389
   - To suppliers: 18,248
   - Contributions to pension and social security institutions: 34,671
   - Other debts: 672,903

4 **CREDIT PAYMENTS**
   - 13,945

TOTAL LIABILITIES

5 **CREDIT PAYMENTS**
   - 3,332,158

The management result is negative for € 335,725. For more details please see Financial statements and Notes.
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Mara Nuzzi, Head of International Projects CCM
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Turin, June 2018.