Mission report

2018
# summary

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The world is changing as a result of globalisation. On the one hand, communications and telecommunications have been improved, as has our awareness of the finite nature of the earth’s resources and man’s role in climate change. Health inequalities at global and local levels have been clearly documented, and scientific knowledge and communication have progressed. On the other hand, however, due to the global economic crisis and international financial speculation, forced migrations have increased, as have international conflicts linked to enormous inequalities both between states and within states. This, in turn, increases the possibility of the rapid spread of healthcare emergencies for which viable solutions are urgently needed for everyone. Africa is a resource-rich continent, yet it is plagued by social inequalities and conflict. Africa’s population is the fastest growing in the world and is projected to double in size by 2050; the number of people living in abject poverty is decreasing, but inequalities in wealth distribution are increasing.

The Millennium Development Goals (MDGs) for 2000-2015 have not all been achieved (particularly the reduction of maternal mortality). However, the existence of a single international framework has facilitated the creation of a common language between the various parties involved in development.

In the transition from MDGs to SDGs (Global Agenda for Sustainable Development Goals) for 2015-2030, the approach has been modified and shows that every country, even the richest, can make progress in the economic, social, educational, health, and environmental fields. The SDGs underline the unsustainability of the current development model in environmental, economic and social terms, and all countries are called upon to contribute to the effort to shift the world onto a sustainable path.

The implementation of the Agenda requires considerable involvement from all sections of society; from companies to the public sector; from civil society to philanthropic institutions; from universities and research centres to those who work in the media and culture sectors.

How has it changed, then, and how should cooperation in the field of healthcare now move forward? Good health, which is defined as a state of physical, psychological, and social well-being (reference: WHO), requires multi-sector cooperation between all those involved in the field, sharing their goals and means to fight poverty, reduce inequalities, and in particular provide access for all to the national healthcare system.

CCM has always worked with, and for, the inhabitants of the areas in which it operates, and this includes the health departments. We defend and support the promotion and protection of the right to community and individual health, mainly working on knowledge and expertise. Above all, we focus on citizens and healthcare workers in the conditions of greatest poverty and hardship (both abroad and in Italy). In this regard, we work with institutions, companies, other non-profit organisations and supporters who contribute work or resources.

We help those who manage their own health, or that of others, to work independently and sustainably rather than replacing them.

Our pillars of intervention remain a strong ethical foundation, human rights, the fight against poverty and inequality, and expertise, combined with the knowledge that well-being and security improve for all when nobody is excluded.

Within this setting, CCM chooses to continue to work in Sub-Saharan Africa, in areas marked by extreme poverty and vulnerability, often blighted by conflicts and political and economic crises, with devastating effects on populations. In the face of these constant challenges, changes are taking place at the heart of our interventions: the need to work in collaboration with an ever-increasing number of parties in order to take action on various health determinants; the capacity to innovate and improve the impact of our interventions in order to better respond to the needs of local populations; and accountability for the level of efficiency and efficacy of our operation, with regard to both beneficiaries and donors as well as the general public.

We are expanding our interventions regarding the aspects of health we focus on, getting involved with mental health, adolescent and youth reproductive health, and One Health (an approach that considers environmental, animal and human health to be closely interconnected). Furthermore, our interventions are extending our collaborations, ensuring integrated intervention that takes into account the importance of access to clean water, hygiene services, and food; an approach that is mindful of the health of women, who play a pivotal role in African society, in particular their protection from gender-based violence; an approach which ensures the development of economic activity and professional skills, since poverty remains the primary health determinant.

The challenge is complex and particularly difficult for smaller organisations such as ours, but CCM is ready to do its part and face this challenge head-on!
Identity

2.1 Our History

For over 50 years we have been providing healthcare skills in areas where local health workers need further training. We support and train community health workers until they are capable of adequately providing treatment and assistance, even in the poorest areas and under the most difficult circumstances. We take care of the most vulnerable groups in society, particularly women and children, who have always had a high mortality rate.

Our first international cooperation programme took place in 1970 in Kenya, at the rural Eldama Ravine hospital. This means that we have been in Kenya for almost 50 years, and we are now in Nairobi and Isiolo County. In 1983, we launched the first training course for local personnel in Wau in South Sudan. Despite war, violence, and logistical difficulties, we are still there, supporting the Turi, Tor, and Maria Lou hospitals, as well as the territory’s health centres. Our first project in Ethiopia dates back to 1983, where our work in the Bale Zone, the Tigray Region, and the Somali Region continues to this day. We have been in Burundi since 1992, and in particular Cibitoke where we built a blood donor centre, improved the hospital and set up a neonatal wing: 25 years of commitment to maternal and child health.

In 1997, we launched a rehabilitation and physiotherapy programme at Lacor Hospital in Uganda, while in 2004 in Somalia we launched a programme to counteract the great pandemics, with a special focus on tuberculosis. The countries in which we work are particularly difficult to operate in, and improvements are slow. We remain there nonetheless, providing the best possible healthcare services in the poorest areas.

Since 1978, CCM has been working in Italy to train doctors who want to join missions in Africa, and this training continues today through our Global Health course and scientific conferences. We have also turned our efforts to the poorest and most vulnerable residents of the Piedmont area.

With the help of the knowledge and skills developed in Africa, we have created multicultural training sessions for healthcare workers in collaboration with numerous local health authorities in the area. We also train workers involved in the reception and management of migrants. The current economic climate has increased the range of vulnerable people. With this in mind, today in Turin we assist in the management of two clinics for those most in need, where we offer preliminary screening and direct patients to the local health authorities in the area. We also train workers involved in the reception and management of migrants. The current economic climate has increased the range of vulnerable people. With this in mind, today in Turin we assist in the management of two clinics for those most in need, where we offer preliminary screening and direct patients to the local health authorities in the area.

In 1968, a group of young doctors and medical students from Turin decided to take a step towards guaranteeing the right to health for all: Thus, CCM – Comitato Collaborazione Medica – was born.
2.2 Mission and Values

Mission

We support development processes that take a global approach to defending and promoting the right to health, working on health needs and influencing socio-economic factors, identifying poverty as the chief cause of health problems.

We focus our efforts on the very poorest populations, operating in the world's most disadvantaged areas, and meeting and collaborating with people and communities both in Italy and in low-income countries.

Our interventions take the form of international cooperation projects in the field of health; educational programmes on global citizenship and healthcare training; campaigning for fair policies; activities to protect the health of migrant and nomadic communities.

Our Values

1. Respect for human dignity
2. Secularism, pluralism and the acceptance of others, working towards peace
3. Participation and establishment in the areas in which we operate
4. Honesty and transparency
5. Solidarity as an act of justice
6. Earnestness
7. Volunteering and Professionalism
8. Testimony
9. Appropriate Technology
10. Development of local professional standards
11. Impartiality, Neutrality and Independence
12. Accountability: responsibility for our actions

It’s in our DNA

CAPACITY BUILDING
ON-THE-JOB TRAINING
VOLUNTEERING
TASK SHIFTING
GLOBAL HEALTH
APPROPRIATE TECHNOLOGY
COMMUNITY PARTICIPATION

Accountability: responsibility for our actions
CAPACITY BUILDING

We equip African healthcare workers with the skills they need to provide care to their communities. The primary goal of our efforts is to improve their ability to respond to community needs as well as to individual emergencies. Capacity building in our programmes includes both formal and informal training courses. The former combine theory-based lessons with practical exercises and involve healthcare workers in hospitals and health centres, as well as the community workers who are responsible for healthcare awareness and education in the villages. The informal training mainly takes place on the job through real-life experience, side by side with doctors and nurses, international volunteers and local personnel.

ON-THE-JOB TRAINING

This is one of the simplest and most effective ways to transfer knowledge and skills: training in the field, pairing experienced staff with junior workers. Hands-on learning in hospitals, operating rooms, on ward rounds, or even during checks in the mobile clinic, which reaches the most remote villages. Workers who have experience with a particular task pass that knowledge on to their less experienced colleagues. This is one of the most essential aspects of our volunteer doctors’ missions, and something our healthcare workers make a point of doing with new recruits. The results have been extremely positive.

TASK SHIFTING

It is essential to ensure that the few on-site workers in a given territory are qualified and capable of responding to the highest possible number of healthcare needs. The redistribution of tasks and responsibilities between different workers, also known as task shifting, is an effective strategy for achieving this goal. We train ‘non-doctors’ to provide life-saving surgery (caesarean sections, for example), even in the smallest clinics.

APPROPRIATE TECHNOLOGY

Appropriate technology is available and usable even in remote and poverty-stricken areas, and can help with important healthcare issues. In practice, this means low-cost technical equipment that is easy to use and maintain. A standout example is kangaroo mother care, used for premature or underweight newborns: simple wraps allow for skin-to-skin contact and the transfer of heat from mother to baby. This method has achieved excellent outcomes in terms of lives saved, particularly in clinics that cannot afford a sufficient number of incubators or where their maintenance is impossible due to a lack of funding or skills. Furthermore, in our experience, the use of this technology allows for the intermingling of healthcare and social situations, helping to break down cultural barriers and encourage communities to use the healthcare services available to them.

COMMUNITY PARTICIPATION

Working with the community is a fundamental aspect of what we do. Knowing their real needs and sharing ideas and activity implementation with them increase the effectiveness of our programmes. Well-functioning facilities and appropriate expertise must be combined with community awareness of the importance of preventing and treating illness. We benefit from our many years of experience in the countries in which we work, as the people now know and trust us. Furthermore, our choice to strengthen national healthcare systems, rather than establish parallel services, allows us to work synergistically with local real-life situations, so that in time communities will be able to continue the work without our help.

GLOBAL HEALTH

Global Health is a research and action approach with a broad outlook that analyses interdependencies between local and global phenomena. Contributions to the field come from a wide range of disciplines, including those typically associated with healthcare, for example, the social and human sciences, economics, and law. We have enthusiastically adopted this approach since the 1990s, increasingly focusing on the various determinants of health. Our activities aim at establishing useful teamwork in order to combine healthcare service improvements with integrated community-strengthening programmes, for example, by means of income-generating activities and the improvement of infrastructures necessary for better hygiene.

VOLUNTEERING

CCM was set up in 1968 by a highly motivated group of volunteers. This same strong sense of motivation still allows today’s volunteers to overcome the numerous 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 continue their work when they return home, raising awareness, sharing experiences and encouraging involvement, as they continue to do. Over the years, the organisation has been structured with the aim of increasing the impact of its activities; accordingly, CCM is no longer a strictly voluntary organisation.
2.3 The Organisation

The Association and its composition

CCM – Comitato Collaborazione Medica (The Medical Collaboration Committee) – is a CSO (Civil Society Organisation) recognised by the Italian Agency for Development Cooperation (Law no. 125/2014, Decree 2016/337/000148/5) and, pursuant to Law no. 49/1987, it is qualified to conduct activities both in low-income nations and in Italy.

The association gained legal status in 2010, and it is an NGO. Its registered office is in Turin, where part-time and full-time staff work together with volunteers to implement policies and strategy recommendations from associate bodies, as well as to ensure the coordination and overall control of its activities.

A stable organisational structure, supervised by a Country Representative, is in place in all of our affiliated countries, except in Uganda and Somalia.

Governance

The main governance assets are set out in the Bylaws (Article 9).

The association’s organs are the Members Meeting, the Executive Board and Supervisory Body. The Members Meeting appoints and revokes the members of the social organs and the auditors; it determines the guidelines of the organization; it ratifies the admission and exclusion of members upon proposal by the Executive Board; it approves financial statements and the social report; it approves the association’s regulations and resolves on the other matters attributed by law.

The Executive Board is composed of seven members. It lasts 4 years and its members may be elected for at most two consecutive mandates, even if not completed or interrupted ahead of time. The Executive Board elects among its members, the Chairman, the Vice-Chairman and the Treasurer. The Executive Board executes the decisions of the Members Meeting, promotes the life of the Association, and is responsible towards the Members Meeting for the operational management, implements its mandates and decisions.

The Executive Director has guided and coordinated the operational structure in order to implement the strategic guidelines provided by the Board; the results achieved are reported back to the Board.

The Board of Auditors is responsible for verifying management accounting and for compiling the final balance sheet.

The Supervisory Body has to monitor the compliance with the prescribed rules of conduct contained in the Code of Ethics and in the Organisation and Control Model, with regard to both the organisation as a whole and the third parties with which it collaborates. It also recommends possible measures to prevent misconduct, where this is deemed necessary.
Human Resources

Both our paid staff and our volunteers have always been our most valuable and indispensable resource in our efforts to bring our projects to fruition. They are competent and motivated individuals, Italian and African, who carry out their work with passion every day.

<table>
<thead>
<tr>
<th></th>
<th>Paid</th>
<th>Volunteer</th>
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<tbody>
<tr>
<td><strong>Italy</strong></td>
<td>33</td>
<td>195</td>
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<tr>
<td><strong>Africa</strong></td>
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<td>17</td>
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<td>Burundi</td>
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<td>1</td>
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<tr>
<td>Ethiopia</td>
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<td>6</td>
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<tr>
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<tr>
<td>Somalia</td>
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<td>Uganda</td>
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<td><strong>Regional Health Advisor</strong></td>
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<tr>
<td><strong>Subtotal</strong></td>
<td>513</td>
<td>212</td>
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<tr>
<td><strong>TOTAL (paid and vol.)</strong></td>
<td>725</td>
<td>810</td>
</tr>
</tbody>
</table>

The work donated by volunteers in 2018 had an estimated value of EUR 324,000.

Employees

- In Italy: 33 employees: 11 men - 22 women
- In Africa: 480 employees: 336 men - 144 women
- 9 expatriates (European personnel): 2 men - 7 women
- 11 regional staff (personnel from neighbouring African countries): 8 men - 3 women
- 468 local staff (local African personnel): 328 men - 140 women

Volunteers

- In Italy: 195 volunteers: 71 men - 124 women
- In Africa: 17 volunteers: 8 uomini - 9 women
- 2 volunteers in the Italian National Civil Service

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Volunteers and Support Teams

In 2018, volunteer involvement once again proved to be an integral part of CCM’s mission. Our volunteers are the best testimony to our work in the field. Their commitment, professionalism, passion, and responsibility continue to make all the difference.

To volunteer at CCM means being part of a huge project, putting into practice the ideal of health for all. This is why over 200 people have decided to do their part by getting involved. In Turin, they have helped in our two clinics for society’s vulnerable groups, and they have trained healthcare workers and supported staff in the promotion of healthcare programmes aimed at young and vulnerable people. They have also embarked on missions in the countries we operate in, looking after the local healthcare systems, and have supported the organisation with fundraising initiatives, becoming an endorsement of our work in the field.

However, volunteering also means meeting with others, undergoing training, and exchanging ideas. For this reason, there is no shortage of events dedicated to the friends of CCM throughout the year: training opportunities, detailed analysis of our projects and the countries in which we work, experience exchanges, and informal meetings and reflections on topics that are dear to us. The calendar is rounded off with a special volunteer weekend, strengthening our sense of identity and belonging.

In 2018, we had 17 volunteers in 18 different missions in Africa. Two of the doctors who attended our Global Health course had the opportunity to embark on a volunteering and training mission at Ikonda Hospital in Tanzania. Around 20 people have collaborated on an ongoing basis to support the hospital’s various activities, making a wide variety of skills available.

Over 60 volunteers work in Italy, involving themselves in training and global citizenship education, as well as projects to promote the inclusion of vulnerable groups. Two young women completed their Civil Service training in Turin with the Italian Projects Sector.

Around 120 people were involved in fundraising and awareness-raising activities.

The dedicated work of our support teams in the coordination of awareness and fundraising initiatives has continued, contributing to the financial viability of the organisation. Of these, we would like to acknowledge: Gruppo Volontari Torino, Volpiano per il CCM (Turin), Associazione Needle di Caluso (Turin), Amici CCM Ivrea (Turin), Amici di Nanni (Cuneo), Gruppo Pulia di Moretta (Cuneo), Amici CCM Arenzano (Genoa), Comitato ‘Per Terre Remote Onlus’ di Tirano (Sondrio), Amici di CCM Bergamo — Monte Marenzo, and Associazione Mondo Domani di Bitonto (Bari).

Organisational Structure
(revised June 2019)

<table>
<thead>
<tr>
<th>MEMBERS MEETING</th>
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<tbody>
<tr>
<td>Supervisory Body*</td>
</tr>
<tr>
<td>Executive Board</td>
</tr>
<tr>
<td>Executive Director</td>
</tr>
<tr>
<td>Human Resources and General Services</td>
</tr>
<tr>
<td>International Projects</td>
</tr>
<tr>
<td>Regional Health Advisor</td>
</tr>
<tr>
<td>Desk Officers</td>
</tr>
<tr>
<td>Italian Projects</td>
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<tr>
<td>Area officers</td>
</tr>
<tr>
<td>Administration, Finance and Control</td>
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<td>Administrative Desk Officers</td>
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<tr>
<td>Fundraising and Communications</td>
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<tr>
<td>Area officers</td>
</tr>
<tr>
<td>Country Representative</td>
</tr>
<tr>
<td>Project Managers</td>
</tr>
<tr>
<td>Country Administrators</td>
</tr>
<tr>
<td>Technical officers</td>
</tr>
</tbody>
</table>

*From the revision of the bylaws approved in June 2019.
The Sounding Board

The Sounding Board was born from our desire to open ourselves up to the outside world’s scrutiny, to get fresh perspectives from people who live and work in real-world situations different from ours and also from international cooperation in general. Established in the first half of 2017, CCM’s Sounding Board meets around twice a year.

CCM’s Sounding Board:

- LORENZA BRAVETTA
  Visual arts specialist and advisor

- GIUSEPPE COSTA
  Epidemiologist and health inequalities expert

- EGISDIO DANSERO
  Professor of economic and political geography and international cooperation expert

- GUIDO GIUSTETTO
  Medical Practitioner and President of the Turin Medical Association

- MARTINO GRINDATTO
  Expert in corporate business and social activities

- STEFANIA LALLAI
  Sustainability & External Relations Director of Costa Crociere (Costa Cruises)

- RAFFAELE MASTO
  Journalist and Africa expert

- SIMONE MIATTON
  President, CEO, and Director of Personnel, Michelin, Italy

- EDUARDO MISSONI
  Medical Practitioner, expert on global health, development and international cooperation

- ROBERTO PAGELLA
  Senior Managing Director of Accenture

- RENZO ROSSO
  Diplomat

- DANIELE ROSSI
  Marketing and communications expert, CEO of social enterprise Tramed’Italia s.r.l.

- CHIARA SARACENO
  Sociologist

- ANDREA SILVESTRI
  Director General of Fondazione Cassa di Risparmio di Cuneo (Cuneo Savings Bank)

- FLAVIANO ZANDONAI
  Eurisce (European Research Institute on Cooperative and Social Enterprise) researcher and secretary of the Iris Network.

Our Network:

INTERNATIONAL

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

NATIONAL


LOCAL

- COP, CCVD (Committee Against Violence Towards Women), GRIS (Regional Immigration and Health Group, part of SIMM – The Italian Society for Migrant Medicine), OMCEO (Turin Medical, Surgical and Dental Association), Not Just Asylum Network, Paediatric Network, Planet Africa.
Stakeholders’ Map

CCM has always directed its actions, first and foremost, towards its beneficiaries. Our programmes focus on local workers, the most vulnerable communities, and mothers and children in particular.

However, we do operate under a multi-stakeholder system. In our work we collaborate, share and integrate with many important and different people. Our stakeholder map provides a summary of this collaboration, which is explained in full in the different sections of our Mission Report and by the list of individual projects.

The Mission Report is an in-depth guide to CCM’s projects in Africa and Italy. These projects are grouped under the organisation’s four main areas of interest: maternal, child and adolescent health; the fight against the great pandemics; surgery, emergency medicine and trauma care; the inclusion of vulnerable groups.

For each area we have identified a few specific indicators that permit various activities to be monitored in a timely manner, as well as the number of beneficiaries reached. Our monitoring tools for individual projects allow us to collect data about both training and awareness-raising activities and the supply of healthcare services. The indicators for healthcare services were taken from those already provided by the national healthcare information systems and are monitored through the daily compilation of records in healthcare facilities. Each indicator reports the number of services provided, not the number of individuals treated; a child who receives nutritional treatment and subsequently has a possible diagnosis of malaria at one of our paediatric clinics is therefore counted twice. However, only the first attendance at a healthcare facility is counted in the case of service provisions that require multiple visits in order to comply with the protocol, for example, prenatal visits and vaccinations.

Services that fall under more than one area of intervention are reported separately under each area, but only counted once in the table of total beneficiaries. Therefore, a mother who takes an HIV test during a prenatal visit is counted under Mother, Child and Adolescent Health as well as in the Fight Against the Great Pandemics, but only once under total beneficiaries. The 2018 Mission Report sets out CCM’s objectives in relation to the Sustainable Development Goals (SDGs).

The first part contains CCM’s strategies and activities, taking into account the SDGs and the relevant indicators to which the various projects contribute, then it continues with a description of each country’s intervention programme.
The year 2018 was important, notably for its many transitions both in Africa and in Italy; transitions that will leave their mark beyond the end of the year.

In Africa, the organisation saw a decrease in the number of projects undertaken due to the closure of ongoing programmes in Burundi and Somalia and the reduction of activities in South Sudan following the 2017 withdrawal from one area of intervention, Lakes State.

At the same time, we oversaw a strengthening of CCM’s strategic axes of intervention:

1) the launch of youth health services, marking a real and necessary expansion to our mother-infant health projects, especially in countries such as Ethiopia that have made significant progress within the field of the MDGs; 2) the extension of our healthcare activities to particularly vulnerable sections of the population, including programmes for internally displaced people in Ethiopia and street children in Kenya; 3) the launch of One Health (OH) projects in Southern Ethiopia and Northern Kenya, after a lengthy pilot phase. The OH approach is, and hopefully will always be, a distinctive feature of our organisation’s strategy. We aim to use it to respond to health determinants in an integrated and coordinated manner, and to promote the continuous involvement of experts from various disciplines, institutions, and local communities in collaborative work. It is thanks to all these actions that we have seen a very pleasing increase in the number of beneficiaries.

In mid-2018, we reviewed our strategies with the aim of increasing our capacity to respond to healthcare needs while simultaneously strengthening our own sustainability. Regarding our themes, we expect to increase the development of integrated projects where the health-related component is complemented by activities that involve non-health-related determinants, such as food safety or access to income, water, and hygiene services. This means that in some contexts we will also need to create a mental health component. From an organisational perspective, we support the central role of the Country Representative in the development of new project opportunities, and not only in the management of existing projects and essential improvements to existing facilities.

Changes in Italy are not obvious due to the constant volume of activities. The closure of important projects relating to migrants and health promotion, and the rejection of proposed projects that would have allowed us to explore new areas, have led us to increase our focus on activities in three areas: healthcare assistance for vulnerable groups – with strengthening of our collaboration with private clinics; the development of community health interventions, and health education both in established CCM intervention contexts (for example, schools and migrant reception) and within companies, thanks to renewed fundraising activities.

The transition has also impacted our head office structure, in the form of strengthened management control and cost control processes.

The changes have been many, but our commitment to deliver them with conviction is strong. We are ready to adapt rapidly to these changes, which are taking place in an increasingly complex and challenging environment. Consequently, we extend our thanks to all of CCM’s volunteers, staff, and donors, in Italy and Africa, who have made all this possible.
3.2 CCM and the SDGs

SUSTAINABLE DEVELOPMENT GOALS

An overview of the goals and sub-goals we are working towards; reference numbers match those in the 2030 Agenda.

**GOAL 3**
Ensure healthy lives and promote well-being for all at all ages.

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

The health of mothers and children is one of CCM’s most important areas of interest (p.22), and is the theme of the Smiles of African Mothers campaign (p.35). Amongst the many projects aimed at reducing maternal and infant mortality, in 2018 CCM continued its battle against hunger in South Sudan, through the cure and prevention of acute malnutrition, the distribution of food to children, pregnant women and breastfeeding women, awareness raising and community training (p.31).

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

The fight against the great pandemics is an integral part of our projects, whether when working to strengthen health systems or when meeting with communities (p.23). In Ethiopia, we promote awareness raising and the distribution of information on sexual and reproductive health, with a particular focus on the youth demographic; we support services that prevent and cure transmissible diseases, and AIDS in particular, as it is the leading cause of death amongst African adolescents and the second most common cause globally (p.27).

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Teaching the importance of prevention, and promoting health education and awareness, are the focal points of our outreach and information distribution within communities, across all of our projects in Africa and Italy (p.26).

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

In our support and prevention activities, particularly those aimed at young people, we always focus on forms of addiction and substance abuse. This aspect is particularly relevant in the Boresha Maisha project in Kenya, a community reintegration programme to support street children and young people, which has chosen sport as an essential tool to improve health, promote lifestyle improvements and build relationships (p.30).

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.

In the province of Cuneo, in partnership with Michelin Italy, we promote road safety among children (p.32).

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

All CCM projects have a particular focus on universal access to sexual and reproductive healthcare. In Ethiopia, in the South Wollo area of the Amhara region and in the Eastern Tigray area, we are committed to improving the availability and quality of, as well as access to, health services for young people,
through the training of healthcare workers and also through the launch of Youth Friendly Services, which are dedicated solely to listening to young people and addressing their needs. In 2018, we supported a total of 28 youth clinics (p.27).

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

It is written in our DNA: CCM works for the right to health, defining this as the opportunity for everyone, even the most vulnerable, to access health services and essential care (p.6). An example is the One Health project in Kenya where, thanks to the collaboration of our project partners, we are able to provide an integrated and coordinated response to economic determinants of health (p. 30). VICOBA (Village Community Banks) are community microcredit models that facilitate access to credit and saving services and allow families to access health services when needed.

3.b Support the research and development of vaccines and medicines for contagious and non-contagious diseases that mainly affect developing countries, and provide access to essential drugs and vaccines at affordable prices, in accordance with the Doha Declaration on the TRIPS agreement.

We are committed to improving the accessibility and availability of essential drugs, supporting local transport authorities and facilitating their purchase if necessary. This is particularly important in more remote, rural areas, especially in the critical rainy season, when a timely pre-provision of essential drugs is necessary to ensure the management of common illnesses, such as diarrhoea and malaria (p.26).

3.c Markedly increase healthcare funding and recruitment, development, training and retention of health workers in developing countries, especially in less developed countries and small developing island states.

The strengthening of local healthcare workers’ skills epitomises our work over the past 50 years, providing formal and informal training courses, on-the-job training and task shifting. In 2018, we reached 100% of the target set by the Smiles of African Mothers campaign for 2020, thanks to the training of 2700 health workers over 3 years of intervention (p.35). Also in 2018, we awarded 5 scholarships for the professional development of clinical officers and nurses in memory of Dr. Giuseppe Meo.

3.d Strengthen the capacity for early warning, risk reduction and management of national and global health risks for all countries, especially those still developing.

In 2018, thanks to the One Health project in Kenya and Ethiopia, CCM strengthened the support for local authority and community strengthening towards alert systems and responses to dangerous health events with the aim of reducing risks, especially for zoonotic diseases. The action involves the integration of traditional environmental knowledge with innovative technologies, and the involvement of all key community players to ensure a multi-sectoral, integrated and coordinated response against threats of infection that typically occur in pastoral areas (p.27, p.30).

4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development.

In Addis Ababa, Ethiopia, we contribute to the improvement of sanitary conditions in 6 schools. The active involvement of teachers and parents is essential for the development of a health education course aimed at young students (p.28). In Italy, we maintain a strong commitment to young people both inside and outside of schools, providing them with education and information with the goal of promoting global citizenship and fostering interaction with, and respect for, people with different cultures and customs (p. 32).
GOAL 5
Achieve gender equality and empower all women and girls.

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

This is a key aspect of the Smiles of African Mothers campaign, which is based on an integrated approach to sexual, reproductive, maternal, neonatal, child and adolescent health. With particular regard to the latter group, CCM is committed to improving availability, quality and access to health services for young people, through the training of healthcare workers and the launch of services dedicated entirely to them, known as Youth Friendly Services (p.27). Sexual and emotional education is also a fundamental aspect of our work in Italy, particularly for vulnerable adolescents (p.32).

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

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Focus on personal and environmental hygiene is essential to health. In the Bale area, Ethiopia, we have improved community hygiene conditions by granting the provision of basic health services for both displaced persons and host communities, through the foundation of mobile clinics, the construction of 32 new toilets and the distribution of soap and water purification tablets. We also deal with issues that are still taboo, such as menstrual health, which in some places still causes illness and isolation (p.28).

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

9.a Facilitate the development of sustainable infrastructure in developing countries through greater financial, technological and technical support to African and less-developed countries.

A lot of ongoing construction and renovation work takes place each year, and in 2018 particularly so in South Sudan and Ethiopia. Specifically, collaboration with the local community has allowed health facilities to designate more space for sexual and reproductive health clinics aimed at young people (p.26, p.31).

GOAL 10
Reduce inequality within and among countries.

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

The inclusion of marginalised groups is a central theme of CCM’s activity (p.25). In Nairobi, Kenya, rehabilitation and community reintegration programmes are important both for improving homeless and refugee children’s psychosocial well-being and health, and for promoting better lifestyles and social integration (p.30). In Ethiopia, we also work in collaboration with other organisations that promote income-generating activities, furthering economic inclusion (p.28). In Italy, we work to break down cultural and information barriers that hinder genuine inclusion of the most vulnerable members of society, such as migrants (p.32).

10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.

The right to migration is inviolable. It is important, however, to know the risks associated with irregular migration and be able to choose whether or not to stay in one’s country of origin. Some of our projects in Ethiopia are developed on these bases; they act in areas particularly affected by the migration
By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management.

Waste management also involves the correct disposal of hazardous medical waste, which can pose a threat to human, animal, and environmental health. Minimising waste production, ensuring its proper separation and treatment according to national and international regulations, and researching innovative strategies that respect the environment is a commitment across all our projects.

11.6* By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature.

CCM embraces the One Health approach as an ideal tool for achieving sustainable development and the health of mothers, children, and the general population. The strategy recognises the close interaction between human, animal, and environmental health, and promotes intersectorial collaboration to address the serious problems that epitomise the 21st century: global overpopulation, climate change, loss of biodiversity, the onset of new infectious diseases and the risk of global pandemics.

12.8* By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature.

The correlation between human, animal and environmental health is the basis of the One Health approach, which CCM has adopted and is further developing through structured research. In 2018, we launched and developed the One Health project for the integrated health of nomadic pastoral communities in North Kenya and the Somali region of Ethiopia, areas particularly vulnerable to extreme weather events and climate change (p.27, p.30).

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.

The correlation between human, animal and environmental health is the basis of the One Health approach, which CCM has adopted and is further developing through structured research. In 2018, we launched and developed the One Health project for the integrated health of nomadic pastoral communities in North Kenya and the Somali region of Ethiopia, areas particularly vulnerable to extreme weather events and climate change (p.27, p.30).

10.b Encourage public aid for development and the flow of finance, including direct foreign investments in states where the need is greatest (particularly in underdeveloped countries), African countries and developing countries, in accordance with their national programmes.

In collaboration with our partner networks, we assert the importance of government investment in international cooperation to support low-income countries (p.11, p.13).

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In collaboration with our partner networks, we assert the importance of government investment in international cooperation to support low-income countries (p.11, p.13).

GOAL 11
Make cities and human settlements inclusive, safe, resilient and sustainable.

11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management.

Waste management also involves the correct disposal of hazardous medical waste, which can pose a threat to human, animal, and environmental health. Minimising waste production, ensuring its proper separation and treatment according to national and international regulations, and researching innovative strategies that respect the environment is a commitment across all our projects.

GOAL 12
Ensure sustainable consumption and production patterns.

12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature.

CCM embraces the One Health approach as an ideal tool for achieving sustainable development and the health of mothers, children and the general population. The strategy recognises the close interaction between human, animal, and environmental health, and promotes intersectorial collaboration to address the serious problems that epitomise the 21st century: global overpopulation, climate change, loss of biodiversity, the onset of new infectious diseases and the risk of global pandemics.

GOAL 13
Take urgent action to combat climate change and its impacts.

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.

The correlation between human, animal and environmental health is the basis of the One Health approach, which CCM has adopted and is further developing through structured research. In 2018, we launched and developed the One Health project for the integrated health of nomadic pastoral communities in North Kenya and the Somali region of Ethiopia, areas particularly vulnerable to extreme weather events and climate change (p.27, p.30).

GOAL 17
Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Finance - Technology - Capacity building - Trade – Policies and institutional consistency - Multilateral partnerships - Data monitoring and responsibility

Our approach contains several essential elements for promoting the right to health (p.6): institutional capacity building, the construction of multi-stakeholder partnerships, and the involvement of various parties in our projects, from communities, local authorities and politicians to civil society and the private sector. Addressing the various economic and social determinants of health means setting up multidisciplinary and intersectoral work.
In Africa

In 2018, CCM consolidated its intervention in the Horn of Africa through 23 projects. The organisation’s work concentrated on 19 health districts serving almost 1.5 million people. This intervention benefitted the most vulnerable groups in the community: children, young people and women who live in remote and difficult-to-access areas, such as the agro-pastoral areas of Kenya, Ethiopia and South Sudan, and densely populated urban areas where particularly disadvantaged groups are concentrated, such as the Mlango Kubwa slum in central Nairobi.

Training remains central to CCM’s interventions and over the course of the year we have been able to reach 535 experts and healthcare social workers. The training courses were developed in conjunction with local authorities, in accordance with the priorities for each area of intervention and their various ministerial guidelines. Various issues were addressed, including paediatric care, sexual and reproductive health, and the planning and management of health services. Alongside nurses, midwives and doctors, 210 community workers also benefitted from the training, programmes supporting nutrition in villages in South Sudan and programmes promoting health education amongst local communities and displaced people in Ethiopia.

Technical training and supervision have allowed us to support services in 86 healthcare facilities, including 4 hospitals that guarantee the management of obstetric-neonatal emergencies and basic surgery services. Around 630,000 children and adults have benefitted from preventative health services (vaccination and antenatal appointments) and treatment (outpatient visits, in-patient services, childbirth and surgical interventions), and over 302,000 people have been reached by health awareness and education activities.

With the aim of improving the quality of the healthcare system, CCM has worked with local authorities and communities to identify the problems underlying the provision and use of services and to plan effective and sustainable strategies to solve them.

Timely solutions have enabled us to respond to the health needs of displaced families in the Oromia region of Ethiopia, through the launch of mobile clinics, as well as the needs of street children in the Mlango Kubwa slum in Nairobi, through the use of sport as a means of ‘being healthy’. We have also helped pastoral communities in southern Ethiopia and northern Kenya by adopting the One Health approach, which promotes multisectoral collaboration to ensure the health of people, animals and the environment.

Within the field of the Sustainable Development Goal global strategy, One Health is an ideal tool for achieving global health and sustainable development.

Recognising the close interaction between animals, humans and the environment, One Health promotes multisectoral collaboration to address the serious problems that epitomise the twenty-first century, such as global overpopulation, climate change, and the onset of new infectious diseases and the risk of global pandemics. CCM has adopted One Health as a distinctive element of its organisational strategy, with the aim of responding to health determinants in an integrated and coordinated manner, and promoting the continuous involvement of experts across different disciplines, institutions, and local communities in a shared effort that promotes the integration of scientific knowledge with traditional knowledge and practices.
In Italy

In 2018 we also focused on three areas of intervention in Italy: improvement of health conditions for, and social inclusion of, vulnerable groups; training and continuous professional development of health social workers, and of those studying for the profession; education for global citizenship (EGC) and promotion of child and adolescent health. Overall, we have implemented 10 initiatives benefitting 4078 recipients. Migrants, asylum seekers, refugees and homeless people were the vulnerable groups we mainly focused on, facilitating access to health services in Piedmont, providing basic healthcare and encouraging the adoption of correct hygiene and health practices, to reduce the occurrence of communicable and non-communicable diseases. Community health programmes were also set in motion in an area of Turin harbouring many foreigners, isolated elderly people and families in difficulty. Here, the creation of community spaces and the organisation of cultural events and health education sessions had the aim of promoting cultural interaction and neighbouring relationships. In the provinces of Cuneo and Turin, we have provided numerous educational courses for children aged 11-14 years and their teachers. The most-discussed topics included tackling of all forms of discrimination, as well as sexual health and relationships. We are strongly committed to the theme of ‘Water’, with a focus on opposing waste and adopting sustainable behaviours for environmental health. We also saw the conclusion of a programme carried out in 8 European countries, aimed at improving digital health literacy for children, adolescents, pregnant and breastfeeding women, the elderly and people with diabetes.

As to training, in addition to its traditional activities (autumn conferences, our Global Health course, and elective educational programmes for university medical and nursing students), CCM provided training courses for health social workers, and community workers employed in migrant reception, in the form of advice to cooperatives and associations working on the field.

The drop in the number of trained workers is mainly due to the organisation of only one conference and the reduction in electives for university students. The decrease in GCE (Global Citizenship Education) was compensated for by an increase in activities for vulnerable groups.
Our work in 2018 is summarised in both words and figures. This helps us describe in more detail what we do, how we operate and our future directions.

**TOTAL PROJECTS**
33

**TOTAL BENEFICIARIES REACHED**
950,283

**TOTAL BENEFICIARIES IN STRATEGIC AREAS**
The number of beneficiaries in our various areas of activity demonstrates the general trend of our decisions. We always focus on the most serious conditions and illnesses, as well as those we can most efficiently help, with the aim of saving as many lives as possible.

**TRANSGRENAITY INDICATOR**
CCM holds third place among national NGOs in the classification drawn up by Open Cooperazione (Open Cooperation). In the NGO transparency index, we are committed to providing prompt and accurate accountability to all our stakeholders.

**LOCAL EMBEDDING INDICATOR**
The relationship between expatriate and local staff is an indicator of our impact and local acceptance.
The organisation concentrates most of its activities in South Sudan. It is increasing its work in Ethiopia, with a decrease in other countries. The volume of activities in Italy remains constant and is consistent with the previous year.

**OUR COMMITMENTS IN AFRICA AND ITALY**

CCM maintains its decision to allocate the majority of its funds to the fulfilment of its activities in the field. 90% of economic resources are used for everyday activities in Africa and in Italy. General support costs amount to 5.40%, of which 0.39% for running offices in Africa and 5.01% for running the central office.

The office running costs are shown net of the fixed administrative costs acknowledged by institutional projects.

**USE OF FUNDS**

The organisation remains committed to seeking a wider differentiation of sources of finance in order to improve the response to new emerging community needs and make the organisation’s work more solid and stable.

**SOURCE DIFFERENTIATION**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical activity costs</td>
<td>89.43%</td>
<td>5,972,615</td>
</tr>
<tr>
<td>Promotional and fundraising costs</td>
<td>3.39%</td>
<td>226,110</td>
</tr>
<tr>
<td>Asset and financial costs</td>
<td>1.78%</td>
<td>118,956</td>
</tr>
<tr>
<td>General support costs</td>
<td>5.40%</td>
<td>360,531</td>
</tr>
<tr>
<td>European Union</td>
<td>2.62%</td>
<td>173,606</td>
</tr>
<tr>
<td>Cooperazione italiana (Italian Cooperation)</td>
<td>30.46%</td>
<td>2,015,741</td>
</tr>
<tr>
<td>Foreign public administrations</td>
<td>43.18%</td>
<td>2,857,957</td>
</tr>
<tr>
<td>UN agencies and other international bodies</td>
<td>11.67%</td>
<td>772,313</td>
</tr>
<tr>
<td>Prime Minister’s Office</td>
<td>1.21%</td>
<td>80,051</td>
</tr>
<tr>
<td>Foundations</td>
<td>1.55%</td>
<td>102,434</td>
</tr>
<tr>
<td>Private and business</td>
<td>6.90%</td>
<td>456,852</td>
</tr>
<tr>
<td>Financial and asset income</td>
<td>0.59%</td>
<td>38,969</td>
</tr>
<tr>
<td>Other income</td>
<td>0.22%</td>
<td>14,613</td>
</tr>
<tr>
<td>Other</td>
<td>1.60%</td>
<td>105,957</td>
</tr>
</tbody>
</table>

**OUR COMMITMENTS IN AFRICA AND ITALY**

**USE OF FUNDS**

**SOURCE DIFFERENTIATION**
The third Sustainable Development Goal (SDG) aims to ensure health and well-being for all at all ages with the focus on mothers and children; these groups are particularly vulnerable due to high mortality and morbidity rates during pregnancy, childbirth and early childhood. In recent years concrete and significant results have been achieved. Maternal mortality has fallen by 37% since 2000 and today almost 80% of women give birth assisted by qualified staff. Deaths among children under 5 have dropped from 10 million in 2000 to less than 6 million in 2016, Pregnancy among adolescents (15-19 years) has decreased by 20% since 2000. Even in the poorest countries facing the greatest health challenges, important results have been achieved.

In Sub-Saharan Africa maternal mortality has decreased by 35% and that of children under 5 by 50%. Yet, inequality remains an important issue: enormous differences still exist between rich and poor countries. In Africa, the number of women who don’t survive childbirth is 14 times higher than in Western countries, maternal deaths resulting from caesarean sections are 100 times higher, and children are 15 times more at risk of dying within the first 5 years. To achieve fairer and more sustainable maternal and infant health it is essential to guarantee information and access to services for all through a universal health coverage that reduces the risk of financial losses and ensures high-quality ongoing services.

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Maternal and infant health is one of the area where the inequality between rich and poor is the greatest, and in the countries where we operate this often creates a real emergency. Every year many women die during childbirth, or in the following days, due to pregnancy-related complications. The risk of pregnancy-related death is about 250 times higher for African women than for European women. In 2018, our commitment to the fight against maternal and infant mortality continued, integrating operations on international scale with individual activities of local communities. This created a baseline integrated intervention package with a detailed, broad and sustainable approach. These interventions combine childbirth assistance and antenatal visits with vaccination campaigns, vitamin A administration and anti-anemia supplements, the distribution of insecticide-treated mosquito nets, capacity building, strengthening of the area’s network of healthcare professionals and local community education on nutrition and infant health. Through years of work in the local communities, in close partnership with health authorities, these integrated services have contributed significantly to the reduction in maternal and infant mortality in the countries we operate in. In Italy, the figures confirm the inequality in access to maternal, infant and healthcare services, due to poverty, lack of education and the degree of social inclusion. It is therefore not surprising that foreign mothers and adolescents grown up in very marginalised and degraded conditions are more exposed to health risks - such as premature or underweight babies, unwanted pregnancies and sexually transmitted diseases – due to the low level of prevention and treatment services available in their area. CCM has continued its own health education activities in migrant communities and schools, encouraging awareness and the use of existing health services.

Areas of Activity

5.1 Maternal, Child and Adolescent Health

In Africa

<table>
<thead>
<tr>
<th>Area</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births and obstetric care emergencies</td>
<td>9,461</td>
<td>7,507</td>
</tr>
<tr>
<td>Children under 5 visited / treated</td>
<td>151,068</td>
<td>182,391</td>
</tr>
<tr>
<td>Women of childbearing age and children vaccinated</td>
<td>51,955</td>
<td>47,492</td>
</tr>
<tr>
<td>Women assisted during pregnancy</td>
<td>27,064</td>
<td>23,933</td>
</tr>
<tr>
<td>Women who use family planning</td>
<td>5,599</td>
<td>5,463</td>
</tr>
<tr>
<td>Adolescents and young people accessing dedicated services</td>
<td>15,614</td>
<td>-</td>
</tr>
<tr>
<td>People made aware of maternal and child health</td>
<td>141,184</td>
<td>127,950</td>
</tr>
<tr>
<td>People trained in maternal and child health</td>
<td>381</td>
<td>705</td>
</tr>
<tr>
<td>Malnourished children treated in clinic</td>
<td>4,424</td>
<td>-</td>
</tr>
<tr>
<td>Children and pregnant women involved in acute malnutrition prevention programmes</td>
<td>93,896</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>479,963</td>
<td>396,357</td>
</tr>
</tbody>
</table>

In Italy

<table>
<thead>
<tr>
<th>Area</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained healthcare social workers</td>
<td>18</td>
<td>261</td>
</tr>
<tr>
<td>People benefitting from raised awareness/educated</td>
<td>115</td>
<td>65</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>133</td>
<td>326</td>
</tr>
</tbody>
</table>
An essential element of SDG3 is the fight against AIDS, tuberculosis and malaria, global infectious diseases causing over 2.5 million deaths in 2017. Almost 40 million people live with HIV and fewer than 60% have access to antiretroviral treatment. AIDS is the primary cause of death in adolescents (10-19 years old) in Africa and the second main cause globally. Tuberculosis remains the primary cause of death among HIV-positive people; it is responsible for a third of all deaths relating to AIDS.

Today, multi-resistant tuberculosis poses a serious threat to global health; only 55% of affected people are treated successfully. Since 2000, the global impact of malaria has reduced by 37% and mortality rates by 48%. However, 216 million cases were still registered in 2017. In addition to the great pandemics, over 1.5 billion people suffer from so-called neglected tropical diseases, among which are dengue, rabies, scabies and echinococcosis. Such diseases are common among poor and disadvantaged populations that lack adequate water supplies and sanitation, and live in close contact with infected carriers and domestic animals.

The fight against pandemics and infectious diseases can only be won through a shared multi-sectoral approach led by local institutions, but also involving local communities and the private sector. Only an alliance between all of these participants can achieve sustainable results on a global scale.

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In Africa

<table>
<thead>
<tr>
<th>Area</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease surveillance laboratories</td>
<td>11</td>
<td>62</td>
</tr>
<tr>
<td>HIV tests carried out</td>
<td>19,987</td>
<td>8,597</td>
</tr>
<tr>
<td>Cases of infectious diseases diagnosed and treated</td>
<td>336,331</td>
<td>319,794</td>
</tr>
<tr>
<td>People educated about infectious diseases</td>
<td>167,541</td>
<td>103,810</td>
</tr>
<tr>
<td>Staff trained in infectious diseases</td>
<td>73</td>
<td>235</td>
</tr>
<tr>
<td>Mosquito nets distributed</td>
<td>18,504</td>
<td>9,126</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>524,436</td>
<td>441,562</td>
</tr>
</tbody>
</table>

In Italy

<table>
<thead>
<tr>
<th>Area</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained healthcare social workers</td>
<td>110</td>
<td>20</td>
</tr>
<tr>
<td>People benefitting from raised awareness/educated</td>
<td>245</td>
<td>187</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>355</td>
<td>207</td>
</tr>
</tbody>
</table>
Surgery and emergency medicine are integral components of SDG3. In fact, they contribute to at least 5 of the 13 indicators recognised by the United Nations to define the goal of good health. Surgery contributes to maternal health (indicator 3.1), child health (3.2), treatment of chronic illnesses (3.4), the management of trauma and road accidents (3.6) and universal health coverage (3.8). It is difficult to guarantee the full sustainability of the health system without considering surgery as one of its essential components. Still today, the majority of the world’s population does not have access to basic surgical services. At least 5 billion people have no access to surgical and anaesthetic services, mainly due to security issues and inaccessibility of care. Every year there are 200 million surgical operations, but only 3.5% take place in low-income countries. The Global Surgery 2030 plan aligns with the Sustainable Development Goals in its aim to achieve 80% global coverage of surgical and anaesthetic services. This will improve the health of individuals and enhance the productivity of the entire nation, reducing morbidity and disability caused by debilitating chronic diseases. The attainment of this goal requires the integration of surgical services at every level of treatment, from the community network and first level facilities to the most specialised hospitals. It also requires a social, political and financial commitment to deal with the conditions that cause delays in seeking, reaching and obtaining accessible and safe surgical treatments.


In Africa

<table>
<thead>
<tr>
<th>Supported surgical facilities/services</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical procedures and emergency operations carried out</td>
<td>2,852</td>
<td>4,197</td>
</tr>
<tr>
<td>People referred for urgent surgery</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Staff trained in surgery and emergency medicine</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>2,855</td>
<td>4,199</td>
</tr>
</tbody>
</table>

In Italy

<table>
<thead>
<tr>
<th>Trained healthcare social workers</th>
<th>2018</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>People benefitting from raised awareness/educated</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>8</td>
<td>-</td>
</tr>
</tbody>
</table>
For CCM, health is viewed in its entirety, placing the individual at the centre. We aim ‘to leave no one behind’ as the World Health Organisation (WHO) states. Unfortunately, as reported by WHO and experts in the field, health inequalities are globally on the rise. The 2030 Agenda seeks to strengthen national health services and to improve all facilities in order to grant effective access to services to everyone. In 2018, CCM worked to this end with a view to encouraging the integration and inclusion of the most vulnerable people through inclusive and sustainable development, capable of promoting a resilient society for all by eliminating gender inequality, strengthening health services, respecting every individual, and breaking down the barriers that limit basic rights. It is the duty of each individual and of the society as a whole to bring down the barriers that prevent social, economic and political inclusion.

In order to avoid the inverse care law – the phenomenon that excludes those with the greatest need of treatment from access to healthcare as a result of poverty – CCM has continued its activity with homeless and migrants. It intervened with health workers, encouraging the creation of alliances with patients of different backgrounds, cultures and social status. It has also educated patients about appropriate health-seeking behaviours. Furthermore, thanks to a network of volunteers, it has been able to maintain two clinics to help those in difficulty in Turin.

In Africa

<table>
<thead>
<tr>
<th>Area of Activity</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>People made aware of sexual violence</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Staff trained to deal with victims of violence</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Victims of violence given healthcare, social and legal support</td>
<td>-</td>
<td>48</td>
</tr>
<tr>
<td>Staff trained in social inclusion techniques</td>
<td>41</td>
<td>-</td>
</tr>
<tr>
<td>Vulnerable people involved in social inclusion pathways</td>
<td>222</td>
<td>122</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>265</td>
<td>188</td>
</tr>
</tbody>
</table>

In Italy

<table>
<thead>
<tr>
<th>Area of Activity</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained healthcare social workers</td>
<td>723</td>
<td>879</td>
</tr>
<tr>
<td>People benefitting from raised awareness/educated</td>
<td>2,059</td>
<td>2,219</td>
</tr>
<tr>
<td>Vulnerable people assisted</td>
<td>800</td>
<td>512</td>
</tr>
<tr>
<td>TOTAL BENEFICIARIES</td>
<td>3,582</td>
<td>3,610</td>
</tr>
</tbody>
</table>

The distinctive feature of the 2030 Agenda is the universality of its goals, through which it aims to improve quality of life and future prospects for everyone, in every nation across the world. Barriers to sustainability and resilience manifest differently within different population groups. Social security systems can help to prevent and reduce poverty and inequality, fostering a more stable and inclusive society. However, the right to social security is not yet a reality, despite the progress made in recent years. In 2016, 22% of the unemployed and 28% of those affected by severe disability received financial support; 35% of children received some sort of social security and 41% of women who gave birth benefitted from financial support during maternity leave. Children and young people, women and the elderly, the disabled, ethnic minorities, displaced people and migrants remain the most vulnerable people. They lack sufficient social security systems; they lack access to essential services and employment opportunities. Their living conditions are worsened by situations of conflict or humanitarian crises. Within a health context, these groups remain the most fragile and vulnerable as they are easily exposed to infectious diseases and have a higher risk of disability and premature death. To achieve global health, we must recognise that health depends on various social and economic determinants and that the health system must be inclusive and integrative in order to respond in a comprehensive way to the needs of every individual, in particular those belonging to vulnerable groups.


In 2018, CCM continued its efforts to strengthen the Ethiopian healthcare system, increasing and improving the available primary and secondary healthcare services, particularly targeting teenagers and young people by promoting awareness campaigns and providing information at a community level. It also encouraged capacity building for professionals and health authorities and continued its operation to support maternal and child health in the Liben Zone of the Somali Region.

CCM also increased its support to healthcare social services for young people, focusing in particular on the areas most affected by the migratory phenomenon: the Bale Zone of the Oromia Region, the Eastern Zone of the Tigray Region and South Wollo in the Amhara Region. CCM and its partners have contributed to strengthening the resilience of the farming communities in the Somali Region, with integrated and multidisciplinary operations based on One Health. Furthermore, CCM has worked with the international community in order to respond to humanitarian emergencies in the country, providing health assistance to internally displaced people, fostering the implementation of health services dedicated to the most vulnerable populations of Oromia, and participating in the united response to the needs of Eritrean refugees in Tigray.

• Universal and fair access to quality health services, meeting the health needs of women and children in the Filtu and Dekasuftu districts.

The intervention aims to improve the health of mothers and children in two districts of the Liben Zone, by increasing access to the prevention and treatment services at Filtu Hospital, 5 health centres and 14 dispensaries. Services are strengthened not only in infrastructure and availability of medical equipment, but also through the continuous training and supervision of health professionals. The provision of training courses and technical assistance for health authorities will strengthen their capacity to plan, administer and monitor healthcare services. Activation of protocols, communication systems and the transfer of urgent cases to qualified centres will enhance the referral system. CCM supports the ‘House for a Safe Delivery’ at Filtu Hospital, where women close to childbirth with symptoms of possible complications are assisted in order to guarantee quick and direct access to urgent care if necessary. Thanks to collaboration with associations already
present in the area, the local community is provided with information on the best practices in maternal and child health.

**Beneficiaries:** 83 health professionals benefitted from continuous training courses, 4866 women were assisted during pregnancy or childbirth, 8904 children were treated and vaccinated, 3470 members of the community were made aware of, and informed about, issues relating to maternal and child health.

**Partners:** The Somali Region, Filtu and Dekasuftu Districts Health Department, Filtu Hospital Health Management.

**Sponsors:** Italian Agency for Development and Cooperation (AICS), National Federation of Medical, Surgical and Dental Associations (FNOMCEO).

**Timeframe:** January 2016 – October 2019.

- **One Health: improving the health conditions of shepherds in the Filtu District.**

  80% of the population in the Somali region are shepherds. Due to their constantly roaming lifestyle and their cultural and behavioural dynamics, shepherds are rarely inclined to access conventional health services. In this region, health services are scarce and insufficient. This contributes to critical health indicators in the area, characterised by high infant mortality rates and high incidence of infectious diseases, particularly *zoonosis* (diseases transmitted from animals to humans). Recognising 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 customs and needs of nomadic shepherds. Action is focused on the Filtu and Dekasuftu districts in the Liben Zone of the Somali region.

  **Beneficiaries:** 144 women and their families benefitted from hygiene awareness campaigns, with a particular focus on hygiene during pregnancy, childbirth and child development.

  **Partners:** CISP Ong (NGO), local health departments and the Departments of Farming, Livestock and Fishing in the Filtu and Dekasuftu districts in the Liben Zone.

  **Sponsors:** Overseas office of the Italian Agency for Development and Cooperation– The Council Presidency of AICS in Addis Ababa, through funding from 8x1000.

  **Timeframe:** November 2016 – March 2018.

- **Project Young People! The promotion of health and research to give a voice to Tigray’s young people.**

  This project has consolidated the results achieved in its first year, growing into an integrated intervention to improve the health and social conditions of young people in the intervention area. At the heart of the operation is the promotion of good sexual and reproductive health among teenagers and young people, through the creation of dedicated spaces for young people in 20 health centres, and their direct involvement in awareness-raising activities within the community. Development of the project involves a research element that requires an epidemiological and anthropological multidisciplinary approach, with the aim of both enhancing knowledge of the basic themes and identifying any weakness in the proposed strategy. The results of this research, which are in the process of being finalised, will allow to plan future projects and will provide information on how to best respond to the needs of young people in Ethiopia.

  **Beneficiaries:** 113 professionals benefitted from continuous training and supervision courses, 14,862 teenagers and young people accessed dedicated services, 23,015 young members of the community participated in educational and awareness-raising sessions discussing sexual and reproductive health.

  **Partners:** CIAI Ong (NGO), University of Turin, University of Rome, Tigray Region Health Department, Institute of Health and Research in Tigray, University of Mekelle, The Letwomen Association.

  **Sponsors:** Italian Agency for Development and Cooperation AICS, Vismara Foundation.

  **Timeframe:** April 2017 – June 2020.

- **#Le mie radici (#myroots): a socio-economic and healthcare social support intervention for potential migrants in Ethiopia’s South Wollo Zone.**

  The project, carried out by CIFA and CCM in the woredas of Ambassel, Tehuledere, and Worebabo in the South Wollo Zone, is intended to contribute to the improvement of the socio-economic and healthcare social conditions of potential migrants, and to inform them of the risks of irregular migration. CCM is particularly concerned with improving the availability, quality and accessibility of healthcare services for young people, through the education of healthcare workers and the opening up of spaces dedicated to both their physical and psychological needs: Youth Friendly Services. In collaboration with professionals at the Social and Community Theatre Centre of Turin (TSC), the project includes the organisation of training and mentoring initiatives on various healthcare social topics for groups of young people, adding to other initiatives by TSC and CIFA that place greater emphasis on raising awareness on the risks of irregular migration.

  **Beneficiaries:** 56 professionals benefitted from continuous training and supervision courses, 8972 young people accessed dedicated services, 8099 young members of the community participated in educational and awareness-raising sessions discussing sexual and reproductive health.

  **Partners:** CIFA, Health Departments in the South Wollo Zone and in the Ambassel, Tehuledere and Worebabo districts, Social and Community Theatre Centre of Turin (TSC).

  **Sponsors:** Italian Agency for Development and Cooperation AICS, 8x1000 Valdese Church.

  **Timeframe:** April 2017– June 2020.
• **Emergency initiative to improve the health and hygiene conditions of the displaced communities and host communities of the Meda Walabu district in the Oromo region**

This intervention was carried out in response to the humanitarian crisis arisen from the inter-ethnic conflicts between Somali and Oromo communities, which forced over 70,000 people to leave their homes and set up camp in makeshift shelters far from the conflict. The project has provided essential health services to displaced people and their host communities through the launch of mobile clinics and the strengthening of health organisations present in the area. Furthermore, the communities’ hygiene conditions have been improved through the provision of educational activities concerning health, the construction of latrines, and the distribution of soap, buckets and filters for water. The villages of Gola Meja, Gerbi Tiyiti and Medale in the Meda Walabu district of the Bale Zone (Oromo region) greatly benefitted from this operation.

**Beneficiaries:** 69 professionals benefited from continuous training and supervision courses, 5008 children and adults were visited and treated in our facilities and mobile clinics, 13,800 people benefitted from the construction of latrines, 11,165 members of displaced and host communities participated in educational and awareness-raising sessions on personal and communal health.

**Partners:** The Health Departments of the Bale Zone and the Meda Walabu district, the Ethiopian office of the World Health Organisation.

**Sponsors:** Emergency Response Mechanism, funded by the humanitarian office of the European Commission (ECHO) and managed by the International Rescue Committee, an international NGO.

**Timeframe:** January - June 2018.

• **A socio-economic, health and psychosocial support intervention to mitigate the principal causes of illegal migration in South Wollo, in the Amhara region**

This intervention complements the #myroots project, expanding the project’s geographical coverage and focusing particularly on urban and semi-urban areas of the South Wollo zone in the Amhara region, namely the Dessie and Dessie Zurie districts. It takes into consideration the lessons learnt and the good practices developed during the #myroots project. In particular, the project team is intent on strengthening socio-economic development opportunities and healthcare services available to young potential migrants. It also works closely with local partners to create and provide an integrated social inclusion programme for returnees, including a pilot project that offers psychological support.

**Beneficiaries:** The first months of the project were dedicated to finalising the signing of the agreement with counterparts, and in organising services at various healthcare facilities. In 2018 there were no direct beneficiaries.

**Partners:** CIFA, Health Departments in the South Wollo zone and in the Dessie and Dessie Zurie districts.

**Sponsor:** Overseas office of the Italian Agency for Development and Cooperation- AICS in Addis Ababa.

**Timeframe:** July 2018 - October 2019.

• **Emergency initiative to defend vulnerable repatriated population groups and potential migrants, to mitigate the causes of irregular migration in Bale, Arsi and West Arsi zones**

This project, carried out by CCM in partnership with COOPI (Cooperazione Internazionale) and L VIA (Lay Volunteers International Association), aims to mitigate the causes of irregular migration in the Oromo region, and in particular in Bale and Arsi zones – areas with the highest levels of irregular migration in the country. The project plans to reach its goal through: improving the provision of, and access to, sexual and reproductive health services for teenagers and young people, potential migrants and returnees; increasing employment among young potential migrants and returnees within the agriculture and service sectors; studying healthcare social problems that affect returnees to identify sustainable and efficient ways to provide psychological support and encourage social reintegration. Within the consortium, CCM focuses its work on the strengthening of healthcare services for young people, awareness-raising campaigns within the community and the study of healthcare social problems affecting young returnees following a difficult migratory experience.

**Beneficiaries:** The first months of the project were dedicated to finalising the signing of the agreement with counterparts, and in organising services at various health facilities. In 2018 there were no direct beneficiaries.

**Partners:** COOPI, L VIA, the Health Departments of the Oromo region and the Bale and Arsi districts.

**Sponsor:** Overseas office of the Italian Agency for Development and Cooperation- AICS in Addis Ababa.

**Timeframe:** July 2018 - October 2019.

• **Improving access to water, healthcare and hygiene in 6 schools within the sub-city of Silk-Lafto in Addis Ababa**

The project aims to contribute to the improvement of health and hygiene conditions in 6 schools in the Mekanisa area of Addis Ababa, by means of an integrated approach based on the experiences of, and long-term collaboration between, three Italian non-governmental organisations: CISP, CCM and CIAI. More specifically, the project aims to improve: access to water through the reconstruction of water supplies within schools; awareness of good personal hygiene practices through soap-making workshops, focusing on female hygiene; awareness of environmental health, through the involvement and...
training of student groups; family and student nutrition through the creation of school kitchen-gardens. In particular, young students will be shown how to make recyclable sanitary towels and will learn how to manage their periods. The active involvement of teaching staff and groups of parents will allow the project to become sustainable over time.

**Beneficiaries:** The first months of the project were dedicated to finalising the signing of the agreement with counterparts, and in organising services at various health facilities. In 2018 there were no direct beneficiaries.

**Partners:** CISP, CIAI, the Letwomen Association, the management of the 6 schools involved.

**Sponsor:** Overseas office of the Italian Agency for Development and Cooperation- AICS in Addis Ababa.

**Timeframe:** August 2018 – April 2020.

**• An integrated approach to improving living conditions and strengthening the resilience of the pastoral and agricultural communities affected by the drought in the Somali region**

This project is working to help improve the living conditions of pastoral and agricultural communities in the Somali region, reducing the effects of drought. More specifically, the project aims to strengthen the resilience of communities in the Liben Zone, adopting the integrated and multidisciplinary One Health approach. At the heart of this work is the multi-party platform, constituted by the leading community representatives – including healthcare workers and vets, traditional leaders, women, young people and teachers – who work together to identify the villages’ main priorities and to develop sustainable joint strategies to face these problems and encourage rural development. The project is carried out in partnership with CISP in three districts (Filtu, Dekasuftu and Kersadula) in the Liben Zone.

**Beneficiaries:** The first months of the project were dedicated to finalising the signing of the agreement with counterparts, and in organising services at various health facilities. In 2018 there were no direct beneficiaries.

**Partners:** CISP, the Health Department and Departments of Agriculture and Fishing in the Filtu, Dekasuftu and Kersadula districts, the administrative offices in the Liben Zone.

**Sponsor:** Overseas office of the Italian Agency for Development and Cooperation- AICS in Addis Ababa.

**Timeframe:** September 2018 – January 2020.

**• Strengthening and integration for Eritrean refugees and host communities in the Shire area**

This intervention seeks to promote the improvement of refuge and protection services in the Eritrean refugee communities of Ethiopia’s Tigray region. It proposes an integrated intervention founded on the experience and collaboration of four Italian non-governmental organisations: VIS, CIAI, CISP and CCM. The project aims to improve basic services within refugee camps, focusing on health services, education and the diversification of means of livelihood. Women will especially benefit through their involvement in female empowerment activities. The project will take place in 3 refugee camps (Mai-Ayni, Adi Harush and Itsas) and within the host populations in the surrounding districts of Selemti and Asegede Tsmbla in and the city of Shire.

**Beneficiaries:** The first months of the project were dedicated to finalising the signing of the agreement with counterparts, and in organising services at various health facilities. In 2018 there were no direct beneficiaries.

**Partners:** VIS, CIAI, CISP, ARRA the National Agency for the Management of Refugees and Repatriates, Health Departments in the Tigray region.

**Sponsors:** Overseas office of the Italian Agency for Development and Cooperation (AICS) in Addis Ababa.

**Timeframe:** October 2018 – April 2020.

CCM does not directly operate in Uganda, although it does contribute to the work of the Pier and Lucille Corti Foundation in Milan, a non-profit foundation which supports and funds the country’s second university hospital, St. Mary Lacor Hospital in Gulu. The work of CCM in the country is limited to surgical missions to support the orthopaedic department within the hospital.
National and regional volatility remains high within Kenya, and tensions and conflicts frequently complicate our work there or put it at risk. In 2018, in partnership with RefuShë Kenya (formerly Heshima), we continued and consolidated our institutional and community welfare project (both psychological and health-related) in the Nairobi Mlango Kubwa and Eastleigh slums, which was launched in February 2017. In these areas, street children and young refugees live in severely degraded conditions, requiring medical attention and social reintegration. In May 2018, working with a wide consortium that allowed an important multidisciplinary collaboration, we launched the One Health project to support the health conditions of the shepherd population in North Kenya, their livestock and the environment in which they live.

**KENYA**

- **Boresha Maisha! An alternative life for street children and underage refugees in Nairobi**

  CCM, together with GRT, cooperates with local authorities in Nairobi in order to improve the health and mental well-being of street children and underage refugees in the Mlango Kubwa and Eastleigh slums. The project strategy includes rehabilitation and reintegration activities within the community and the improvement of healthcare social services for beneficiaries. In particular, this project helps improve health within the area of operation through the strengthening of 2 facilities and 12 community health units. An innovative element of the approach is the use of sport as an essential tool for maintaining good health and well-being. Boys and girls are involved in individual and group sport in order to promote a healthier lifestyle and the development of social skills, breaking down the stigma and prejudice that is often widespread in these areas.

  **Beneficiaries:** 222 vulnerable boys and girls were involved in social integration projects involving sports activities, and 41 workers were trained in social integration techniques. Furthermore, 15,890 children (aged 0-9 years) and young boys and girls (aged 10-24 years) benefitted from prevention and treatment services provided at project facilities and 7,347 families benefitted from health assistance and education at home.

  **Partners:** NGO Group for Transcultural Relations, GRT, Heshima Kenya, the Stakeh Subcounty Health Board.

  **Sponsors:** Italian Agency for Development Cooperation (AICS), Catholic Church 8x1000, Quaresima di Fraternità, Prima Spes.

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

- **ONE HEALTH: A multidisciplinary approach to promote the health and resilience of pastoral communities in North Kenya**

  CCM, together with VSF (Vétérinaires sans Frontières [Veterinarians Without Borders]) Germany, TrIM (Translate Into Meaning) and DIST (Inter-University Department of Regional and Urban Studies and Planning), supports the local authorities of Marsabit County (subcounty of North Horr) in improving access to, and coordination of, human and animal health services, and in strengthening the warning and response systems to health-threatening events in the subcounty pastoral communities. The project adopts the multidisciplinary and integrated approach of One Health. In particular, the strategy offers training and involvement opportunities to community volunteers and it creates mobile clinics for the integration of human and animal health, community education about the prevention of zoonosis and the health risks linked with methods of food storage and processing. It also fosters larger access to household credit, in case of need of cash to pay human or animal medical treatment. Finally, it works to get better decision processes and prompt responses to climate change by combining traditional knowledge about the environment with sustainable scientific and technological instruments.

  **Beneficiaries:** The first months of the project were spent creating an anthropological study and a close evaluation of the understanding and needs of the pastoral communities, mapping availability and access to health, veterinary and environmental resources in the area, and identifying villages in need of intervention in the subcounty. No direct beneficiary was reached in 2018.

  **Partners:** Vétérinaires sans Frontières, VSF Germany, Translate Into Meaning (TrIM), Dipartimento Interateneo di Scienze, Progetto e Politiche del Territorio, DIST and The North Horr Subcounty Health Board.

  **Sponsor:** Italian Agency for Development Cooperation (AICS).

  **Timeframe:** May 2018 - April 2021.

**SOMALIA**

Somalia continues its efforts at self-stabilisation, despite the resurgence of violence and terrorist attacks. As a result of the ending of support to the Garowe hospital in the Puntland State of Somalia and of the tuberculosis monitoring programme financed by The Global Fund throughout Somalia, CCM activities were suspended in 2018 pending new funding. The strategy for the country predicts a planned investment in the One Health multidisciplinary approach, with the aim of facilitating the integration of human, animal and environmental health services in the Jubaland State.
• Strengthening of the primary healthcare systems for the people living in the counties

In 2018, the considerable amount of work involved in supporting the primary healthcare system in Greater Tonj State, and South and East Tonj counties, is evidenced by the support given to 4 health centres and 17 dispensaries. The main part of the strategy involves training healthcare staff, through courses, on-the-job training and supervision. Furthermore, in order to guarantee access to healthcare it was necessary to supply medicines and medical equipment, to actively involve the rural community in health and hygiene promotion projects, and to work to strengthen local health authorities.

Beneficiaries: 301,507 people benefitted from prevention and treatment services, among whom 15,370 women were assisted during pregnancy and childbirth and 137,986 children were vaccinated and treated; 217,464 people were given access to health education and awareness activities centred on best practices for maternal and child health.

Partners: Ministry of Health for Greater Tonj and Twic State, Hospital Management of Tonj, Marial Lou and Turalei Hospitals, Diocese of El Obei, local communities.

Sponsor: Health Pooled Fund.


• Primary healthcare system support to improve the nutritional status of mothers and children in Greater Tonj and Twic State

In 2018, a lot of work was done to consolidate secondary healthcare activities in Tonj and Marial Lou Hospitals in Greater Tonj State, and in Turalei Hospital in Twic State. The strengthening of hospital services, through the presence and training of qualified staff (nurses, midwives and clinical officers), and ongoing procurement of medicines and medical equipment allowed management of obstetrical emergencies and improvement of neonatal services.

Beneficiaries: 170,563 people benefitted from prevention and treatment services, among whom 15,370 women were assisted during pregnancy and childbirth and 137,986 children were vaccinated and treated; 2,852 people were offered surgical procedures; 31,416 people were given access to health education and awareness activities about best practices for maternal and child health.

Partners: Ministry of Health for Greater Tonj and Twic State, Hospital Management of Tonj, Marial Lou and Turalei Hospitals, Diocese of El Obei, local communities.


IN ITALY

GLOBAL CITIZENSHIP EDUCATION

• Discrimination, dealing with emotions, and water in schools

This initiative is made up of various tailor-made educational micro-plans created by some schools in Piedmont. During the academic year 2017-18 we worked on three areas: fighting discrimination, emotional/sex education and the informed use of water. The courses were aimed at girls and boys aged 11-14 years. Each educational workshop was divided into 3 sessions, each lasting 2 hours, and its effectiveness and appreciation were evaluated using interviews and questionnaires handed out to students and teachers.

In collaboration with Michelin, road safety education was provided to children from primary schools in the province of Cuneo.

Beneficiaries: 740 students and teachers from secondary schools in San Benigno and Volpiano in Turin and some districts of Consorzio Monviso Solidale in Cuneo, together with 800 children from primary schools in Cuneo, were taught about road safety.

Sponsors: Various schools, Specchio dei Tempi.

INCLUSION OF VULNERABLE GROUPS

• D.I.S.Co.R.S.I. Migranti: Interregional discussions about skills, residency and health services for the integration of migrants in Piedmont, Auvergne-Rhône Alpes and Catalonia

The project has helped improve the reception and integration services for migrants resident in Piedmont, with regard to housing, health and employment, through a process of discussion and interregional cooperation between institutions and civil society in the Piedmont, Rhône Alpes and Catalonia regions. CCM oversaw the research, training and exchange of best practices in healthcare. A delegation of institutional representatives and health workers from Piedmont was trained on techniques and efficient practices to help migrants’ access to health services, while some groups of foreign mothers were given information about child and maternal health services in the area and how they function. The results of the research carried out have been made public and shared with the stakeholders of the 3 participating regions.

Beneficiaries: 46 institutional representatives, 132 healthcare workers, 106 social workers, 45 foreign women.


• In Turin, strengthening of the public–private partnership to create a health system that serves the weakest

It is estimated that around 100,000 people live in absolute poverty in Turin, including illegal migrants and homeless. Among the various centres in the city dedicated to supporting these people is the Centro di Accoglienza Vincenziano, a Via Nizza 24, a centre for homeless people and for those facing great hardships, and the Balsamo di Filomena centre Via Cappel Verde 6 (closed September 2018). During the year, CCM and World Friends ensured the operation of the walk-in clinics located in these centres — which provide listening services, basic medical and nursing care and referral to specialist clinics in the area— by hiring, coordinating and supervising about 20 voluntary healthcare workers.

Beneficiaries: Approximately 300 people in difficult situations, by providing more than 800 healthcare services.

Sponsors: Fondazione CRT (Cassa di Risparmio di Torino [Turin Savings Bank]), Banca D’Italia (Bank of Italy), private sponsors.

• Pluralistic healthcare 4

This intervention, a continuation of the project of the same name launched in 2014, focused on better access to healthcare social services in Turin for migrants and their families. To this end, health education courses were held for migrants on different topics (communicable diseases, sexually transmitted diseases, maternal and child health, how the health system works in Piedmont, etc.) to facilitate access to, and use of, health services in the Piedmont area. This year, for the first time, our courses were also addressed to unaccompanied foreign minors, dealing with issues of emotional and sex education and the prevention of sexually transmitted diseases.

Beneficiaries: 70 migrants and asylum seekers of both genders, and 25 unaccompanied foreign minors.

Partners: Associazione Centro Frantz Fanon (project leader), Centro Migranti Marco Cavallo, Cooperativa Esserci, Associazione Mamme Onlus (NGO).

Sponsors: Compagnia di San Paolo, Associations and Cooperatives in the area (e.g. Mary Poppins, Difesa del Fanciullo, Casa di Cancro, Civico Zero, Disvi [NGO]).
• **Outdoor di Passo - building a united street**

The project took place in the working-class area of Barriera di Milano in Turin. This district contains a large number of foreigners, areas undergoing redevelopment, neglected areas and an inconsistent range of services. Therefore, it is not only a social workshop of huge potential but also includes many challenges regarding such as racism, xenophobia and social marginalisation. The project aimed to render Via Nomaglio (where Il Passo – a meeting space and social hub – is located) a united street. The inhabitants of the area were involved in health education days and in the installation and staffing of a terrace to provide outdoor activities. A workshop about dealing with emotions was set up for Italian and foreign girls and boys and a video about the story of Barriera di Milano, told by the people who live there was made. Some residents were chosen and supported to foster neighbourhood relationships.

**Beneficiaries:** Around 170 people: citizens and users of the Passo Social Point. All the residents and business of Via Nomaglio and the surrounding streets were indirect beneficiaries, with an approximate total of 700 people.

**Sponsor:** Compagnia di San Paolo.

• **Migrant Information and Health: a new incentive at the ISI centres in Turin**

The project supported in raising the profile and effectiveness of the ISI Centre in Lungo Dora Savona, which is the public health centre providing health information and basic care to foreigners temporarily present in the area. The centre serves more than 1,500 patients a year. Its activities included sessions on health education for migrants on various topics (maternal and child health, sex and contraception, first aid techniques, hygiene, healthcare service guidance), training of healthcare staff on relevant standards, building of therapeutic bonds in intercultural meetings and the creation of a study to measure the knowledge of the foreign population about the centres, and their difficulty in accessing them.

**Beneficiaries:** 425 health workers and users of the ISI Centre.

**Sponsor:** Fondazione CRT.

• **IC-HEALTH improving digital health literacy in Europe**

The final aim of the project, launched in November 2016 and which sees CCM networking with other European entities in Belgium, Denmark, Germany, Italy, Netherlands, Spain, Sweden and the United Kingdom, is to increase the skills of vulnerable groups through the informed use of digital resources for health. CCM focused its work on pregnant and breastfeeding women, children between 10-13 years of age and teenagers between 14–17 years of age. In 2018, in collaboration with representatives from these population groups, Massive Open Online Courses (MOOCs) were created; these consisted of short training courses with useful recommendations for a correct internet use in searches, evaluations and application of any health-related information. The free courses were made available online and their effectiveness was evaluated in terms of skills improvement.

**Beneficiaries:** In Italy about 170 children, teenagers and pregnant and breastfeeding women.

**Partners:** Government of Gran Canaria (project leader), University of La Laguna, University of Las Palmas, Consulta Europa, EHMA (European Health Management Association), FUNKA, SCANBALT, Catholic University of Louvain, University of Udine, Meyer Hospital, Consiglio Nazionale delle Ricerche (The National Research Council of Italy), University of Ulster, University of Tallinn.

**Sponsors:** E.C. Horizon 2020 SC1-HCO-12-2016 call.
• 2018 Global Health course

Also in 2018, a professional development course was held for healthcare workers interested in carrying out clinical activities in low-income countries or in treating migrant patients in Italy. The course, which was accredited by CME (Continuing Medical Education) and in collaboration with the University of Eastern Piedmont, was delivered partially through distance learning and partially through face-to-face lessons in Novara. It was divided into four modules: health rights, globalisation and development; infectious diseases; orthopaedics, surgery and disability, and maternal and child health. This year, CCM has also delivered specific training to social healthcare workers following the request of cooperatives or network associations committed to welcoming asylum seekers.

Beneficiaries: 156 healthcare professionals (doctors, nurses, midwives, laboratory technicians, etc.), CCM volunteers and social healthcare workers from the migrant-welcoming communities.

Sponsors: Self-financed (enrolment at the CSG), City of Turin, Refugee Network, Orso Cooperative.

• Elective teaching activities

In 2018, a collaboration was confirmed with the Departments of Medicine, Surgery and Nursing at the University of Turin and the Department of Medicine and Surgery at the University of San Luigi in Orbassano, for the organization of elective courses in the curriculum of university students. Three such courses took place: Health Organisation in Low-Income Countries (2nd year of the degree course in Medicine), Medical Humanities (1st year of the degree course in Nursing); and Health, Culture and Discrimination (2nd year of the degree course in Nursing).

Beneficiaries: Around 100 medical students and 215 nursing students.

Sponsors: Faculties and private donors.

• One Health scientific conference

In November 2018 a conference was held in Turin to examine the link between human, animal and environmental health on a global level. The event, accredited by CME, was open to healthcare workers, vets, researchers, university students, representatives of institutions and stakeholders in the field. National and international speakers attended, experts on various topics such as biodiversity, zoonoses, antibiotic resistance and climate change. CCM reported its experience of an integrated approach to human and animal health in the pastoral communities in South Ethiopia.

Beneficiaries: about 30 participants.

Sponsors: Italian Agency for Development Cooperation (AICS).
Training healthcare workers, treating mothers and children.

The third year of the campaign Smiles of African Mothers finished in 2018. The results achieved show an ongoing, strong collaboration within the communities and with the health authorities CCM has worked with for more than 50 years. During the year, 494 healthcare workers were trained, with the attainment of 100% of the campaign's 5-year objective. CCM is increasing its original target of 2,700 trained healthcare workers to 3,900, with a strong desire to continue to invest in nurses, midwives, doctors and community workers that remain central to the healthcare service. Thanks to them, 36,062 women were assisted during pregnancy and childbirth and 193,078 children were vaccinated and treated, attaining 61% and 80% of the final respective targets.

In 2019, CCM continues its commitment to supporting the health of mothers and children, as part of the wider global health. In line with the Sustainable Development Goals, the campaign wants to contribute to ‘assuring health and encouraging well-being for everyone and for all ages’ through the adoption of One Health’s multi-sector approach, and by taking action on its key health issues. The training of healthcare workers remains at the centre of the organisation’s work, with the final goal of better quality of services especially for mothers and children. In 2019, we want to train at least 400 healthcare workers, assist 40,000 women during pregnancy and childbirth, and vaccinate and treat 180,000 children.
The health-care professionals. Capacity-building and training programmes:

- 494 health workers trained in 2018
  - 263 nurses, midwives, and doctors (53%)
  - 210 community health workers (43%)
  - 21 local authorities (4%)
  - 1044 trained workers in 2016

OBJECTIVES 2015-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Women to Train</th>
<th>Trained Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2,697</td>
<td>2,203</td>
</tr>
<tr>
<td>2016</td>
<td>2,203</td>
<td>1,044</td>
</tr>
<tr>
<td>2017</td>
<td>1,044</td>
<td>494</td>
</tr>
<tr>
<td>2018</td>
<td>494</td>
<td>263</td>
</tr>
</tbody>
</table>

The mothers. Assistance during pregnancy and childbirth:

- 36,062 women assisted in 2018
  - 26% during pregnancy (9,459)
  - 74% during childbirth (26,603)

OBJECTIVES 2015-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Women Assisted</th>
<th>Trained Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>36,392</td>
<td>2,697</td>
</tr>
<tr>
<td>2016</td>
<td>67,755</td>
<td>2,203</td>
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<tr>
<td>2017</td>
<td>67,755</td>
<td>1,044</td>
</tr>
<tr>
<td>2018</td>
<td>67,755</td>
<td>263</td>
</tr>
</tbody>
</table>

The children. Treatment and vaccinations:

- 193,078 children vaccinated and cared for in 2018
  - 78% healthcare (151,424)
  - 22% vaccinations (41,654)

OBJECTIVES 2015-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Vaccination and Care Received</th>
<th>Trained Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>432,092</td>
<td>2,697</td>
</tr>
<tr>
<td>2016</td>
<td>625,170</td>
<td>2,203</td>
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<tr>
<td>2017</td>
<td>625,170</td>
<td>1,044</td>
</tr>
<tr>
<td>2018</td>
<td>625,170</td>
<td>263</td>
</tr>
</tbody>
</table>

OBJECTIVE       REACHED

- Immunize 780,000 children
In 2018, the fundraising sector was committed to raising funds to contribute to projects in Africa and Italy, by creating programmes aimed at donors, agencies, foundations and entities.

During the year, our donors were invited to donate to CCM’s projects and were told of the current background challenges of international cooperation through two publicity emails. Personalised proposals to support individual projects were presented and explained to some large donors.

In 2018, CCM worked on the campaign 5x1000 to widen the network of businesses, fundamental to support the spread of the campaign.

Thanks to an awareness campaign about the project ‘Boresha Maisha – Alternative di vita a Nairobi’ (Life Alternatives in Nairobi), created in November 2018, some Friends of CCM were able to see the activities carried out with homeless children, meet the staff and find out about the way in which we work.

A variety of events and initiatives were organized. These included: the lottery in support of the project ‘Boresha Maisha’; the sale of ‘Uova Solidali’ (Easter Eggs); the traditional Christmas campaign ‘Ognigpaco un sorriso’ (A Smile for Every Parcel); two theatre shows created by ‘OttO – Compagnia di Playback Theatre’ (OttO – Playback Theatre Company) and by Paolo Cerrato with the ‘Piccola orchestra Sand Creek’ (Little Sand Creek Orchestra); and a concert organised in collaboration with Legal Community.

CCM participated in many events in collaboration with other organisations, such as the Quaresima di Fraternità, the Turin Half Marathon and the Milan Marathon, during which lots of runners were involved in personal fundraising.

Fundamentally, as always, the fundraising work achieved by groups, networks and volunteers across the territory is based on the strength of testimony and word of mouth.

Project activity with foundations and organisations has intensified through meetings, customised proposals and participation in tenders, both for research and co-financing of new projects. The ones supporting us were: Fondazione Creonti, Fondazione Fratelli Dimenticati Onlus, Fondazione Prosolidar Onlus and Fondazione Peppino Vismara, Catholic Church 8x1000, Valdese Church 8x1000.

Personalised proposals of support were presented to agencies. In this way, they contributed to the achievement of our projects in aid of the Smiles of African Mothers campaign and the creation of other fundraising events. The ones supporting us were: AB&S Avvito Service, Banca Imi S.p.A., Bounce Inc Nichelino, Costa Crociere, Ecolab, Daroma S.p.A., Diatech Lab Line Service, Fratelli Vergnano, Garda, Giuliano Caffè, Gruppo Maurizi, La Paletta del Cibo, Latham Watkins London, Lucci tm, Lyving Ecodesign, Il Tucano Viaggi e Ricerca, Orrick Herrington & Sutcliffe and Perag.

Last, but not least, CCM offered services for the development of projects in Italy with Michelin, and consultancy in Africa with EPS-Engie. Collaborating with agencies is of increasing importance even in international cooperation projects, and because of this, CCM has become a member of the CSR Manager Network.
The way in which CCM communicates mirrors the values at the heart of its work. Its communication steers clear of the stereotypical image of Africa and its migrants and respects people’s dignity and sensitivity, whether they are the receiver or subject of the message.

CCM provides timely communication about the progress of projects and planned initiatives. At the same time, it aims to become a point of reference for news about the countries in which it works, as well as about the various sectors and intervention topics.

Our communication is direct and it values the reports of workers and volunteers who work in the field, paying particular attention to the stories and events described by the people met daily.

In 2018, the re-styling of some communication material was entrusted, on a pro bono basis, to the creative direction of Sudler Milan, an agency specialised in healthcare branding: the official card, the roll-up or promotional display, the promotional card for the 5x1000 campaign. The communication material is always accompanied by the slogan ‘Curiamo chi cura’ (We care for those who care), which was designed for CCM’s 50th anniversary. These three words sum up what makes our organisation special—the training of those who want to work in the healthcare sector, in Africa and in Italy.

### Journalist missions
- One journalist mission to Nairobi, Kenya
- One video report from Kenya.

### Publications
- **Note A Margine** - Two releases with an average circulation of 4,500 copies
- **Mission Report** - One annual issue in Italian and English

### Events
- ‘Curare è un’arte. Da 50 anni curiamo chi cura’ (Caring is an art. For 50 years we have cared for those who care) - 25 November 2018, at the Galo Art Gallery in Turin. An event where art and care came together to understand and support South Sudan and our commitment to its population. Discussions about South Sudan with Fabio Bucciarelli and Domenico Quirico.
- Photographic exhibition ‘Le donne viste dalle donne’ (Women seen by women) — July/August 2018, as part of the philosophical event ‘Razzolando nel Cortile’ in Parma. Photos of CCM projects in Italy and South Sudan, taken by Valeria Fioranti and Loredana Taglieri.
- Photographic exhibition ‘Only a Woman’ - 28 September to 29 October 2018, at the Atelier Balan in Aosta. Photos by Loredana Taglieri.
- ‘Outdoor di Passo - Costruzione di una via solidale, esplorazione sociale salute comunitaria racconti dal quartiere’ (Outdoor di Passo – building a united street, exploring community social health, stories from the neighbourhood) - 27 September 2018 at the Passo Social Point in Turin. An event to introduce the survey and the project’s activities.

### Online
- **www.ccm-italia.org**: 17,182 registered users in 2018
- **Newsletter**: 12 mailings sent to an average 7,500 recipients
- **Facebook**: 3,980 fans
- **Twitter**: 845 followers
- **YouTube**: 1,248 total views
- **Instagram**: 279 followers
- **LinkedIn**: 372 followers.
The 2018 Financial Statement consolidates the financial reports relating to projects carried out in Italy, Ethiopia, Kenya, Somalia, South Sudan and Burundi. The following countries’ financial reports were locally audited and certified:

- in Ethiopia by Soliyana Kiros, Chartered Certified Accountant & Authorised Auditor
- in Kenya by Crowe Erastus & Co., Certified Public Accountants (K)
- in South Sudan by Kigundu and Co.

The financial report of Burundi was consolidated and audited in Italy.

The consolidated financial statement was externally audited by Dr Michele Matteo Romano, who verified and certified the truthfulness and clarity of the assets and financial and economic information contained within it, as well as the consistency and soundness of the underlying administrative processes.

In 2011, CCM acknowledged the recommendations of CIPSI, an NGO coordinator to which it then belonged, by adopting the guidelines and framework — issued by the ONLUS (non-profit organisation) Agency on 11/02/2009 — for compiling non-profit organisation balance sheets. Following this, management results were annually balanced by means of an asset register approved by the Executive Board, in order to highlight the association’s exemplary and non-economic aim. To make financial management clearer and more transparent, since 2016 it has been thought appropriate to highlight the result in management reports and submit any collateral deficit or allocation of operational surplus to an evaluation by the Assembly.

In formulating the 2018 Financial Statement, CCM implemented the recommendations imposed by the Accounting Reform, which was introduced by Legislative Decree 139/2015. The Financial Statement is therefore composed of the Balance Sheet, Management Report and Cash Flow Statement, and the Mission Report.

### Balance Sheet - ASSETS

<table>
<thead>
<tr>
<th>1 FIXED ASSETS</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible</td>
<td>998</td>
<td>3,412</td>
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<tr>
<td>Tangible</td>
<td>3,149</td>
<td>403,791</td>
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<td>Financial</td>
<td>13,505</td>
<td>13,505</td>
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<table>
<thead>
<tr>
<th>2 CURRENT ASSETS</th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td>Credit</td>
<td>2,934,372</td>
<td>2,247,763</td>
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<tr>
<td>For completed projects</td>
<td>1,382,002</td>
<td>863,779</td>
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<tr>
<td>To Creditors</td>
<td>951,475</td>
<td>1,158,865</td>
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<tr>
<td>Other Credits</td>
<td>600,895</td>
<td>225,119</td>
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<tr>
<td>Cash and cash equivalents</td>
<td>1,618,254</td>
<td>591,195</td>
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</table>

<table>
<thead>
<tr>
<th>3 CREDIT PAYMENTS</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71,456</td>
<td>72,492</td>
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TOTAL ASSETS

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,641,734</td>
<td>3,332,158</td>
</tr>
</tbody>
</table>
### Balance Sheet - LIABILITIES

<table>
<thead>
<tr>
<th>1</th>
<th>NET ASSETS</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational endowment</td>
<td>100,000</td>
<td>100,000</td>
<td></td>
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<tr>
<td>Restricted assets</td>
<td>255,823</td>
<td>208,738</td>
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<tr>
<td>Tied funds</td>
<td>76,349</td>
<td>50,426</td>
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<tr>
<td>Contribution funds</td>
<td>179,474</td>
<td>158,312</td>
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<tr>
<td>Free assets</td>
<td>445,015</td>
<td>469,140</td>
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<tr>
<td>Available assets</td>
<td>80,000</td>
<td>80,000</td>
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<tr>
<td>Project funds</td>
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<tr>
<td>Ongoing management result</td>
<td>-59,715</td>
<td>-333,725</td>
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</table>

<table>
<thead>
<tr>
<th>2</th>
<th>PROVISIONS FOR LIABILITIES AND CHARGES</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>TFR (Redundancy Pay) for EMPLOYEES</td>
<td>126,232</td>
<td>215,351</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>DEBTS TOWARDS LENDERS</th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td>4</td>
<td>DEBTS</td>
<td>2018</td>
<td>2017</td>
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<tr>
<td>Banks</td>
<td>56</td>
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<tr>
<td>Suppliers</td>
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<td>Taxes</td>
<td>14,065</td>
<td>18,248</td>
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<tr>
<td>Social security institutions</td>
<td>29,978</td>
<td>34,671</td>
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<tr>
<td>Other debts</td>
<td>616,520</td>
<td>672,903</td>
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</table>

<table>
<thead>
<tr>
<th>6</th>
<th>CREDIT PAYMENTS</th>
<th>2018</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>TOTAL LIABILITIES</td>
<td>4,641,734</td>
<td>3,332,158</td>
<td></td>
</tr>
</tbody>
</table>

The report concludes with a negative management result of EUR 59,715. Please refer to the Financial Statement and Notes for more details.
Mission report

CCM Support Groups in Italy

Turin Voluntary Groups
Contact:
Erika Larcher, erika.larcher@ccm-italia.org — 011 6602793

Associazione Needle (Caluso, Turin)
Contact:
Luca Cacciotella, luca.cacciotella@gmail.com — 340 0053617

Volpiano for CCM (Turin)
Contact:
Aldo Bordigoni, aldo.bordigoni@tiscali.it — 339 6438610
Sandro Foglia, fogliasandro@yahoo.it — 339 4751056

Amici CCM Ivrea (Turin)
Contact:
Maresa Perenchio, maresaperenchio@yahoo.it — 335 5432407

CCM Group ‘Pulia’, Manta, Saluzzo e Moretta (Cuneo)
Contact:
Matteo Bolla, matteoandreina@gmail.com — 348 7075433

CMM Group ‘Amici di Nanni’, Cuneo
Contact:
Cristiana Lo Nigro, lonigro.c@ospedale.cuneo.it — 347 6219417

Amici CCM Arenzano (Genoa)
Contact:
Fabia Binci, fabia.binci@fastwebnet.it — 336 916125

Bergamo CCM Group — Monte Marenzo (Lecco)
Contact:
Parish of San Paolo Apostolo

Committee ‘Per Terre Remote Onlus’, Tirano (Sondrio)
Contact:
Peter Taliente, taliente@tiscali.it — 339 8573013

Associazione Mondodomani Bitonto (Bari)
Contact:
mondo.domani@gmail.com

CCM headquarters in Africa

CCM Burundi
Avenue de la Plage 01
BP 198, Bujumbura

CCM Ethiopia
Kirkos Sub city - Kebele 01 - House Number 714 - Code 1110
P.O. Box 712 Addis Abeba

CCM Kenya - Somalia
Rhapta Road Westland - PLOT no 47
P.O. Box 12027 Sarit 00606 Nairobi

CCM South Sudan
Plot no 45A, Block no. BV
Hai Cinema, Juba

CCM Italy
Via Ciriè, 32/E
10152 Torino
Italia

contacts
The 2018 Mission Report was created in collaboration with all the staff of CCM.

Contributions in particular from:

Micol Fascendini, CCM Health Advisor
Mara Nuzzi, CCM Head of International Project Department
Alessia Montanari, CCM Head of Italian Project Department

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Proofreaders: Annette Evans, Aurora Woods.

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Turin, June 2019.