SaluteeSviluppo

Alongside Camillians around the world

25 YEARS OF ACTIVITY

Edited by Father Efisio Locci

SaluteeSviluppo

Alongside Camillians around the world

The history of Salute e Sviluppo - Founded in 1996 in Turin as a non-profit association; in 2001 it moved to Rome to the General House of the Camillian Order, in piazza della Maddalena 53; in 2002 it was recognised as a non-profit organisation with legal status by the Prefecture of Rome; in 2003 it was recognised by the Italian Ministry of Foreign Affairs as an NGO (non-governmental organisation) qualified for international cooperation; since 2016 it is present in the List of Civil Society Organisations at the Italian Agency for Development Cooperation; with the law of 3 July 2017 - Code of the Third Sector - and the registration in the National Single Register of the Third Sector (RUNTS), it assumes the name of Third Sector Entity (ETS).

In 2001, Health and Development became the NGO of the Camillian Order and was transferred from Turin to Rome, following the decision of the General Chapter that identified the need for a representative non-governmental organisation and chose Fr. Efisio Locci, former President of Health and Development, to carry out this motion. In 2011, the Council meeting with the Major Superiors decided to include the Camillian Task Force (CTF) in SeS, forming a single office with several areas. The 2013 General Chapter chooses the Order's Generalate as the headquarters of Health and Development and establishes missionary projects as the main field of intervention in coordination with the Provinces and the supervision of the Mission Consultor.

The mission of Health and Development - to operate in the spirit of Christian humanism, which places man at the centre of all action as the reference value, recognising his rights and duties. Our commitment is to guarantee the right to life as an inviolable rule, the right to health as the overriding concern for our actions. With our projects, we aim to combat poverty and hunger in the world so that everyone can eat their daily bread and drink clean water. We strive so that mothers do not die from health and structural deficiencies and so that every child can go to school and live his or her childhood in a full and carefree manner; so that every person can be free and enjoy life in dignity and peace. The motto that sums up our activities is: cure the sick and increase human development.

Activities - In this publication we present all the activities of the past 25 years, relating to areas such as health, education and food self-sufficiency. We would like to take this opportunity to thank, with special gratitude, all our co-workers with whom we have shared our labours, hopes and joys, and all those who, by helping us, have enabled us to do good.

Letter of Introduction

Dear friends,

this publication is a letter, enriched with pictures, that we write to all those who follow us and who, with their help, have enabled Health and Development to achieve these goals. We will briefly summarise all the dreams that have become reality, starting in May 2013 and ending in October 2021. Moved by faith, a passion for human needs and resilience, we hope to have done good to all those - men, women and children - who live in socially disadvantaged developing countries.

The work of the Camillians is directed above all at the fragile man, with unfulfilled essential rights and basic needs suffocated by everyday poverty. History, injustice, poverty and natural disasters make human reality humiliated and painful. The cry of Christ on the cross "I thirst!" is always relevant, the voice of an entire humanity calling for justice. Our daily problems would appear insignificant if we made an effort to look far away, towards other realities. The publication we are offering you presents the country of intervention in a very concise manner, followed by the outline of each project and its implementation, and finally the summary of the first publication.

All the works were carried out thanks to the support of the Camillians and follow our three main guidelines: health, development and education. Africa was the continent most affected by our projects; the marked deficiencies in health, education and human development prompted us to intervene more incisively, also with the aim of making the local brothers autonomous in the future. I strongly believe in the dignity of 'possible autonomy', but the locals must also strongly believe in it; earning bread 'by the sweat of one's brow' is tiring, but it is the way to build man and his dignity.

Warm thanks go to all the co-workers who shared with me the days of joy and also the days of worry; to the brothers who helped and supported us. Special thanks go to those who collaborated on the drafting, layout and correction of this text. We forget the difficulties because they have passed, the achievements remain for the good of mankind and for the glory of God.

p. Efisio Locci Rome, October 2021

INDEX

Burkina Faso 9
Camillians in Burkina Faso 10
The Gold of Bagré: Rice 11
Healthy Milk for Burkina Faso..13
Innovative Rice Production..15
Diocese of Tenkodogo 17
Primary School in Bagré, Burkina Faso..19
Tenkodogo Nursery School 21
Primary School in Tenkodogo...23
Post-primary and secondary school for children in Tenkodogo 25
Arts & crafts: Tenkodogo Youth Training Centre...27
Women entrepreneurship for packaging and selling water in Bagré..........................29
The Central African Republic 31
The Camillians in Central Africa 32
Bossemptélé Emergency, Central African Republic...33
Construction of the Surgical Ward in Bossemptélé...35
Let's Feed the Children of Bossemptélé 37
Stop Malaria: Prevention and Care for the Children of Bossemptélé 39
Responding to Neonatal Needs in the Bossemptélé Area...41
Enhancement of Health Services for the G. Paul II Hospital in Bossemptélé..............43
School Food: Fighting Child Malnutrition in Bossemptélé...45
Safe Motherhood: Prevention and Care in Bossemptélé 47
Women's Empowerment and Food Security in Bossemptélé.......................................49
Strengthening health services at G. Paul II Hospital 51
Kenya..53
Camillians in Kenya 54
Promoting access to clean water and basic sanitation...55
Strengthening maternal and child health services...57
Fighting cancer for the female population of Karungu 59
Food self-sufficiency for the vulnerable population of Wajir 61
Togo..63
The Camillians in Benin - Togo 64
A future without sickle cell anaemia for the children of Lomé....................................65
India 67
The Camillians in India 68
Vocational Promotion for Adolescents, Snehagram-Tamil Nadu, India.........................69
Towards the future of young people at the Snehagram Centre 71
Indonesia 73
Camillians in Indonesia..74
Promoting the inclusion of people with mental disabilities 75
Pakistan 77
The Camillians in Pakistan 78
Promoting the social and economic inclusion of rural households 79
Vietnam...81
The Camillians in Vietnam 82
ViHealthnam: promoting the development of the Vietnamese population...................83
Summary: Projects implemented from 2003 to 2013 85
Saint Camillus and the Camillians..93

Part one

Projects implemented from 2013 to 2021

Burkina Faso

BURKINA FASO:	Republic
Surface area:	274,200 km2
Population:	21,510,181 inhabitants (2020)
Density:	75 in/km2
Capital:	Ouagadougou,
Development index:	2,453,496 ab (2019) 0.452 (181st)
Economy:	GDP/inhab $791 (2020)
Illiterates:	58,8% (2018)
School drop-outs:	40%.
Health:	birth rate - 20.5 per cent, infant mortality - 10.6/1000, life expectancy - M 60.7/ F 62.3 (2019)
Religion:	Muslims 61.6%, Catholics 23.2%, animists 7.3%, Protestants 6.7%.

Burkina Faso is one of the most underdeveloped nations in the world, ranked 181st out of 187 countries surveyed according to the 2013 Human Development Index, with a poverty rate of 46.7%. It is located in West Africa, south of the Sahara. It borders Mali, Niger, Benin, Ghana and the Ivory Coast. Today it is plagued by bands of extremists who sow destruction and death, especially in the villages in the north of the country.

Economic

Being poor in natural resources and far from the sea, it has an economy based mainly on the primary sector, in which 92% of the population is employed. Agricultural activity is characterised by a strong dependence on rainfall and traditional techniques, being insufficient to cover the food needs of a large population. The secondary sector (industry) is poorly developed, with manufacturing and mining accounting for 19.9% of GDP. The tertiary sector accounts for 49.9% of GDP and is based on trade and transport.

Health

In Burkina Faso, mortality is still very high: the most frequent diseases are of infectious origin, caused by the climate and precarious hygiene (only half of the population has access to drinking water). Among the leading causes of infant mortality are acute respiratory infections, malaria and diarrhoeal diseases, while maternal mortality is mainly caused by poor hygiene, haemorrhage, uterine rupture, clandestine abortions or due to close pregnancies, malaria, sickle-cell anaemia and AIDS.

Education

The country has a high illiteracy rate, especially among women: early dropout, parental illiteracy, and a shortage of schools and teachers are the main causes. In rural areas, the problems are amplified by poverty, remoteness from school facilities and language. French is taught in schools, very often not spoken in the family. Classes are overloaded with students (as many as 80-90 pupils per class) and the lack of school materials makes both learning and teaching difficult. Since 2006, following numerous reforms, the school system has been structured into four cycles of 3-6-4-3 years each and corresponding to nursery school, primary school, lyceum I, lyceum II and compulsory schooling from 7 to 13 years.

Camillians in Burkina Faso

The foundation of the Camillian Burkinabè mission was part of the spiritual climate of the Second Vatican Council, during which Cardinal Paul Zoungrana was appointed. It was he who urged the Camillians of the Roman province to open a parish in his hometown of Ouagadougou.

On 19 January 1966, the Superior General Fr. Forsénius Vezzani and the Council, having examined the proposal of the Father Provincial, gave a favourable opinion on the new foundation in Africa, in Upper Volta in agreement with the local ordinary.

The first missionaries (Fr Pasquale Del Zingaro, Fr Fernando D'Urbano, Fr Gaetano De Sanctis) left from Genoa on 29 September 1966. A year later came the help of four Daughters of St. Camillus.

On 12 January 1969, the foundation stone of the maternity ward was laid and the new St. Camillus dispensary officially began operations.

On 1st October 1967 the first three candidates for Camillian life arrived. With the religious promise (equivalent to first vows) of the three young men, eager to commit themselves to Camillian life on 8 September 1973, a Camillian studentate opened in Ouagadougou.

On 10 July 1983, a historic date for the Order, Cardinal Paul Zoungrana attended the celebration of priestly ordination of Fr. François Sedgo, the first Camillian priest from Upper Volta and Africa.

Prosper Kontiébo is the first religious of the Camillian Order to be consecrated bishop and a member of the Burkina - Niger Episcopal Conference.

In 2016, the Burkinabè brothers celebrated 50 years of Camillian presence in Burkina and the transition from vice-province to province.

Currently, the Camillian Burkinabè Province has one hundred and four consecrated religious with solemn vows, including ninety-three priests, seven brothers, and four temporarily professed religious.

Missionary Works

Pastoral Activities
St. Camillus Parish in Ouagadougou, the St. Camillus parish in Weguedo, various Camillian social works, hospital chaplaincies and prison chaplaincies, Fr. Celestino Centre for support for girls, the NGO SAPHE.

Training Activities
Centre for Health Pastoral Care and Humanisation, Minor and Major Seminary, School for Nurses and Midwives.

Healthcare and Humanisation
St. Camillus Hospital in Ouagadougou, Nanoro Medical Centre, Our Lady of Fatima Reception Centre, Pietro Annigoni Bio-molecular Research Centre, Paspanga Leprosarium.

1

The gold of Bagré: rice

Where?	Bagré area, Tenkodogo locality, Boulgou Province, Burkina Faso.
When?	1 October 2014 - 30 September 2016
What?	Realise a high-yield agro-food unit for rice production and establish a fully mechanised production centre
Objective	The project aims to foster food security for the population in the Tenkodogo area, contributing to the improvement of food security in Burkina Faso
Project actors	Lead partner: Health and Development Financier: Italian Bishops' Conference Local partner: Camillian Vice-Province Burkinabé and the NGO Santé et Promotion Humaine (Saphe)

Problems

Food Insecurity

The agricultural sector suffers from the lack of rainfall and the use of traditional techniques. National rice production only covers 30% of the population's needs, although the country has great potential in the sector, 70-75% of the rice consumed in Burkina Faso is imported.

Expected Results

Increase rice production and the productivity of land in the Bagré area in terms of quantity and quality, with 50 hectares of cultivated land Increase the management skills and technical expertise of local rice growers Increase the availability and quality of home-grown rice for the local population.

Beneficiaries

30 local farmers trained in rice production, management and sales.

Realisation

Construction of the rice-growing unit

The land for cultivation was demarcated and a shed, service areas (office, warehouse, shop), a living area for the technical team and workers, and a canopy (useful for equipment, fertilisers, seeds, etc.) were built.

Rice cultivation and harvesting with modern equipment

Rice, the TS2 variety from Taiwan, is cultivated in submerged soil. Vegetables are cultivated between sowing, making use of local knowledge and biodiversity in the area. When the rice ears reach maturity, harvesting is carried out with a combine harvester, which simultaneously carries out harvesting and threshing operations. From the harvest, the so-called paddy rice is obtained, which undergoes drying and cleaning.

Realisation of technical training courses in rice-growing, management and marketing

Theoretical/practical training courses on rice cultivation are carried out. The course is structured in an intensive 15-day cycle, followed by follow-up actions, with the intention not only to train, but also to verify the degree and quality of learning of the beneficiaries. In the course, issues related to

optimal conditions for storing rice, marketing and placing products on the local market, business organisation and management.

Creation of a committee of local growers

A committee formed by the team of workers and representatives of the other side was formed to manage the agricultural unit.

Rice processing and transformation: distribution of rice to centres and marketing of rice on local markets

The raw rice is milled and processed. It is then packaged and distributed in Camillian centres and sold at a predetermined social price.

2

Healthy milk for Burkina Faso

Where?	Locality of Tenkodogo, Bagré rural area. Boulgou Province, Centre East Region, Burkina Faso
When?	1 March 2017- 28 February 2019
What?	Start a production unit with the breeding of 60 dairy cows
Objective	Promoting food security for the population of the Bagré area, the Camillian health centres and children/youths attending schools in the area
Project actors	Lead partner: Health and Development Financier: Italian Bishops' Conference Local partner: Camillian Vice-Province Burkinabé and the NGO Santé et Promotion Humaine (Saphe)

Problems

Milk Production

Local dairy production is highly inadequate and deficient for the Burkinabe population and the country is forced to import huge quantities of milk powder. Sick cows also produce infected milk, with negative health consequences.

Expected results Promote the food production of milk and dairy products; Improve nutritional intake through a differentiated diet;
Improve the technical and professional capacities of local farmers; Foster income generation for the population.

Beneficiaries

30 local farmers and their families are involved in activities related to the production cycle; 30 people are trained in animal husbandry and management; 1950 vulnerable people benefit from dairy production.

SaluteeSviluppo

Realisation

Construction of a stable for housing dairy cows and for milking

The stable represents the nerve centre of livestock activity, divided into several rooms each dedicated to a particular activity: feeding, resting, exercising and milking the animal.

Construction of a Milk Plant

A milk plant was built next to the cowshed, divided into three rooms: one for processing, one for packaging and one for marketing the milk.

Technical Training for Local Producers and Breeders

Local technicians and consultants carried out theoretical/practical training courses in a training-on-the-job mode to teach the appropriate techniques for cattle breeding and milk extraction and processing.

Creation of a Consortium of Local Producers

A consortium formed by the team of workers and representatives of the other party was set up to manage the unit created.

Marketing of Products in Local Markets

The milk is sold locally not only to individuals, but also to wider structures in the area, first and foremost schools and health centres.

3

Innovative rice production, valorisation of local agricultural products and sustainable rural development

Where?	Bagré Area, Boulgou Province, Centre-East Region, Burkina Faso
When?	1 April 2017 - 31 July 2020
What?	Promoting the agricultural sector towards modern agriculture with higher productivity, management and sustainability over time
Objective	Promoting the food security of the population in the Bagré area and of patients cared for in Camillian health centres, contributing to the improvement of food and nutritional sovereignty
Project actors	Lead partner: Health and Development Financier: AICS - Italian Agency for Development Cooperation Local partner: Vice-Province Camilliana Burkinabé; the NGO Santé et Promotion Humaine (SAPHE); USTA Ouagadougou, ENEA, CIPA, Fondazione Maria Chiara Piciocchi de Miranda

Problems Malnutrition
The level of food satisfaction is far below the daily requirement. 60% of the population consumes only one meal a day. Land productivity is inadequate and farmers' knowledge limited. Only 15% of arable land is under cultivation.

Expected Results
Improving the production of agricultural products on land in the Bagré area;
Increasing local expertise in sustainable agricultural development;
Increasing the availability of agricultural products for the local population.

Beneficiaries
600 farmers grow and store produce safely in storage warehouses;
10 young people are trained in the installation and maintenance of solar panels.

Realisation

Construction of infrastructure and facilities for the agricultural unit

Preparation of the land and the necessary tools: photovoltaic systems - pumps, irrigation systems, cold rooms and storage warehouses, offices, guards' and farm workers' houses.

Experimental and innovative rice cultivation

In order to reduce the use of water, the technique of dry sowing was introduced, i.e. cultivation not in flooded chambers, but on properly tilled and levelled soil.

Cultivation of local horticultural products

Part of the agricultural area was used for growing various vegetables, allowing for crop differentiation, applying sustainable irrigation techniques.

Creation of family gardens

One hectare of the land is earmarked for the creation of small vegetable gardens aimed at providing family food for the workers involved in the project. The plot is divided into ten plots, each of which is given to the female component.

Technical training on rice cultivation and horticultural products

A practical training course, using the on-the-job training method, was implemented by ENEA experts and local trainers provided by USTA. The training was aimed at about 45 farmers and covered soil preparation, irrigation, composting, the use of fertilisers, pest control, the drying of horticultural products, and the use of machinery.

Increased availability of agricultural products for the local population

Rice and agricultural products are stored, distributed and marketed: 30% of the production is for the self-sufficiency of the workers and the needs of the Camillian centres, 70% for marketing. The company has: 60 hectares of land, 3 tractors, 1 combine harvester, 1 laser leveller, ploughs, tillers, trucks, 2 carriers, warehouses and an operators' house.

Diocese of Tenkodogo

The diocese of Tenkodogo was founded on 11 February 2012 by Benedict XVI. The territory includes part of the Diocese of Koupéla and part of that of Fada N'Gourma. It has approximately 1,000,000 inhabitants, 12.2% of whom are Christians, 12 parishes distributed among the 4 urban communities, 17 rural communities and 504 villages that make up the entire diocese.
The economy is based on agriculture, cattle breeding, fishing and trade.

Currently, during the pastoral year 2021/2022, the diocese has 36 priests. At the time of its foundation there were only 4 religious congregations, now there are 19 with 64 consecrated members. It is assisted by 210 catechists with a theological diploma, who collaborate with the priests in pastoral work, 550 parents who participate as catechists, 40 seminarians studying theology and 80 young seminarians.

There are educational and other institutions in the diocese:

• 3 health centres; 3 pre-school centres with 327 children; 7 primary schools with 2572 students; 6 post-primary schools (high school, 1st session) with 1538 students; 5 secondary schools (high school, 2nd session) with 639 students.
• Working enterprises: a rice cleaning unit; a mineral water unit; a reception centre.
The plan for the future is to multiply current activities.

Health and Development

From the very beginning, Health and Development collaborated with Monsignor Prosper to build all the structures necessary for the social activities of the newly founded diocese. In particular, SeS decided to dedicate itself to the educational and scholastic sphere, considering education as one of the fundamental activities.

Fostering development and helping the new diocese were the two motivations that drove us to start and complete many projects, thanks to the support of our donors.

1

Primary school in Bagré, Burkina Faso

Where?	Bagré area, Boulgou Province, Burkina Faso
When?	1 May 2014 - 30 April 2016
What?	Building, equipping and starting up a primary school
Objective	Promoting literacy and schooling for Bagré minors; Improving the living conditions of children in the province of Boulgou in Burkina Faso
Project actors	Lead partner: Health and Development Financier: Italian Episcopal Conference Local partner: Diocese of Tenkodogo

Problems

Difficulties in accessing schools

Despite government efforts in the education sector, school facilities are inadequate compared to the number of children who - by rights - should be attending them. The few existing schools are overcrowded, especially in the villages.

Expected Results

Promoting access to primary school for children in the Bagré area;
Promoting access to school for girls, whose education is often sacrificed by their families.

Beneficiaries

500 children can start primary school, which lasts six years. However, the shortage of school facilities will force classes of 85 to 90 children to be formed for many years to come in order to guarantee an education for all.

Realisation

Building a primary school and running courses

The facility stands on land made available by the Diocese of Tenkodogo, located in the rural area of Bagré. The school consists of six classes, each with approximately 100 pupils. Children who have reached the age of six can enrol in the primary school, which lasts six years and is divided into three phases of two years each: a preparatory course, an elementary course and a middle course. At the end of the cycle, the children must take an examination which, once passed, will issue the Certificat d'Étude Primarie (CEP).

Raising parents' awareness of the importance of school access and combating early school leaving

Awareness-raising activities are carried out to develop an active and conscious participation of the target groups towards a change in the education of children.

2

Tenkodogo Nursery School

Where?	Bagré area, Boulgou Province, Burkina Faso
When?	1 May 2014 - 30 April 2016
What?	Construction, equipping and start-up of a kindergarten and related services Promoting literacy and schooling for children in Tenkodogo;
Objective	Improving the living conditions of children in the province of Boulgou in Burkina Faso
Project actors	Lead partner: Health and Development Financier: Italian Episcopal Conference Local partner: Diocese of Tenkodogo

Problems

Difficulties in accessing schools

The number of children has increased in recent years, but the school infrastructure continues to suffer from numerous shortcomings: few classrooms and an almost complete absence of spaces designed to accommodate a growing community.

There are still many children who do not have access to an education.

Kindergartens are also few and far between and only exist in towns. Children usually start their education directly from primary school.

Expected Results

Facilitating access to kindergarten for boys and girls in the Tenkodogo area, regardless of gender.

Beneficiaries

300 children are placed in the kindergarten.

Realisation

Building a kindergarten and carrying out educational activities

The facility stands on land made available by the Diocese of Tenkodogo, and consists of three classrooms, each of which can accommodate up to 100 pupils aged 3 to 6 years. The kindergarten attached to the school encourages playful development as an essential element for the physical, social and cognitive development of the little ones. The curriculum lasts three years, during which time the child is prepared for entry into primary school through educational/ recreational lessons, play activities and language courses taught by local educators.

Raising parents' awareness of the importance of school access for both boys and girls

Awareness-raising activities for parents to promote the importance of education and their active and conscious participation in order to increase the school access rate of children.

Raising parents' and children's awareness of the social and peaceful role of schools

In a country where several religious denominations coexist - Islamic, traditional, Christian - the kindergarten plays a crucial role in educating children to coexist peacefully, without differences of religion, census, gender or ethnicity. This teaching is fundamental for ensuring peace in the country and in society.

3

Tenkodogo Primary School

Where?	Bagré area, Boulgou Province, Burkina Faso
When?	1 May 2014 - 30 April 2016
What?	Intervention in the field of education, through the construction and start-up of a primary school
Objective	Promoting the schooling of children in Tenkodogo; Improving the living conditions of children in the province of Boulgou
Project actors	Lead partner: Health and Development Financier: Italian Episcopal Conference Local partner: Diocese of Tenkodogo

Schooling
Problems

There are still very few children eligible for primary education compared to the overall number; the lack of classrooms and spaces creates dismay and unease among teachers and parents, who are constantly struggling to find suitable locations for their children.

Expected Results

Raising children's awareness of the importance of school.
Primary school construction, furnishing and start of classes for the2014/2015 school year.

Beneficiaries

500 Children aged 6 to 12 have access to education. 2400 people, members of the children's families, are involved in awareness-raising activities.

SaluteeSviluppo

Realisation

Building and equipping a primary school

A structure was built on a single ground floor and consists of 6 classrooms, the general services and the management. Each classroom was furnished with the necessary equipment for educational activities: desks, chairs, blackboards and pedagogical material. At the entrance there is a large porch where the children can stop for recreation on rainy days. The porch also has the function of protecting from direct sun and mitigating the heat.

Running courses with a high social value

The challenge was to keep the children from missing the school year. To the great satisfaction of the children and adults, the school was started in time for the beginning of the school year. Each classroom has a capacity of 80 to 90 pupils. Access to the school is guaranteed on an equal basis for both boys and girls, which is rare in a predominantly Muslim country. Particular attention is paid to peaceful interfaith coexistence.

Improved access to primary school in Tenkodogo

The great achievement achieved with the construction of this facility is to accommodate a large number of students, both boys and girls, who would otherwise be excluded from primary education.

4

Post-primary and secondary school for children in Tenkodogo

Where?	Bagré area, Boulgou Province, Burkina Faso
When?	1 May 2014 - 30 April 2016
What?	Intervention in the education sector, through the establishment and start-up of a post-primary and secondary school
Objective	Promoting the schooling of children in Tenkodogo; Improving the living conditions of children in the province of Boulgou
Project actors	Lead partner: Health and Development Financier: Italian Episcopal Conference Local partner: Diocese of Tenkodogo

Problems

Schooling

There is a structural shortage not only in nursery and primary education, but also in later school cycles. The situation is the same: many children and few schools.

Expected Results

Start of the first and second cycle of high school
Awareness-raising among children about the importance of school;
Construction of a post-primary school, first cycle lasting 4 years, to prepare pupils for vocational schools; Construction of a secondary school, second cycle lasting 3 years, preparatory to university.

Beneficiaries

480 children aged 12 to 18 have access to education; 2400 people, members of the children's families, are involved in the project.

Realisation

Building and equipping a post-primary school (first cycle)

A structure consisting of four classrooms was built, each of which can accommodate up to 60 pupils. Each classroom was furnished with the necessary material for school activities: desks, chairs, blackboards and teaching materials.

Start of post-primary courses

The high school cycle lasts four years and ends with a quality assessment and the awarding of a diploma (BEPC). The courses are taught by local teachers and cover language, humanities and science subjects.

Building and equipping a post-secondary school (second cycle)

On the first floor of the building, which also houses the first high school, spaces dedicated to the second cycle of education have been created: four fully furnished classrooms, each with a capacity for 60 pupils.

Start of secondary courses

The second high school lasts three years and ends with the award of the BAC diploma, with which the boys and girls can then enter university. The teachers selected have all the qualifications required to prepare the students for further studies.

5

Arts & Crafts: Tenkodogo Youth Training Centre

Where?	Location of Tenkodogo, Boulgou Province, Burkina Faso
When?	From 1 August 2016 - to 30 July 2018
What?	Creation of a qualified vocational training centre to facilitate the employment of young people such as: car mechanics, motorbike mechanics, carpenters, electricians, tailors, bricklayers
Objective	Promoting the employment of young people in order to reduce unemployment, rural exodus and emigration abroad, particularly to Italy
Project actors	Lead partner: Health and Development Financier: Italian Episcopal Conference Local partner: Diocese of Tenkodogo

Problems

YouthUnemployment

The Tenkodogo region is full of young people who, due to the structural deficiencies of the region, such as poverty, lack of employment, lack of prospects for the future and the absence of vocational schools, find it difficult to enter the labour market. There are many who decide to emigrate either to other African countries or toEurope, running many risks.

Expected Results

Develop their talents and build a working life and family;

To foster the professional skills of young people in the Tenkodogo area in the six fields of activity most in demand on the local and national labour market.

Beneficiaries

1000 boys and girls have a vocational training centre in their town. They can have the chance of a better life, entering the labour market and enriching their country with skilled labour.

Realisation

Construction, equipment and furnishing of the training centre

The multi-purpose training centre consists of the administration block and 6 blocks containing the training rooms and a warehouse, each of which is different with respect to the trade. The facility includes fencing, toilets and the photovoltaic panel system required for lighting. Upon completion of construction, each block was equipped with the necessary equipment and machinery.

Professional training in metal carpentry

The metal carpentry course takes around 100 students per year, its aim being to train professional and specialised carpenters.

Professional training in car or motorbike mechanics

The car mechanics course accommodates 50 students per year and is aimed at those interested in the world of motor vehicles and car repair. The course is designed to last three years and to provide the necessary training to become a car workshop technician, body repairer or tyre repairer.

Vocational training in carpentry

The carpentry course is designed for those interested in wood and woodworking. Approximately 100 places are available per year and it is divided into three levels, each of increasing difficulty. After a general two-year course, students can decide to specialise in furniture or window construction.

Vocational training for bricklayers

Within the Arts and Crafts Training Centre is the professional course for bricklayers, which receives around 100 students per year. The course, which lasts three years, aims to train the figure of the bricklayer, who is fundamental for the construction, maintenance and restoration of building works.

Vocational training in tailoring

There is also a tailoring workshop in the centre, equipped with 45 sewing machines for as many students and other materials needed to implement the courses: fabrics, upholstery fabrics, scissors, squares and rulers, assorted needles, pins, pincushions, thimbles, tape measures, yarn, chalk.

6

Women's entrepreneurial project to pack and sell water in Bagré

Where?	Bagré area, Boulgou Province, Centre-East Region, Burkina Faso
When?	6 February 2018 - 5 February 2019
What?	Building a centre for packaging and marketing drinking water, entrusted to a women's group in Bagré, using two wells that provide clean water
Objective	Improving the socio-economic conditions of the female population in the Department of Bagré and increasing the availability of drinking water in the intervention area
Project actors	Lead partner: Health and Development Financier: Prima Spes Onlus Foundation Local partner: Diocese of Tenkodogo

Problems

Female unemployment

The majority of women living in rural areas are particularly disadvantaged in terms of economic, social and cultural rights.

Lack of drinking water

About a quarter of the population of Bagré suffers from diseases related to the use of non-potable water.

Expected Results

Promoting female entrepreneurship through the creation of a drinking water packaging company; Increasing the awareness of the local population on the use of impure water and sanitation. Beneficiaries 45 unemployed women started entrepreneurial activities, earning an income to support their families;

12 schools, of which eight primary, four secondary and one parish are served by drinking water;

6,000 people buy drinking water; 3,000 have been made aware of water.

Realisation

Drinking water packaging centre built

Constructed a warehouse for storing the packages; purchased processing and packaging machinery; bought furniture for the centre's administrative office.

Selection and training of a group of women on the water cycle

Based on motivation and capacity, 10 women were selected and trained from among the community members. The initial training focused on the use of the water bagging machine and later on marketing techniques.

Preparation of the well water storage system

The initiative uses two deep wells that produce excellent water quality efficiently and for social purposes. A system has also been set up to store the water from the wells in specific reservoirs.

Drinking water bagging

The stored water is packaged in 100% biodegradable bags of 50 cl each. The water packaging machine produces on average about 1000 bags per day.

Distribution of kiosks and canister water to the network

The packaged water is distributed through the existing network of water kiosks at a cost appropriate to local living standards.

Production of information/educational material

Information material was produced on the importance of drinking water use and its link to health and the prevention of certain diseases. In fact, in addition to the concrete lack of drinking water, misinformation on basic hygiene practices also plays a major role.

Implementation of educational sessions at strategic gathering points in the area and in schools

An awareness-raising campaign was launched on proper hygiene habits, as well as on the importance of drinking water and the risks of drinking it.

Central African Republic

CENTRAL AFRICA:	Republic
Area:	622,436 sq. km
Population:	3,895. 136 ab (2020)
Density:	8 ab/km2
Capital:	Bangui, 850,946 inhabitants
Development index:	(2018) 0.397 (188th place)
Economy:	GDP/inhab $ 490 (2020)
Illiterates:	62,6% (2018)
Health:	birth rate - 34/1000, infant mortality - 81/1000, life expectancy - M 51.1/ F 55.5 (2019)
	Protestants - 60.5%, Catholics - 28.4% Muslims - 8.5% Animists - 2.6%

The Central African Republic is a state in Central Africa, whose capital is Bangui. The republic is bordered to the north by Chad, to the northeast by Sudan, to the east by South Sudan, to the south by the Democratic Republic of Congo, to the southwest by the Republic of Congo and to the west by Cameroon; it is landlocked.

On 13 August 1960 it gained independence from France. In 1966, Marshal Bokassa seized power and the following year proclaimed himself 'Emperor'. Only in 1979 was he deposed and the republic restored. Despite this, a succession of other dictators came to power until the devastating revolution of 2012 in which several rebel groups coalesced into the 'Seleka' group and forced President Bozizé to flee abroad.

The new government not only failed to bring peace, but also triggered a new uprising with the 'Anti Balaka' Christian majority group. The war brought destruction and death, as well as an exodus of Muslims to neighbouring countries and the destruction of a large number of educational and health facilities.

Camillians in Central Africa

The birth of the Camillian delegation in Central Africa began in 2010. After the sudden death of Sr. Maria Ilaria Meoli, a Carmelite nun and doctor, Sr. Maria Giuseppina, delegate of the Carmelite nuns of Turin, and their major superior wondered how to run the newly completed John Paul II hospital in Bossemptélé. They knocked on the door of several religious institutes involved in the hospital-health care world and found a valid answer in the availability of the Camillians.

P. Alberto Russo, then provincial superior of the Siculo-Napoletana province, accompanied by Fr Guy Gervais Ayite (current provincial), bursar of the Camillian delegation in Benin-Togo, made an initial

inspection. The first Camillian missionaries arrived in Bossemptélé in September 2010: Fr. Hippolyte Kougbla,
p. Patrick Brice Nainangue (the first Camillian religious in Central Africa) and Fr Bernard Kinvi. They immediately started working with the religious in the John Paul Hospital
II. After the transfer of Fr. Hippolyte, Fr. Augustin Etse came to complete the community. Currently the Superior Delegate is Fr. Anicet Comlan Ametonou.

The delegation consists of four religious who carry out three ministerial activities:

Support for the St. John Paul II Hospital - The facility has around one hundred beds and was started up thanks to the technical support of Health and Development, which has been committed to seeking financial funds to support its healthcare activities in terms of quality and quantity since 2010;

Running a two-year vocational training and healthcare course;

Organisation of spiritual and pastoral animation activities together with the Lay Camillian Family at St. Therese of the Child Jesus Parish in Bossemptélé.

1

Bossemptélé emergency, Central African Republic

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	1 July 2014 - 31 June 2015
What?	Health and food assistance for the child population of Bossemptélé
Objective	Improving the nutritional and health conditions of the child population of Bossemptélé and helping to reduce the country's high mortality rate
Project actors	Lead Partner: Health and Development Financier: Chiesi Foundation Local Partner: Camillian Delegation of Bossemptélé

Problems

High infant mortality rates characterise the area, a victim of a bloody war that exacerbates the already precarious conditions of poverty and backwardness.

Expected Results

Reducing the mortality rates of the child population of Bossemptélé, through a health/ food assistance service, psychological support for the youngest children and distribution of food kits to particularly needy families.

Beneficiaries

Direct beneficiaries are about 6,000 children, due to their high vulnerability. About 50 families receive monthly food kits.

Realisation

The initiative succeeded in improving the nutritional condition of the youngest children through a series of activities.

Paediatric health care

Health services were provided to treat the main diseases that affect children. More specifically, infectious diseases such as anaemia, parasitic diseases, respiratory infections, diarrhoea, skin, oral cavity and eye diseases were addressed.

Psychological support for children

The project provided psychological support for children who had suffered trauma as a result of the war. Many children in the area of intervention were enlisted as child soldiers, abused and mistreated, so health care necessarily also had to include the psychological component. This assistance took place within the hospital facility and was conducted by medical personnel specialised and trained to carry out this type of recovery (counsellors).

Food support and malnutrition treatment for the child population of Bossemptélé

Malnourished children were admitted to the hospital centre and underwent medical checks to determine the severity and type of malnutrition. Treatment was on an outpatient basis or, in particularly severe cases, hospitalisation. The children were placed on weight-recovery programmes and underwent routine medical check-ups to verify the severity and any imbalances caused by a poor and unbalanced diet. The treatment resulted in progressive weight recovery and the restoration of a satisfactory general state of health.

Distribution of food kits

A group of particularly needy families with a large number of children were provided with foodstuffs to respond to their immediate need for food. The beneficiaries were identified by the local counterpart, together with the parish priest and the social and health workers of the hospital. The distribution included 1 food kit per family, containing rations of non-perishable foodstuffs: rice, maize, cassava and oil. The operators, constantly present in the area, ensured the correct distribution and use of the goods provided.

2

Construction of the Surgical Ward in Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	1 February 2015 - 31 March 2016
What?	Construction of a surgical ward
Objective	Improving health conditions in the Ouham-Pendé region
Project actors	Lead partner: Health and Development Financier: FAI - Fondation Assistance Internationale Local partner: Camillian Delegation of Bossemptélé; G. Paul II Hospital

Problems

Lack of health facilities

The small hospital in Bossemptélé is the only facility in the area and has no surgery department. It should also be borne in mind that the civil war devastated 50 per cent of the health and education facilities throughout the country.

Expected Results

Increase employment through the recruitment of health workers for the new ward;
Increase the care service for the population of the Bossemptélé sub-prefecture and improve the quality of care in the hospital.

Beneficiaries

The beneficiaries of the upgrading of hospital services are all the inhabitants of the intervention area, i.e. approx.
20,000 people.
In particular, 20 health workers will also have the opportunity to improve their socio-economic status as they will be hired to work in the new department.

SaluteeSviluppo

Realisation

John Paul II Hospital in Bossemptélé upgraded

Built within the John Paul Hospital
II a 22-bed surgical ward and started up surgery and inpatient surgery. The two operating theatres and spaces dedicated to the preparation of patients and medical staff were renovated, as well as post-operative, sterilisation and differentiated pathways.

Department furnished and operating block completed

The ward has been fully furnished with beds, bedside tables, chairs and wardrobes. The operating theatres and complementary rooms are equipped and operational. An operating microscope for ophthalmology, the only one in the entire country, has also been provided. Italian doctors are scheduled to be sent to the site, especially ophthalmologists.

Staff training

Staff training takes place both with on-site refresher courses for nursing and care staff and with Italian doctors with whom specific courses are planned.

3

Let's Feed the Children of Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	1 March 2016 - 28 February 2017
What?	Preparation of baby food, milk products and other local products to reduce child malnutrition in Bossemptélé
Objective	Improving the nutritional and health conditions of the school population in Bossemptélé
Project actors	Lead Partner: Health and Development Financier: Chiesi Foundation John Paul II Hospital in Bossemptélé and Carmelite nuns

Problems

High infant mortality

The mortality rate of the child population of Bossemptélé remains very high, due to the bloody war that exacerbates poverty and malnutrition.

Expected Results

Ensuring that the John Paul II hospital can self-produce energy and quality food to care for and treat malnourished children.
Promoting access to care in the Bossemptélé hospital.
Promoting the healthy growth of children.

Beneficiaries

1634 children under the age of 5 were provided with medical and nutritional care,
229 particularly needy patients were taken care of by the facility totally free of charge.

SaluteeSviluppo

Realisation

Setting up energy-efficient food production units

A small unit was set up in the John Paul II Hospital for the production of energy gruels (enriched millet and peanut flours) and products typical of the local diet. The activity also included the purchase of two dairy cows for the preparation of dairy products and therapeutic milk to combat hunger and malnutrition. However, due to the poor security conditions, it was decided to channel this expenditure into the provision of medical care.

Hospital care for the treatment of child malnutrition and treatment of malnutrition-related diseases of poverty

The hospital provided shelter for all malnourished children who needed specific and prolonged treatment. The children were first admitted and medically examined to determine the severity and type of malnutrition. Children up to 10% underweight were taken in with weekly check-ups at the outpatient facility. In contrast, children over 30% underweight were hospitalised and followed up at the facility. They were given doses of vitamin A, minerals, antiparasitics, folic acid, iron and therapeutic milk. Subsequently, enriched soups and baby food were administered in order to recover the weight loss and bring the blood values back to normal. When necessary, the hospital was also able to guarantee the treatment of dysentery, malaria, gastrointestinal diseases and other infections that are typical in the paediatric age and related to the state of malnutrition.

4

Stop Malaria: Prevention and Care for the Children of Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	15 September 2016 - 15 September 2017
What?	Treating and reducing malaria in children in Bossemptélé and raising awareness among families
Objective	Reducing malaria mortality among children in Bossemptélé; Improving the health status of the child population in Central Africa
Project actors	Lead partner institution: Health and Development Financier: Tavola Valdese

Problems

Malaria and children

In Africa in general and in Central Africa in particular, malaria is a real health emergency. In the country, the disease reaches 38% of the population (32% are children under the age of five).

Expected Results

Combated malaria with increased health care for children and distribution of mosquito nets.
Guaranteed free access to hospital care for all children suffering from malaria.
Sensitise the families of Bossemptélé on prevention and care for the little ones.

Beneficiaries

3000 families in the town of Bossemptélé receive mosquito nets and are sensitised to prevent and treat malaria in children.
Around 2000 children in Bossemptélé, suffering from malaria, benefit from free hospitalisation for the duration of the project.

Realisation

Improved access to prevention pathways

In the hospital, parish and schools in Bossemptélé, meetings were organised throughout the year to explain how to prevent and treat malaria in children. Mosquito nets were distributed to all families to protect children from mosquito bites. The entire population was sensitive to the issue and showed great cooperation in conducting the 'Stop Malaria' campaign. Unfortunately, all the families had experienced the scourge of malaria and took an active part in both preventing and treating the children. Given the great response to the initiative by the population, we thought we would repeat it over time to fight the disease and prevent the deaths of so many children. With this initiative, we improved health education and explained the importance of prevention to the population of Bossemptélé, who saw illness as a fatality and/or a dependency on superior forces t o which they were accustomed to succumbing.

Improved access to hospital care

Most of the population lives in great poverty, is used to being subjected to illness and has never been to hospital. Treatment is entrusted to traditional healers. The only remedies most of the population knows are the natural ones handed down orally. With this initiative we have been able to improve not only the treatment, but also the awareness of the population.

5

Responding to Neonatal Needs

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	18 October 2017 - 17 August 2018
What?	Construction and start-up of a neonatology ward, training of medical and nursing staff, home care and awareness-raising for women and mothers in the area
Objective	Reducing maternal and infant mortality in the Bossemptélé sub-prefecture area by promoting access to health services for neonatal needs
Project actors	Lead partner: Health and Development Donor: AICS-Italian Development Cooperation Agency-Line Emergency Local partner: John Paul II Hospital in Bossemptélé

Problems

High infant mortality
Statistics show high maternal and child mortality rates, which is also due to the consequences of the war affecting the weakest.

Expected Results

Increased availability and coverage of paediatric services in Bossemptélé.
Improved quality of neonatal and paediatric services in the Bossemptélé area.
Improved conditions for healthy growth of infants.
Start-up and development of the mobile clinic service in the villages.

Beneficiaries

75 children benefit from neonatal and paediatric services at hospital level; 400 mothers benefit from home care;
8 trained health workers; 24 women involved as peer educators; approximately 20000 people benefit indirectly from the increase in medical services in the area.

SaluteeSviluppo

Realisation

Neonatology department built in Bossemptélé hospital

A neonatology ward was built with a room for visiting newborns, division of space for fragile and special care babies. Incubators, customised feeding, special care for temperature and nutrition were provided. The ward has the capacity to accommodate the cots for 15 able-bodied infants and spaces for dedicated staff.

Economic support of the hospital

The support includes all aspects of the general and ordinary expenses of the neonatology department, in particular the purchase of neonatal nutrition, medicines and the costs of the neonatology staff. Unfortunately, due to the great poverty in the country, many women arrive at delivery severely undernourished, so that the babies are already in poor health.
The neonatology department succeeds in saving these newborn babies who need special dietary and sanitary attention.

Facilitated access to paediatric care by guaranteeing free treatment

The civil war situation has exasperated the life of the population and the most affected are the children who are very often severely malnourished or sick. The project guaranteed free hospitalisation to all paediatric patients who needed it.
To facilitate access to hospital services and treatment, a weekly mobile clinic service was developed in four villages around Bossemptélé. When the ambulance arrives, all the inhabitants gather at a pre-arranged place to be examined.

6

Enhancement of Health Services for the G. Paul II Hospital in Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	1 March 2017- 28 February 2019
What?	Setting up a dental and ophthalmology clinic, launching related services and enhancing the utility management
Objective	The project aims to improve the capacity of the John Paul II Hospital to respond to the care and treatment needs of the population
Project actors	Lead partner: Health and Development Financier: FAI - Fondation Assistance Internationale Local partner: John Paul II Hospital in Bossemptélé

Problems

Medical disciplines such as ophthalmology and odontostomatology are little known in the Central African Republic, despite the high prevalence of tooth, gum and eye problems.

Expected Results

Promoting the management efficiency of the John Paul II hospital.
Building an outpatient clinic for a prevention and treatment service for odontostomatological pathologies.
Implement a service for the prevention, diagnosis and treatment of eye diseases, with an outpatient clinic and operating service equipped to perform cataracts.

Beneficiaries

300 recipients of dental care;
500 children benefiting from preventive dental treatment; 480 people with access to eye treatment;
500 children benefiting from screening and primary prevention programmes for eye diseases.

Realisation

Administrative offices have been built and furnished where all management, administrative, data collection and storage, information and patient file management practices are carried out. The building in which the administrative offices are located consists of a ground floor and first floor, and is divided into two wings (north and south) by the ramp for transporting patients on stretchers to the first floor. The staff has been trained in the use of computers and management programmes.

A dental clinic with 2 operating units was built, equipped and started up

The dental clinic is located in a spacious room on the ground floor, preceded by a corridor that serves as a waiting room, next to the analysis laboratory and the eye clinic. The dental equipment was purchased in Italy and sent to the Central African Republic by container.

An eye clinic and a day-hospital ward for cataract operations were built and furnished.

Specialised technical personnel have been trained and hired for outpatient activities.
A prevention activity was organised for the population of Bossemptélé.

The operating room was equipped and furnished with an ophthalmic microscope for performing cataracts

Similarly, the dental clinic, like the ophthalmology clinic, became operational and accessible to the public three times a week upon completion of the construction and equipping of the premises.

7

School food: combating child malnutrition in Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	1 July 2019 -30 December 2021
What?	Fighting child malnutrition through school food distribution and assistance nutrition and health for malnourished students
Objective	Improving the nutritional and health conditions of nursery, primary and secondary school pupils in Bossemptélé and Baoro
Project actors	Lead partner: Health and Development Financier: Presidency of the Council of Ministers - 8 x 1000 IRPEF funds Local partner: Camillian Delegation of Bossemptélé and G. Paul II Hospital

Problems

Child malnutrition

The Carmelite nuns have been involved in the education of children in kindergarten, primary and secondary schools for decades. The children suffer from malnutrition due to lack of food.

Expected Results

Improved nutrition for the children and improved school attendance for 400 children at the Carmelite Sisters' school in Bossemptélé.

Fostered the healthy development and nutrition of 200 children from the Carmelite Sisters' school in Bossemptélé.

Increased free access to nutritional health services at the Bossemptélé hospital for 300 school children. Beneficiaries

400 children from the Bossemptélé primary school receive one meal a day;

200 kindergarten children receive one meal a day;

300 kindergarten and primary school children receive medical examinations on an as-needed basis;

500 school children in Baoro receive one meal a day; Secondary school students receive a spoonful of honey on entering the classroom, which helps them to follow their lessons more attentively.

SaluteeSviluppo

Realisation

Access to schools strengthened and schoolchildren in Bossemptélé retained

With the resources of the project, all children were provided with a daily meal consisting of the main local food items, such as rice, sardines, tomatoes, peas, green beans, etc., which made the children loyal to attending school. It was seen that the intake of one meal a day significantly decreased school drop-out.

Improved nutrition and healthy growth of children

Nutrition is essential for pupils' learning. The sisters have established the habit of distributing a spoonful of honey to each pupil before class and have seen a noticeable improvement in attention.

Facilitated access to care for schoolchildren in Bossemptélé

The hospital undertook to visit all children at the beginning of the year and follow up any problems during the school year.

8

Safe motherhood: prevention and maternal care in Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	18 October 2017 - 17 August 2018
What?	Construction and start-up of a maternity ward with a prevention and care service for women and children in the sub-prefecture of Bossemptélé
Objective	Improving the health conditions of the maternal and child population in the Ouham- Pendé Region in Central Africa
Project actors	Lead partner: Health and Development Donor: AICS-Italian Development Cooperation Agency - emergency line Local partner: John Paul II Hospital in Bossemptélé

Problems

High infant mortality

Statistics concerning the maternal and child situation in Bossemptélé show a high mortality and morbidity rate. All the problems in the area are exacerbated by the civil war.

Expected Results

Increased availability and coverage of maternal and child services in Bossemptélé.

Improved quality of maternal and child care services and the ability of St John Paul II Hospital staff to adequately respond to the needs of pregnant women, expectant mothers and mothers with newborns.

Beneficiaries

1384 women have access to gynaecological and obstetrical services, antenatal care, during childbirth and postnatal care. About 24 women with HIV/AIDS receive care and are assisted during delivery to prevent vertical transmission of the virus to unborn children. Approximately 1,000 women are sensitised, informed and educated in hygiene and sanitation. A doctor, a nurse and a counsellor receive special training to increase their skills in gynaecology and obstetrics.

Realisation

Maternity ward built in Bossemptélé hospital

The small maternity ward was refurbished and enlarged, with more space for admitting mothers, a labour room, a delivery room, a caesarean section and a postnatal room. The obstetrics and gynaecology service was activated (with a focus on assisted childbirth). Capacity building actions were stepped up to increase the skills of local staff and to ensure adequate responses to the needs of the area.

Awareness-raising of mothers in the territory

A great deal of awareness-raising and targeted training was done with meetings in the hospital, in the territory and in the villages during the mobile clinic service.

Local staff, duly trained, were able to dialogue with local women, overcoming barriers and mistrust. The aim is to spread preventive health education, since very often women rely on unqualified people and in unsuitable places and arrive too late at the hospital, with obvious negative consequences on their own health and that of their unborn child.

Promoting access to maternal care by guaranteeing free treatment

The civil war situation has exacerbated the poverty of the population and the most affected are always the most fragile, such as expectant mothers. Free hospitalisation and care have been guaranteed to encourage childbirth in hospital, under hygienic conditions and qualified assistance.

9

Women empowerment and food security in Bossemptélé

Where?	Bossemptélé, Ouham-Pendé Region, Central African Republic
When?	1 February 2020 - 30 June 2021
What?	Promoting sustainable agriculture and enhancing the role of local women as promoters of development
Objective	Promoting women's autonomy and equal opportunities; Ensuring food security and improving the quality of life of families
Project actors	Lead partner: Health and Development Financier: Prima Spes onlus Foundation Local partner: Camillian Delegation in Central African Republic

Problems

The general poverty of the territory and the protracted civil war have particularly affected the town of Bossemptélé, the scene of bitter clashes between rival ethnic groups.

Expected Results

Technical and management skills acquired by local women in the agricultural field.
Promotion of income-generating activities for women.
Encouraged the creation of family gardens and nutrition awareness.

Beneficiaries

20 women are trained and accompanied to start income-generating agricultural activities;
137 households are involved in the peer-to-peer training provided by the 20 female beneficiaries; 1 agricultural association, consisting of 157 women, is set up to combat hunger; approximately 6,000 villagers in the sub-prefecture of Bossemptélé are sensitised in the field of nutrition.

Realisation

Selecting and training a group of women

The local counterpart, the Camillian Delegation, selected 20 women from among the most vulnerable in the Bossemptélé community. The group of 20 women was the first target group to benefit from the training and the start-up of income-generating agricultural activities.

Training in agricultural techniques

The training took place entirely in the on-the-job mode, organised in 30 sessions of one day each. The target group, consisting of the 20 selected women, was trained in soil preparation techniques, soil fertility management, seed cultivation, pest and disease treatment, harvesting and post-harvest crop management, and storage of the main vegetables.

Management and local marketing training

The training took place in 15 sessions of one day each. During the sessions, important cross-cutting topics such as punctuality, combating waste, helpfulness, spirit of sacrifice, the common good, taking care of children's food, food needed in a family, meeting others, the art of communication, working hard, and adherence/fidelity to commitments were addressed.

Growing vegetable gardens and harvesting produce

The land was prepared in three stages: cleaning the trees, gathering branches, weeding the grasses and draining the soil. After purchasing the material, a group of workers fenced off the plot dedicated to growing the produce. In addition to securing the land, it was equipped with a well and a water collection tank. Cultivation and harvesting activities went hand in hand with training modules on the organisation and scheduling of field work.

Informal peer-to-peer education

After receiving initial training on the agricultural project, the group of 20 women visited families in the Bossemptélé neighbourhoods each week to make them aware of the importance of farming useful to food self-sufficiency. This activity generated the involvement of more than 130 families who wanted to participate by cultivating some large fields not far from the town of Bossemptélé and the suburbs.

Promotion of a nutrition information campaign

The activity was carried out by two social workers from the John Paul II Hospital over ten days, planned and organised at a territorial level in the most remote villages of the sub-prefecture, where the poorest families live. Particular attention was paid to the nutrition of the maternal, child and adolescent population by holding training meetings with mothers on the preparation of balanced, diversified foods with a high nutritional value.

10

Strengthening the hospital's health services G. Paul II

Where?	Subprefecture of Bossemptélé, Diocese of Bouar, Ouham-Pendé Region, Central African Republic
When?	8 December 2019 - 7 December 2020
What?	Improving access to health services for the vulnerable population of the Bossemptélé sub-prefecture
Objective	The project aims to improve access to health services at the John Paul II Hospital and increase the ability to reach neighbouring villages where the population is very vulnerable
Project actors	Lead partner: Health and Development Financier: Italian Agency for Development Cooperation (AICS) Local partner: St John Paul II Hospital and Camillian Delegation in CAR

Problems

The vulnerable population of the Bossemptélé sub-prefecture has no access to health services

Expected results

Strengthening the quantity and quality of health services offered in the hospital, with increased equipment and staff training.
Increasing the hospital's capacity to reach the population in remote areas by increasing the number of people who are educated and aware of health and hygiene.

Beneficiaries

4300 people of whom 1250 children can benefit from the mobile clinic and home care services; 16 health workers are trained in orthopaedic surgery, anaesthesia, neonatology and paediatrics, bacteriology, radiology/ecography and drug storage;
3500 people are educated in sanitation;
6000 people benefit from better health services in hospital.

Realisation

Supply of medicines, medical instruments, biomedical equipment and provision of services:

The appropriate supply of medicines and the coverage of part of the costs of health personnel (doctor, nurse, laboratory technician and pharmacist) has enabled the constant provision of services at the hospital. This activity also included the acquisition of various medical instruments and equipment, thanks to which the hospital has improved the effectiveness of consultations, examinations and examinations carried out at the laboratory, with related diagnoses and therefore treatment. As these instruments and equipment were not available locally, they were purchased in Italy and shipped via container.

Specialised training activities for health personnel

Since February 2020, the organisation of specialised training activities, which included sending doctors on short missions, has been postponed due to the COVID-19 pandemic emergency. Given the training needs of hospital staff, it was deemed appropriate to opt for distance learning (FAD) methodology. In order to make this solution possible and practical, the hospital had to be equipped locally with a suitable connection, router, monitor and computer.

Distance learning covered the following activities:

Training of healthcare personnel in orthopaedic surgery; training of healthcare personnel in anaesthesia; training of healthcare personnel in neonatology/pediatrics; training of healthcare personnel in diagnostic imaging (radiography and ultrasound).

Mobile clinic service, home care and psychological support in villages

A team of hospital staff travelled weekly to the villages to visit all residents in need. Thanks to this service, more than 7500 village residents had access to medical care, assistance and support.

Hygiene education activities at dispensaries

Educational sessions were organised with the active participation of women village members, who in turn reached out to other village members. Through the promotion of peer education, 8750 villagers are now more aware of preventive hygiene behaviour.

Kenya

KENYA:	Republic
Area:	610,000 square kilometres
Population:	47.564.296 (2019)
Density: Capital:	78 habit/km2
Development	Nairobi,
index: Economy:	4,397,073 ab (2019) 0.601 (143rd
Illiterates:	place)
Health:	GDP/inhab $ 2,039 (2020)
	18,5% (2018)
	birth rate - 28.3/1000,
	infant mortality - 31.0/1000, life
	expectancy - M 64.3/ F 69 (2019)
Religion:	Protestants- 33.4%,
	Catholics - 20.6%,
	Evangelicals - 20.4%
	Other Christians -

Formerly a British colony, Kenya is a presidential republic, the President is also Head of Government, and has been independent since 12.12.1963. The 2010 Constitution granted extensive powers to the counties. The executive has a five-year term, as does the National Assembly with 337 elected members (47 seats reserved for women), 12 members chosen by the Assembly and 67 members of the Senate.

The judicial system is based on British Common Law with tribal and Islamic influences. The country has suffered several terrorist attacks by the Somali Qaedist group al-Shabab. The death penalty is in force. Development was good, but the Covid-19 pandemic recently created great difficulties.

Kenya is one of the world's largest exporters of tea and cut flowers. The export of coffee is also considerable. Major crops are maize, sugar cane, potatoes and bananas. Livestock activities are especially developed in the Rift Valley.

Mining, the extraction of fluorspar, gold, kyanite, soda ash and asbestos, and the exploitation of oil at Lake Turkana are important. Primary education lasts eight years and is free. English is used in secondary and university education.

Camillians in Kenya

The Camillians' presence in Kenya dates back to 1976 in the mission of the Tabaka hospital, located 400 km away from the capital Nairobi. The Camillians initially started working as administrators: the health facility had been built with the resources of the German association Misereor and entrusted to the diocese of Kisii. The Camillians and the religious Sisters of St. Camillus Ministries of the Infirm, with an inter-congregational agreement, began to work together in this mission hospital. This collaboration continues to this day.
The Camillian pioneers of this mission were:
p. Francesco Avi, Br Albano Balzarin, Br Fabio Zeni, a nurse, who died in a car accident near Tabaka on 6 September 1983; Fr Francesco Spagnolo, appointed by the provincial superior at the time, Fr Forsenio Vezzani. Later, in 1979, Br Gianmario Canzi and Fr Emilio Balliana also arrived.

The three Camillian nuns who started working in Tabaka were Sr. Maria Grazia Lucchesi, Sr. Veronica Tondini and Sr. Emilia Balbinot: the first two of Italian nationality, the third of Brazilian origin.
In 1979, a house was purchased in Nairobi, on Caledonian Road, close to the city centre, near the residence of the President of the Republic.

P. Rino Meneghello was the driving force behind this new missionary development. This residence was named 'Bolech House', in homage to the Austrian Camillian, Fr Bolech, who was the benefactor for the purchase of the building. This house was demolished in 2015; today a five-storey building, dedicated to the Camillian Pastoral Centre, has been built in its place.

In 1982, the Caledonia community was made up of three religious (including Fr Gianmarco Dal Bon and Fr Giuseppe Confalonieri), all three engaged in the chaplaincy ministry at Kenyatta Hospital, free of charge. On 7 January 1984, the valuable collaboration of Fr Paolo Guarise was added.

The seminary for the promotion and welcoming of new religious vocations and for the formation of future Camillians was inaugurated in Nairobi on 29 July 1985, in the surroundings of Karen, where the young candidates, students of philosophy and theology, now live. Fr. Martin Mwangi Njau is the first Kenyan Camillian religious and made his solemn religious profession in 1996; the second is Fr. Rapahel Wanjau in 1998. The Kenyan Camillian Delegation collaborates with the Ugandan Delegation in the field of initial formation.

In Karungu, the mission of St. Camillus Hospital was started in 1992, with the construction of the facility on land generously offered by Passionist religious.

The Delegation has four canonically erected communities. The seminary community (Nairobi) comprises three houses: the Delegate's residence, the philosophy students' house and the theology students' house. The Caledonia community lives in the new Camillian Pastoral Centre building, where Clinical Pastoral Education courses are also held. Then there is the Tabaka hospital community and the Karungu hospital community. There are several residences belonging to different communities. The largest has twelve members, with five residences. The religious work as chaplains in several hospitals in Nairobi, and as pastors in two parishes. The Delegation has pastoral responsibility for three parishes in Kenya and is present in four dioceses: Archdiocese of Nairobi; Kisii, Homabay and Garissa dioceses.

Currently, the Camillian presence in Kenya consists of thirty-three religious priests and three religious brothers, one temporary professed, two deacons, two novices and eight admitted to temporary profession.

1

Promoting access to clean water and basic sanitation for the population of Karungu

Where?	Location of Karungu, Nyanza Province - Kenya
When?	1 May 2014 - 30 April 2017
What?	Construction of an aqueduct and creation of latrines for the inhabitants of Karungu
Objective	Promoting access to clean water and sanitation for the population of Karungu
Project actors	Lead partner: Health and Development Donor: MAECI - Italian Ministry of Foreign Affairs Local partner: Camillian Delegation of Kenya, AUCI, ENEA

Problems

Lack of drinking water for the population of Karungu

The population uses the polluted water of Lake Victoria for everyday actions (drinking, cooking, personal hygiene). Diseases related to the use of unhealthy water are widespread, and schools often complain about the absence of many pupils due to gastric infections, typhus, cholera, dysentery, hepatitis, polio, etc.

Expected Results

Construction of an aqueduct for the people of Karungu;

Creation of a citizens' group that deals with facility management and water distribution.

Construction of latrines at primary and secondary schools in Karungu.

Promoting community awareness of health and environmental issues.

Beneficiaries

20000 inhabitants of Karungu Division have access to drinking water for all uses and needs.

SaluteeSviluppo

Realisation

Implementation of the water system, supply of drinking water and construction of basic sanitation facilities. Technical training in water and eco-systems. Awareness-raising in schools and community centres.

Construction of the aqueduct

An aqueduct was built that includes the water intake system from Lake Victoria, with a 100-metre long wharf that draws the water away from the shore and two powerful electric pumps that push the water up the hill over two kilometres, where there are three large settling, filtering and drinking water tanks and a storage tank. From this last tank, the system that distributes the potable water for three kilometres starts, reaching five distribution kiosks in the town of Karungu.

Group formed to oversee plant management and water distribution

The water distribution and facilities management group was established so that profits would be used to pay the operators, increase the service, and repair any faults. The group is managed by the Karungu Municipality so as to ensure an essential service for all citizens.

Latrines built at schools

48 latrines were built in primary and secondary schools in Karungu Division

Carried out awareness-raising campaigns in schools and community gathering points

Nine schools in the Karungu district were reached, with a total of 1558 pupils sensitised on the importance of drinking water and the use of latrines as prevention of the most common diseases in the area (cholera, typhoid fever) and as a basis for hygiene. With the support of the local management committee, intensive awareness-raising activities were carried out at barazas, the popular assemblies of the local community. Through the intervention at these events, more than twenty-three thousand people were reached and sensitised.

2

Strengthening maternal and child health services in the Imenti South district

Where?	Location of Karungu, Nyanza Province - Kenya
When?	1 May 2014 - 30 April 2017
What?	Construction of an aqueduct and creation of latrines for the inhabitants of Karungu
Objective	Promoting access to clean water and sanitation for the population of Karungu
Project actors	Lead partner: Health and Development Donor: MAECI - Italian Ministry of Foreign Affairs Local partner: Camillian Delegation of Kenya, AUCI, ENEA

Problems

Precariousness of paediatric healthcare
The precariousness of the old paediatrics ward of the Nkubu hospital and the very poor health care in the villages around Meru cause a high mortality rate among women and children.

Expected Results

The hospital is equipped with a new large paediatrics department connected to the maternity unit. The isolation of outpatient clinics in peripheral villages is overcome with the creation of a referral network with the new hospital departments and a rotation of medical staff with the peripheral health centres.

Beneficiaries

9000 women and children assisted with the new paediatric facility;
8000 children benefit from neonatal and paediatric services;
25000 people reached by campaigns awareness campaigns;
5 suburban facilities networked with the Nkubu hospital.

Realisation

New paediatrics at Nkubu hospital built

The new paediatrics ward has 80 beds, two playrooms for children, several outpatient clinics, two doctors' offices and two for nurses and care staff, two lunch rooms for children and three rooms for mothers' meetings. The medical ward was built on the upper floor. The ward is built amidst greenery and allows mothers and children to enjoy equipped outdoor spaces. With the various transformation and renovation works, the hospital has become the referral centre for northern Kenya in only six years.

Improved health services offered in village dispensaries

Activities were carried out to support first level health centres in the intervention area, located within a radius of about 15 km from the Consolata Hospital in Nkubu. Field training days, medical camps, seminars for mothers with children under five and prevention days in schools were organised. A health team from Consolata Hospital worked weekly in the different dispensaries, accompanying and supporting the local staff. The training focused on the ability to identify all the major diseases requiring hospital consultation and on the promotion of solid networking between the different first level health facilities involved in the project and Consolata Hospital.

Health awareness on the ground

Awareness-raising activities associated with health education have transversally accompanied all project health activities, having been associated with mobile clinics, activities in dispensaries and at the Consolata Hospital maternal and child health advisory centres. The pre- and post-natal counselling services at the dispensaries reached more than 5000 mothers and pregnant women and at Consolata Hospital more than 9600 new mothers and 8300 pregnant women. Overall, more than 100,000 people came into contact with the health education events organised at different levels by the structures involved in the project.

3

Fighting cancer for the female population of Karungu

Where?	Karungu Area, Nyatike District, Nyanza Province - Kenya
When?	1 November 2015- 31 October 2016
What?	Actions for prevention and early detection of cervical and breast cancer
Objective	Reducing the incidence of cervical and breast cancer for the Karungu population and improving the health of Karungu's female population
Project actors	Lead partner institution: Health and Development Financier: Tavola Valdese Local partner: St. Camillus Mission Hospital

Problems

Spread of cervical and breast cancer Breast and cervical cancers are widespread and lack the necessary equipment for early detection.

Expected Results

Awareness-raising of the female population on the importance of early diagnosis as a strategy for the containment of breast and cervical cancer. Awareness-raising follows three activities: cancer awareness and education on Breast Self-Examinetion (BSE); gynaecological examinations, pap tests and colposcopies; and orientation to specialist facilities.

Providing St. Camillus Hospital in Karungu with the necessary equipment and appropriate training.

Beneficiaries

1100 women of childbearing age will have access to gynaecological examinations with pelvic ultrasound, pap test and colposcopy;

1100 women will be educated on how to perform self-examination for early breast cancer prevention;

5000 girls will be made aware of female gynaecological malignancies.

Realisation

Increased training of women in cancer prevention

A group of health workers visited all schools to talk to girls about breast and cervical cancer and its incidence in women's diseases and the importance of early detection prevention. Women of childbearing age who come to the St. Camillus Hospital outpatient clinics receive the necessary training in prevention. As soon as symptoms are detected, it is very important to immediately contact the specialised diagnostic centre they can find in the hospital.

Increased access to preventive examinations for women's cancer

1100 women of childbearing age were visited free of charge for preventive and diagnostic examinations for breast and cervical cancer. Women in need of treatment were immediately given the necessary treatment. Women who did not need treatment were invited to be spokeswomen for their colleagues and friends on the importance of prevention and early diagnosis.

Hospital equipped and staff trained to perform preventive examinations for women's cancer

St. Camillus Hospital was equipped with the necessary equipment for diagnosis and the dedicated staff was trained to perform the diagnostic examinations. The free-of-charge nature of the examinations has generated a considerable influx of patients.

Improved breast and cervical cancer prevention for women in Karungu

The provision of the appropriate equipment and the launch of the free screening campaign was a great success, especially among high school girls. The campaign has certainly improved health literacy and access to preventive examinations against breast and cervical cancer.

4

Food self-sufficiency for the vulnerable population of Wajir

Where?	Wajir County - Kenya
When?	1 October 2018 - 30 September 2019
What?	Cultivation of family gardens managed by groups of women for the production of food needs. Construction of wells to supply water to agricultural land
Objective	Ensuring food self-sufficiency for 30 families in Wajir - Kenya
Project actors	Lead partner: Health and Development Financier: Presidency of the Council of Ministers - distribution 8x1000 of IRPEF Local partner: Camillian Sisters Ministers of the Infirm

Problems

Wajir is a semi-desert area, north-east of Kenya towards the border with Somalia. The population is very poor, living in typical Somali-style huts. Wells become salty and food self-sufficiency is a real challenge.

Expected results Established a fruit and vegetable production system. Management and technical skills acquired by local women. Encouraged the creation of family gardens in the local community.

Beneficiaries

30 local women are trained in nutrition and agriculture, especially in the cultivation of vegetables useful for the survival of their large families.

Realisation

Realisation of fruit and vegetable production fields

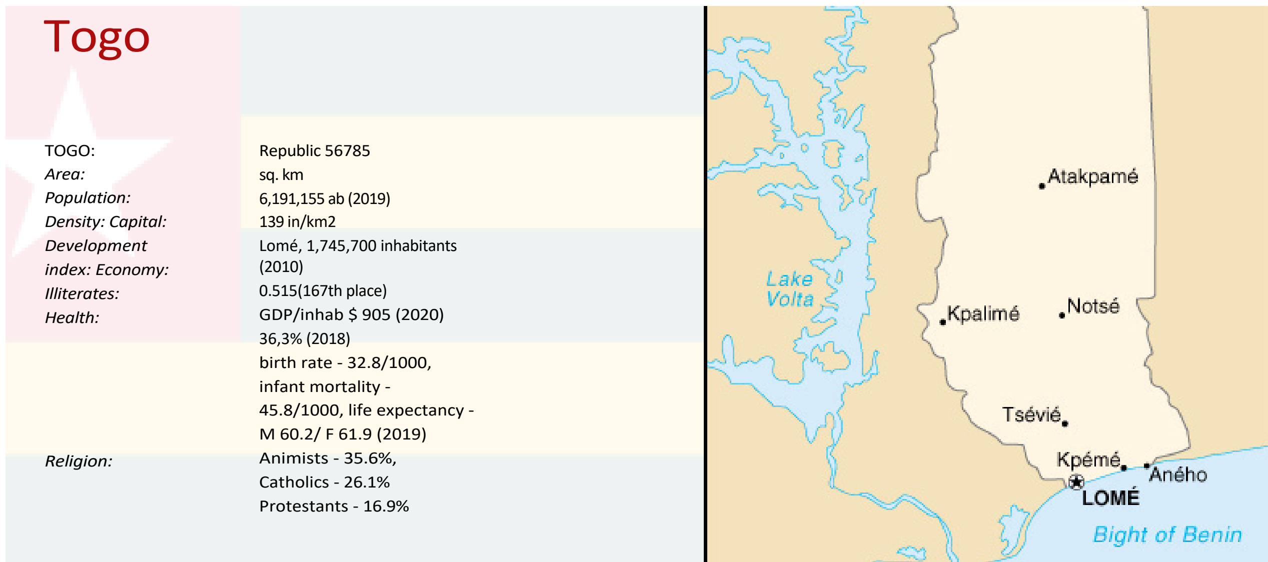
Three fruit and vegetable production systems were established on three plots located in the most deprived areas of Wajir. The actions involved preparing the land, establishing water systems, growing, harvesting and selling the produce, and organising the management of the gardens. Planting focused on vegetable crops such as black-eyed beans, pumpkins, peppers, aubergines, spinach, watermelon, tomatoes, savoy cabbage and other indigenous crops such as amaranth (mchicha).

Agricultural training for local women

30 women received the agricultural training necessary to set up and manage the gardens, whose produce is partly used to support their families and partly for sale at the market.

Distribution of seed kits and peer-to-peer education to local families to encourage the creation of small family gardens

The project stimulated the creation of small vegetable gardens for about 50 households. The target households were given a seed kit and provided with instructions on how to cultivate and create a small garden, through which they could have produce for their own food and sell part of their harvest for a small income. The households to which the seeds were donated were informally trained by the 30 women previously trained, who transferred the skills they had learnt to cultivate vegetables with a view to a good yield from the gardens they planted.



Togo, officially the Togolese Republic (in French République Togolaise), is a state in West Africa. It borders Ghana to the west, Benin to the east and Burkina Faso to the north. It faces for a short distance (only 56 km) the Gulf of Guinea to the south; the capital Lomé is located on this stretch of coast. The official language is French (it is a member of the association of French-speaking countries) but many African languages are also spoken.

Present-day Togo, formerly a German possession, gained independence on 27 April 1960. According to the 1992 Constitution, the President is elected by the people, has power for 5 years and elects the Prime Minister. The National Assembly consists of 91 elected members with power for 5 years.

Agriculture produces the necessities for the population. Major exports are cocoa, cotton, palm oil, maize, coffee and soya. Industries operate in the oil, chemical and cement sectors. The port of Lomé plays an important role. A 1000 km gas pipeline distributes Nigerian gas throughout the country. (De Agostini)

Togo has a higher average literacy rate than West African countries, but there are large differences between the female (less than 40%) and male (close to 70%) components. Many children are forced to drop out of school because they have to contribute to the family income.

In order to achieve the goal of universal primary education, many international projects have been initiated, especially in rural areas.

Education in Togo or the Togolese education system covers all public and private institutions in Togo whose function is to guarantee and promote education throughout the country.

The republican school system is mostly public, secular, free and compulsory from the age of 6 to 15.

Camillians in Togo

The birth of the Camillian delegation in Benin dates back to 1971, with the arrival of the first Brothers from the French province in Dogbo. It was especially with the arrival of the religious of the Sicilian-Neapolitan province in Yévié, on 4th March 1973, that the charism of St. Camillus began to take root and take on an African flavour, especially with the arrival of the first local Camillians, Fr. Raoul Ayiou, Fr. Marius Yabi and Fr. Hubert Goudjinou.

On 13 November 2006, a new Camillian community of three religious was established in the diocese of Djougou. Since their arrival, the three missionaries, all from Benin, have been involved in the health care ministry of the diocese and in the home care of AIDS patients.

On 23rd November 2006 the Benin delegation officially opened the first Camillian community in Lomé, capital of Togo. The opening of this new foundation was in the dreams of some local Camillian religious who, having come to Benin for their formation, had always expressed the desire to make the Camillian charism grow in this country.

In June 2018, there were eleven communities and one residence. This made the transition to province status a natural one, which was celebrated on the occasion of the celebration of the Glorious Cross of Jesus and Our Lady of Sorrows (14-15 September 2018).

Another important year for the province was certainly 2010, the year in which the delegation in Central Africa was founded. This new foundation is due to Fr. Russo, then provincial of the Siculo-Napoletana province, and Fr. Efisio Locci, who, after an exploratory trip and a meeting with the diocesan bishop, discussed with the Benin delegation the possibility of opening a new foundation in the CAR. Each religious expressed a positive opinion and were willing to leave.

There are seven communities in Benin Togo: the community of Zinvie Maria Immaculata founded in 1974, the community of Segbanou erected in 1993, Cotonou in 2000, Davougon founded in 1987 and canonically erected in 2006, Djougou also founded in 2006 and canonically erected in 2012, the community of Lomé and the community of Bossemptélé in CAR.

In these realities, care for the sick is given priority over ministerial work in hospitals, parishes and private homes.

Currently, the Vice Province of Benin Togo has no less than ninety-eight religious, many of whom are specialising in the study of pastoral health theology, pastoral counselling, moral theology, dogmatic theology, general medicine and bioethics.

Eleven are the works in which the brothers serve:

-La Croix Hospital in Zinvie with various specialisations;
-St. Camillus' Garden for the Elderly and Abandoned in Ségbanou;
-Ségbanou Health Centre;
-Djougou Hospital;
-Davougon health complex (polyclinic, leprosarium, Buruli ulcer treatment centre, home for girls in need and St. Joseph Parish);
-Lomé Outpatient Clinic in Togo;
-St. John Paul II Hospital in Bossemptele, CAR;
-Nursing school in Djougou;
-Gbodjè polyclinic currently under construction.

1

A future without sickle cell anaemia for the children of Lomé

Where?	Atakpamé neighbourhood, outskirts of Lomé, TOGO
When?	1 November 2014-31 October 2015
What?	Prevention of the spread and treatment of sickle cell anaemia in the child population of Lomé
Objective	Improving the living conditions of children by reducing sickle cell anaemia in Lomé and Togo
Project actors	Lead partner institution: Health and Development Financier: Tavola Valdese Local partner: Camillian Province Benin-Togo

Problems

Spreading sickle-cell anaemia

Krepanocytosis (or sickle cell anaemia) is a priority public health problem in Togo. In Lomé, there is a high prevalence rate of sickle-cell anaemia, a blood disease caused by hereditary abnormal haemoglobin. This disease particularly affects children. There is very little knowledge and information about sickle cell anaemia in the country, especially about how this disease is inherited.

Expected Results

Increased awareness of drepanocytosis in the Lomé area among the local population.
Reduced child morbidity and mortality due to drepanocytosis in the Lomé area.

Beneficiaries 10000 school children involved in screening and awareness-raising to prevention for avoid transmission of the disease;
1,000 adults accompanying children in schools raised awareness of the prevention of the disease;
150 children (0-5 years) with sickle cell anaemia followed in hospital on an in-patient or out-patient basis.

Realisation

Operator training and public awareness

A group of social and health workers were trained and commissioned to raise awareness of sickle cell anaemia and the advisability of screening to combat its spread. The group of experts went to schools and major community centres in the city and explained to the beneficiaries the disease, its evolution and the hereditary principles that determine its transmission. The focus then shifted to publicising screening as an effective method of counteracting the spread of the disease and as a necessary strategy to know one's own state of health and to intervene with targeted treatment in the case of sufferers. Awareness-raising was successful, enabling extensive mapping at territorial level.

Mapping and Screening the Child Population

Pre-school and school-based screening has enabled early detection of the presence of the disease and healthy carrier status in the child population, conditions that normally normally escape both of which normally escape identification. The screening carried out made it possible to have a territorial mapping of the young carriers of the disease and to identify those with full-blown disease.

The screening was carried out in the hospital, by specialised personnel, using diagnostic equipment and laboratory tests. The screening revealed 390 children with the disease (149 boys and 241 girls).

Care of children with drepanocytosis

Once the children affected by the disease were identified, the programme for taking care of the patients started immediately. The initiative made it possible to assist and treat 150 children by providing them with multidisciplinary, early and competent care. The children underwent therapeutic treatment through a hospitalisation regime, routine examinations and specific investigations. The care of the children included:

-Administration of pain medication (for sickle cell crisis);
-Blood transfusions (for anaemia and to prevent
stroke);
-Penicillin administration (to prevent infection);
-Folic acid administration (to help prevent severe anaemia).

India

INDIA:	Republic
Area:	3,249,863 km2
Population:	1,370,508,600 inhabitants (2020)
Density: Capital:	422 inhabitants/km2
Development	New Delhi, 28,514,000
index: Economy:	inhabitants (2019)
Illiterates:	0.645 (131st place)
Health:	GDP/inhab $ 1965 (2020)
	25,6% (2018)
	birth rate - 17.6/1000,
	infant mortality - 28.3/1000, life
	expectancy - M 68.5/ F 71
	(2019)
Religion:	Hindus - 79.8%,
	Muslims - 14.2%,
	Christians - 2.3%,

India has been an independent parliamentary republic since 1947, after more than 60 years of struggle. It separated from Pakistan in a great exodus (10 million Hindus from Pakistan went to India and 7 million Muslims from India to Pakistan). A dispute remained between the two countries over Kashmir. Another territorial dispute was with China. The three countries (China, India and Pakistan) developed an atomic arsenal. In 1950, India established itself as a federal republic.

The Indian Union comprises 28 states, each with its own legislative assembly and government, and eight territories administered by the central government. Besides Kashmir, there are also other separatist movements, and violence or ethnic riots often break out.

Population growth remains sustained mainly due to the decrease in mortality. In the coming years, India is expected to take over from China as the most populous country. The widespread clandestine practice of abortion to avoid the birth of daughters is causing a significant gender imbalance in the younger age groups. A large part of the population lives in rural villages, but the trend towards urbanisation is increasing. The largest ethnic-linguistic group is Hindu, which includes several subgroups. In the last three years, the country has emerged from recession and achieved a high growth rate.

The main agricultural crop, which is small, is rice, wheat, maize, millet, potatoes, pulses. Industrial crops include sugar cane, cotton, soya, peanuts, coffee.

Industrial culture suffers from insufficient electricity production. Much of it is of thermal origin (coal and oil). There are 23 nuclear reactors in operation, 6 more are under construction. Photovoltaics is booming. Other important industries are: the basic chemical industry, the mechanical engineering industry. The yarn and textile industry is important. Foreign trade is crucial. India is among the world's leading trade powers. Exports of computer programmes and services are considerable. (De Agostini).

Camillians in India

The Camillian mission in India started in 1980 when Fr Antonio Crotti and then Fr Ernesto Nidini - religious from the former Lombardy-Venetia province - began promoting vocations in the diocese of Mananthavady, in the state of Kerala. After almost two decades, in 1998, this mission became a delegation. In 2009, the delegation itself was elevated to the status of a vice-province and on 2 February 2016, it was canonically erected as a new Camillian province.

The seat of the province is located in Bangalore and, to date, has nine communities. It consists of eighty-eight religious (fifty-seven priests, one religious brother, twenty-two temporary professed and eight novices).

At the level of ministry activities, the province is well known for its commitment and preference in serving and caring for the most neglected people, such as the homeless, people living with HIV/AIDS (PLHA), the elderly, the terminally ill, and children with mental disabilities. It is also engaged in new forms of ministry such as pastoral care and service in chaplaincies in public and private hospitals, parish care, pastoral training, and collaboration with the Camillian task force in disaster emergencies through two regional offices.

The province runs six centres under the jurisdiction of the Sneha Charitable Trust, namely, Snehadaan, Snehasadan, Snehatheeram, St. Camillus Ashram, Sneha Care Home and Snehagram, which are dedicated to the care of people living with HIV/AIDS. Some of these centres have been awarded by the government and other public forums for their excellence in caring for children and adults.

The ministry centres in the province are mostly run by the generous hands of several good-hearted donors and through the tireless efforts of our brethren in their day-to-day management in India and abroad and in fundraising initiatives.

The ministries that are under the leadership of Sneha Charitable Trust (SCT) in the province currently cover the following areas:

- Social and Community Health Centres
- Residential programme for orphaned and vulnerable children
- Social Centre for the Destitute and Elderly
- Professional and educational programmes
- Disaster Management (CTF)
- Health promotion programmes
- Social and health animation
- Health Care Centre for mentally and physically challenged children

1

Vocational promotion for young adolescents from the reception centre, Snehagram-Tamil Nadu, India

Where?	Veppinapalli District, Krishnagiri District. Tamil Nadu-India
When?	1 November 2013 - 31 October 2016
What?	Socio-medical care and vocational training of young HIV-positive people in the Snehagram reception centre
Objective	Promoting the socio-economic conditions of adolescents in the Snehagram centre
Project actors	Lead partner: Health and Development Financier: Italian Bishops' Conference Local partner: Sneha Charitable Trust and Camillian Vice-Provncia

Problems

Young people with HIV or AIDS are stigmatised and marginalised. Because of their condition, they have difficulty integrating into society. For this reason, the project sets up a reception and training campus for 100 young people and
100 HIV-positive girls. The facility offers educational and vocational learning courses: computer, communication, photography and video, agronomy.

Expected results

300 girls passed the qualifying examination and entered the three-year induction and vocational work;
300 young people after passing the entrance examination entered the three-year accompaniment and job placement programme.

Beneficiaries

100 Female adolescents who have passed basic school; 100 Male adolescents who have passed basic school. Each student chooses a vocational course according to his or her aptitudes and abilities, passing an entrance examination. After three years of theoretical and practical schooling, he will have to pass the examination that will qualify him for a profession.

Realisation

Realisation of a three-year vocational training course

The project set up a reception and training campus for 100 HIV-positive girls and 100 HIV-positive boys. In addition to the reception and treatment of the disease, the facility offers educational and vocational skills development. The young people on the campus acquire technical and vocational skills by taking courses in IT, communication, photography and video. A theoretical and practical course in agricultural production has been set up, the proceeds of which, after deducting running costs, are divided among the young student-workers to teach them how to manage and become responsible.

Trained 600 young people in a profession

In three years, the 'Snehagram' campus has welcomed 600 young people who have been able to follow vocational courses best suited to their sensitivities and abilities. They were prepared for the future prospect of integration into society without creating inequality of any kind.

Fighting youth discomfort and unemployment

The project aims to combat the youthful discomfort that can manifest itself in an HIV-positive boy or girl, even though the disease can be cured and chronicised and the individual can lead a normal life like any other young person. The pathway tends to make the young person realise that he or she can live, work, play, marry and have a family like everyone else.

Improved life for young people and job placement

The project has certainly improved the lives of 600 girls and boys housed in the Snehagram centre.

2

Towards the future of young people at Snehagram Centre: transition programme for independent living

Where?	Veppinapalli District, Krishnagiri District, Tamil Nadu - India
When?	1 September 2018 - 31 August 2020
What?	This is the third phase of the Snehagram programme for young people living with HIV/AIDS at the centre. It outlines and offers an active pathway of transition to adulthood for HIV-positive young people between the ages of 18 and 24, aimed at an independent/semi-independent life that guarantees their health, psychosocial and professional needs
Objective	Improving the socio-economic conditions of young adults in the Snehagram centre Lead
Project actors	partner: Health and Development Financier: Italian Bishops' Conference Local partner: Sneha Charitable Trust and Camillian Vice-Province

Problems
Young people with HIV or AIDS are marginalised. Their HIV-positive status, due to existing stigmatisation, unfortunately creates a barrier between individuals and society that makes social inclusion difficult. Therefore, the project addresses the segregation of HIV-positive people between the ages of 18 and 24 in society in general and in the labour market in particular. **Expected Results**
Upgraded and created facilities such as family homes, mentoring families and support homes for young adults. Ensured a daily family environment in the living facilities Guaranteed pathways for learning and developing professional skills, as well as insertion in various production activities

Beneficiaries
For the duration of the project, approximately 40 young adults from the Snehagram centre benefit directly. In the long term, all young adults from the Snehagram centre who will have reached the age of 18 will benefit directly. In a few years, the number of young adults from the Snehagram centre will increase steadily (in six years, approximately 250).

Realisation

Construction of reception facilities for young people

Four 'cluster' houses were built, in which boys and girls live separately according to their different abilities and where they do their work according to their abilities and tastes. Cowsheds were built for raising dairy cows. For those boys and girls interested in agriculture, greenhouses have been built, a well has also been dug and irrigation facilities provided. For those boys interested in poultry farming, poultry sheds were built, thanks to which they started growing and selling chickens.

Supervising and monitoring the status of residents in project facilities

Young adults housed in project facilities are monitored on three levels: nutritional, medical and psychological.

Training programmes

While the infrastructure was being put in place, the students were trained in mechanics, animal husbandry, hydraulics, IT, photography and videography, electronics, tailoring, hydroponic agriculture and the like. Seventy boys and girls benefited from these training courses. In addition to these, some adolescents from the neighbourhood were involved in agricultural cultivation. As part of the training process, the students were placed in various companies and institutions to learn and master practical skills. Each of them also received a sum for their work.

Start-up of income-generating activities

The third phase of the programme also saw the initiation of income-generating activities: milk from cows was sold to neighbouring dairies and the income from the sale of the products was deposited into the bank accounts of the participants in the activity. Cow manure from the dairy was supplied to the farms to grow vegetables and fruit trees. Fruit and vegetable crops were sold in nearby markets and to other institutions. Poultry farming resulted in a profit of INR 100,000 Indian rupees. The chicken waste and rubbish was used as manure for growing vegetables. Young people who were trained to recycle and make paper bags bought old newspapers, made paper bags with them and sold them to nearby medicine shops.

Indonesia

INDONESIA:	Republic 1,916,907
Area:	km2
Population:	270,203. 917 ab (2020)
Density: Capital:	141 inhabitants/km2
Development	Jakarta, 35,362,000 inhabitants
index: Economy:	(2019)
Illiterates:	0.718 (107th place)
Health:	GDP/inhab $ 3,922 (2020)
	4,3% (2018)
	birth rate - 15.9/1000,
	infant mortality - 20.2/1000, life
	expectancy - M 70.6/ F 76
	(2019)
Religion:	Muslims - 86.7%,
	Protestants - 7.6%,
	Catholics - 3.1%,
	Hindus - 1.7%,

Indonesia became a republic in 1945, but effectively independent after the withdrawal of Dutch troops in 1949. The president is elected for a five-year term.

The 575-member House of Representatives is flanked by the 136-member regional representatives, both elected for 5-year terms. The judicial system is based on Dutch law, with local influences.

The population is made up of around 100 different ethnicities divided into two major groups: Protomalese and Deuteromalese. The COVID-19 pandemic interrupted a decade of good annual GDP growth. The loss of jobs added to an economic framework that was already struggling to create enough jobs to absorb the influx of workers from the younger generation. In 2021, the growth rate turned positive again.

Agriculture is practised intensively, especially on the island of Java: the main crop is rice, followed by cassava, maize and potatoes. Cattle breeding is important in Bali and the less populated islands. Fishing is a primary source of food. Oil resources are steadily declining in the country. Electricity production from geothermal energy is significant. Cotton spinning is of great importance. (De Agostini).

Camillians in Indonesia

In 1996, Fr. Luigi Galvani, superior of the vice-province of the Far East, and his vicar Fr. Giovanni Rizzi ventured to Indonesia and reached the islands of Flores and East Timor to assess the possibility of founding a Camillian mission in this country of some 17,000 islands, with two hundred and forty million inhabitants.

In 1997, during his second visit to Indonesia in Dili (today the capital city of East Timor), Fr. Luigi discovered a small dispensary dedicated to St. Camillus de Lellis, built by a Canossian religious devoted to our holy Founder and herself a student at the Camillianum in Rome. During his third visit in 1999, he decided to implement the resolution of the Provincial Chapter and promote missionary awareness among religious by expanding the Camillian presence in Asia.

From this moment, he began to meet young candidates who then continued their formation at the diocesan minor seminary in Mataloko (Flores).

In the year 2000, the first seven candidates were chosen, who were then accompanied on their formative journey by Fr Andreas Mua, an Indonesian religious from the Society of the Divine Word (SVD).

In July 2009, the first Camillian community was founded, housed in a rented house in Maumere: it was formed by Fr Luigi Galvani as community superior, together with the first four priests, Indonesian Camillian religious (Alfons, Avensius, Andi, Ignas).

In 2010, the province of the Philippines officially established the community, which also started accepting new candidates.

At the same time, the Camillians accepted ministerial responsibility for chaplaincy in a public hospital. In 2011, the General Council approved the construction of a new seminary (St. Camillus Formation Centre), which currently houses 28 postulants.

In the same year, the delegation was legally united with the province of the Philippines. In 2014, a second house for aspirants (nineteen members) was built in Ruteng, about four hundred kilometres from Maumere.

1

Promoting the inclusion of people with mental disabilities in the city of Maumere, Indonesia

Where?	City of Maumere - Flores Island, Indonesia
When?	1 March 2020 - 30 June 2020
What?	Creation of dedicated boxes for 5 people with mental disabilities, training of social workers and community awareness on mental health
Objective	Improving the conditions and quality of life of people with mental disabilities in the villages around Maumere
Project actors	Lead partner: Health and Development Financier: Caritas Italiana Local partner: Camillian Delegation

Problems

People with mental disorders are shackled
On the island of Flores, people with mental disabilities and their families are stigmatised and discriminated against. The mentally disabled suffer Pasong: the chaining of a foot between two wooden planks and segregation for life.

Expected Results

Build new homes for people with mental disabilities.
Strengthened the role and awareness of community actors to ensure the social inclusion of people with mental disabilities.

Beneficiaries

5 persons in Pasong state are released;
50 family members of people with mental disabilities receive assistance;
300 community members are made aware of the abolition of the inhuman practice of Pasong.

Realisation

Build the five cottages and furnish them

Thanks to the construction of the 'little houses', the beneficiaries can now safely meet their basic needs; families are supported in caring for them at home and in integrating the disabled into the community. In the cottages, the mentally disabled beneficiaries are protected from environmental bad weather (rain, wind and insects), they can eat sitting down and have the water they need for personal hygiene, they are in a cosy environment and have the space they need to live their daily lives in a serene manner, facilitating their rehabilitation process and accelerating the healing process in the physical, psychological, social and spiritual aspects.

Supportive home visits

The rehabilitation programme includes periodic home visits to provide moral and psychological support to the patients and their families with the aim of improving the family relationship dynamics, which are burdened and/or disrupted by the experience of the disease.

Increased awareness and sensitivity of village communities

Through the implementation of training sessions, the project correctly raised awareness of mental health issues in the communities concerned, with the aim of definitively opposing the practice of Pasong and encouraging the use of humane methods for the rehabilitation of people with mental disorders.

Pakistan

PAKISTAN:	Islamic Republic
Area:	796,096 sq. km
Population:	216,565,318 ab (2019)
Density: Capital:	272 inhabitants/km2
Development	Islamabad, 1,009. 003 ab (2017)
index: Economy:	0.557(154th place)
Illiterates:	GDP/inhab $ 1260 (2020)
Health:	40,9% (2018)
	birth rate - 21.6/1000, infant mortality - 55.7/1000, life expectancy - M 66.3/ F 68.3 (2019)
Religion:	Muslims - 96.5%, Hindus - 1.7%, Christians - 1.3%

The country is a republic and part of the Commonwealth. The country has been independent since 1947 following the separation of Pakistan (Islamic majority) from India (Hindu majority). The separation generated bitter clashes and large population movements (10 million Hindus from Pakistan to India, and 7 million Muslims to Pakistan).

The President of the Republic of Pakistan is elected for a 5-year term by an electoral college consisting of the two branches of Parliament supplemented by the territorial assemblies. Parliament consists of the 104-member Senate with a 6-year term of office, half of which is renewed every three years, and the 342-member National Assembly elected for a 5-year term.

The judicial system is based on British Common Law and Sharia, imposed in 2009. The death penalty is in force. There are more than 1.5 million Afghan refugees in the country, which has increased considerably recently.

Crops are concentrated in the area irrigated by the Indus and its tributaries. The production of wheat, maize - largely exported - sugar cane, cotton and citrus fruits is considerable. Also very important for the local diet are potatoes, pulses, maize, millet and sorghum.

The country has good energy resources: oil and natural gas. Energy for the country is mainly produced from fossil fuels. The country also has nuclear energy: 6 reactors. The industrial sector is geared especially to meet domestic demand. Despite the economic recovery in 2021, there are serious social situations as a result of the recession caused by COVID-19. (De Agostini).

Camillians in Pakistan

The Camillian presence began in 2001, when Fr Rino Metrini from Thailand was invited by Dominican Fr Aldino Amato to lead the construction of a hospital in the Okara mission. During his stay Fr Rino did not miss the opportunity to present the Camillian vocation to some young people. In fact, some time later, four of them were sent to Manila for their formation. After about ten years, one of them, Mushtaq Anjum was ordained a priest on 28th October 2011, thus becoming the first Camillian in this large Asian Muslim country.

From the Philippines, Fr. Mushtaq, during his visits to the family, did not miss the opportunity to initiate pastoral initiatives that would make the Camillian charism better known.

The collaboration of CADIS, Prosa and Health and Development, which together have promoted agricultural projects, health missions, well construction, nutritional support programmes for children, etc., has been positive. Another important initiative was the creation of Lay Camillian Family groups. Visiting the sick in hospitals and in their homes, they continued to promote St. Camillus' charism of charity.

These initiatives have contributed to arousing admiration and interest in many young people, some of whom have expressed the desire to be part of the Camillian religious family.

Currently, the small Pakistani organisation is part of the Camillian delegation in Indonesia and Fr Mushtaq is a member of it. If in the past the missions were mainly born with the arrival of foreign missionaries, today this no longer seems possible. A proposal was launched to send young people to the mission in Indonesia for their training and preparation to become Camillian missionaries in their home country.

On 13 September 2019, the first two Pakistanis arrived in Indonesia at the formation house in Ruteng, Flores Island, joining the thirty young men of the community to follow programmes in preparation for the novitiate. Still others completed their studies in the diocesan seminary in Karachi while waiting to join their companions already in Indonesia.

On the eve of the Feast of the Nativity of the Blessed Virgin Mary, 7 September 2021, in the presence of a large number of priests, religious and faithful, His Excellency Bishop Indrias Rehmat of Faisalabad blessed and consecrated the first church dedicated to St. Camillus in Pakistan.

1

Promoting inclusion social and economic situation of rural fami lies in the Okara di strict

Where?	OKARA Rural District, Pakistan
When?	1 July 2020 - 30 October 2020
What?	Purchase of buffaloes, cows and goats to feed three destitute Christian families discriminated against for their beliefs
Objective	Promoting the socio-economic inclusion of three rural families in the rural district of Okaka - Pakistan
Project actors	Lead partner: Health and Development Financier: Caritas Italiana Local partner: Lay Camillian Family

Problems

The families of minority Christian are marginalised

In the rural district of Okara, there are villages that have no name, but are called by a number (64,8,45). These are villages inhabited by Christians, who live in a marginalised condition, they have rights on paper but very few rights in practice. They perform the most menial jobs and their poverty verges on survival.

Expected Results

Help three families overcome their destitution and improve their social status of extreme poverty.

Beneficiaries

Three families Christian families, marginalised because they belong to the religious minority.

SaluteeSviluppo

Realisation

Fostered milk food production and supported three marginalised Christian families

Thanks to the purchase of the animals and the training provided, the three beneficiary families now produce milk both to meet their nutritional needs and to have a small source of income.

Helped three families out of total poverty and improved their social life

The families bought a buffalo to work the land, three goats and a cow to produce some milk to sell. With a small gesture, we have restored social dignity and improved the precarious conditions for minorities in hostile environments.

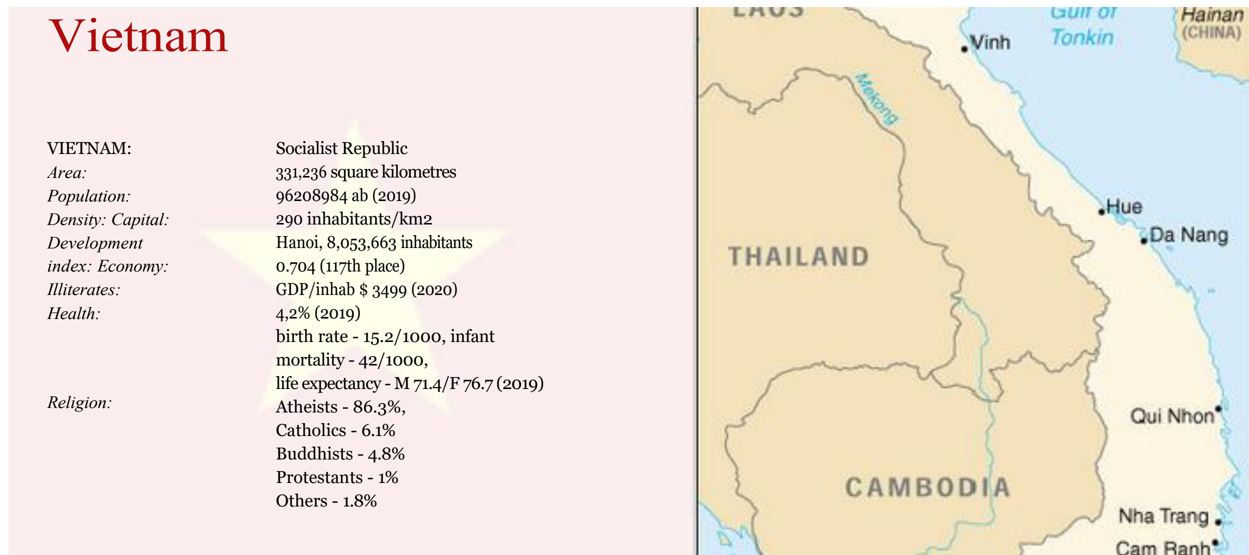
Rural family formation

In order to broaden the capacities of these rural households, a local trainer was identified who taught them how to prepare dairy products such as butter, yoghurt and a local whipped yoghurt drink using local technology. The training sessions were attended not only by the beneficiary families of the purchased animals, but also by 25 other members of the three villages involved. This type of training was highly appreciated because it allowed them to diversify their diet and at the same time offer products that are not always available in the local market.

Community education in nutrition encouraged

In addition, eight nutrition education sessions were organised with the participation of 25 beneficiaries each, with the aim of stimulating a positive change in the eating habits of the members of the three villages involved in the initiative in order to reduce the malnutrition they suffer from and which increases their state of vulnerability.

Vietnam



VIETNAM:	Socialist Republic
Area:	331,236 square kilometres
Population:	96208984 ab (2019)
Density: Capital:	290 inhabitants/km2
Development	Hanoi, 8,053,663 inhabitants
index: Economy:	0.704 (117th place)
Illiterates:	GDP/inhab $ 3499 (2020)
Health:	4,2% (2019)
	birth rate - 15.2/1000, infant mortality - 42/1000, life expectancy - M 71.4/F 76.7 (2019)
Religion:	Atheists - 86.3%,
	Catholics - 6.1%
	Buddhists - 4.8%
	Protestants - 1%
	Others - 1.8%

A French colony since 1859, the country was occupied by the Japanese during World War II. It was divided in the Geneva Peace Accords (1954); after a bloody war with the USA it was unified on 02.07.1976. In the mid-1990s, trade and diplomatic relations with the USA were normalised. The Constitution recognises the right to private property and civil rights, but also the leading role of the Communist Party. The National Assembly consists of 500 members elected, for the most part, from Communist Party lists.

The country's economy recovered in 2021, after the COVID-19 pandemic. Social tensions have increased minimum wages, safeguarding the competitiveness of enterprises. The main production is rice, the basis of the local diet. Coffee, maize, cassava, pulses and sugar cane are also widespread. Forests provide valuable timber.

In the secondary sector, there is coal and oil production, and wind and solar energy production is booming. In addition to the traditional silk and porcelain industry, the metal, mechanical engineering, shipbuilding and electronics sectors are growing.

Camillians in Vietnam

The Camillian delegation in Vietnan started with the initiative of Brother Fr Antonio Didonè, then Vice Provincial Superior of Taiwan. He decided to visit this land by making contact with the pastor of a Catholic church in the heart of Ho Chi Minh City (formerly Saigon).

The positive reception received opens the door for a second trip, undertaken by Fr Didonè himself together with Fr Felice Chech, with a view to setting up a concrete project of Camillian presence in Vietnamese soil. The geographical distances from Taiwan suggest that the most feasible way to realise the project is to entrust it directly to the Camillian confreres in Thailand, Vietnam's 'neighbours'.

The then Provincial Superior of Thailand, Fr Sante Tocchetto, took matters into his own hands, and with the consent of the Superior General and the Provincial Council of Thailand, proceeded to purchase a house (year 1993), the first dwelling of the brothers, thanks to financing from the Austrian Province.

In 1995, the Thai delegation decided to send Fr Armando Tenuzzo to Vietnam, to learn the local language and accompany the candidates in formation, with the help and collaboration of Fr Peter Kahn, later appointed bishop, and Fr John Minh, then a priest at Notre Dame Cathedral in Ho Chi Minh City.

In 2003, the first professed Camillian religious, John Toai and Peter Vu Ngoc, completed their theology studies in the Philippines, made their solemn profession and returned to Vietnam.

In 2004, the Archbishop of Ho Chi Minh City invited the Camillians to collaborate with the archdiocese in assisting HIV/AIDS patients. The following year there is a further expansion of the ministry through the opening of a clinic where human, medical and pharmacological support is offered to about fifty poor people suffering from HIV/AIDS.
Then the Mai Tam House of Hope was opened for the care and support of orphaned or abandoned women and children with HIV/AIDS (about eighty children aged two to eighteen).

The witness given and the commitment shown in living the Camillian charism motivated the archbishop to officially approve the presence of the Camillians in his diocesan church in 2007. It was during this period that the Nazareth House Hospice was inaugurated, a place to welcome the abandoned dying. In addition, the Dong Thien Clinic was also opened to offer health services (physiotherapy, acupuncture, dental treatment and so on) to the underprivileged and needy.

In the wake of the steps taken, the first Camillian community was canonically erected in 2009 at the Immaculate Heart of Mary parish (Mau Tam), thanks to the generous cooperation of the parish priest, who offered the premises adjacent to the parish to host them.

In 2003, the Gary Home was founded for children with cancer from the province; these, together with their parents (a total of about 20-30 people) are housed and fed free of charge by the community while they receive cancer treatment in the hospital.

There are currently three canonically erected communities in Vietnam, and a growing number of students reside in two of them. There are currently fifty-four religious of whom seventeen are temporarily professed. The presence of the Vietnamese extends beyond national borders in collaborative projects with Thailand, where three religious are involved with formation duties (master of seminarians and master of novices) and another three religious in Taiwan with parish and pastoral duties. Two religious are in Europe: one is studying at the Gregorian University in Rome and the other at the Centro de Humanizacion de la Salud in Tres Cantos - Madrid (Spain).

1

Vihealthnam: promoting the development of the Vietnamese population

Where?	Tan Hiep Ward, Kien Giang Province, Vietnam
When?	06 April 2016 - 05 April 2018
What?	Improving the prevention and early diagnosis of oncological diseases by purifying polluted groundwater and equipping an analysis laboratory in the Camillian health centre
Objective	Reducing the incidence of oncological diseases on women and children in Tan Hiep district
Project actors	Lead partner: Health and Development Financier: Italian Episcopal Conference Local partner: Camillian Delegation in Vietnam

Problems

Children in Tan Hiep district are born with cancerous diseases.
In Tan Hiep district, the Mekong aquifers are polluted by the massive use of fungicides for rice cultivation. The same aquifers are used for drinking water wells. In the district there is a very high percentage of children who are born with cancerous diseases.

Expected Results

Facilitated access to prevention of oncological diseases. Screening and early diagnosis services in the field of oncology are guaranteed.

Beneficiaries

About 3,000 people have access to laboratory tests. About 10,000 people have access to uncontaminated water sources and receive hygiene education.
All inhabitants of the district can enjoy previously non-existent services.

Realisation

Provision of drinking water at strategic points in the district

Eleven drinking water plants have been installed at strategic points in the district, selected on the basis of the high incidence of oncological diseases and to cover the area as uniformly as possible. The water distribution points are administered by small management committees. One of the plants has been placed inside the Camillian health centre, in a room specially arranged for staff, patients and companions. The purified water is also used in the preparation of traditional medicinal herbs. Thanks to a pump connected to the central system, a water supply point has been set up in front of the centre, to which the inhabitants of the entire surrounding area have access.

Hygiene awareness campaigns

Awareness-raising campaigns and various other training sessions in the field of hygiene and sanitation were carried out, aimed at making the local population aware of the risks associated with the use of contaminated water sources and related diseases. During these campaigns, the new drinking water distribution points were also publicised and the population informed about how to access and use the service.

Renovation and equipping of a diagnostic laboratory within the Kinh 7 Charity Clinic

The Kinh 7 Charity clinic, run by the Camillian Fathers, was not equipped with a diagnostic laboratory, so it was necessary to renovate a wing of the building and equip it with appropriate equipment and basic instruments for carrying out laboratory tests. Part of the laboratory was set up for general analyses (bacteriological analysis, urine, blood, etc.) and at the same time, specific equipment was purchased for cancer diagnosis (tumour markers).

Launch of diagnostic services for early cancer detection

Once the diagnostic laboratory was equipped, allowing a very first screening of sick patients, diagnostic services for the population and basic haematological testing services for suspected oncological diseases were immediately started.

Training of medical personnel in oncological diseases

45 members of the medical staff of the Kinh 7 Charity Clinic were trained at the facility in order to increase their capacity in the treatment of oncological diseases.

Part Two - Summary

Projects implemented from 2003 to 2013

This publication is intended to celebrate 25 years of Health and Development. We have left out the activities of the first years (1996-2002) when the organisation was in Turin, because we want to present the activities carried out since it moved to Rome as the Order's NGO.
Below is a summary of the projects that Health and Development has carried out in the first ten years
(2003- 2013) and already published in the previous issue. We think it might be appreciated for readers to have a general overview of the activity. The presentation of the projects, with just one photo and the caption, serves not to forget a ten-year journey that has served to root the organisation like a tree producing fruit and vitality for the Camillian Order.

Enhancement of traditional medicine and protection of local flora in rural areas of Kadiogo, Burkina Faso [2006-2007].

Agricultural sector development for the community of Saaba, Burkina Faso [2009-2011].

HIV/AIDS: Training and prevention for students in Migori, Kenya [2005-2008].

Livestock sector development for the community of Saaba, Burkina Faso [2009-2011].

Let's give a smile with a grain of rice to the people of Tenkodogo, Burkina Faso [2009-2011].

Schooling and support for children in the slums of Nairobi, Kenya [2006].

Raising pigs for the development and sustainability of Nkubu Hospital, Kenya [2006].

Clean water for the hospital in Nkubu, Kenya [2006-2007].

Clean water and sustainable development for the hospital in Nkubu, Kenya [2006-2007].

Agricultural development for slum women in Nairobi, Kenya [2006-2007].

Pastoral care for the terminally ill and/or with HIV/AIDS, Kenya [2007].

Work and training for Barac- copolis women in Nairobi, Kenya [2007-2008].

Combating HIV/AIDS and basic health education, Kenya [2007-2010].

A mill for widows in Tabaka, Kenya [2008].

Hope for the sick in Nkubu, Kenya [2008-2009].

Solar energy and sustainable development for the hospital in Nkubu, Kenya [2008-2009].

Development animal husbandry for the women of Karungu, Kenya [2009-2011].

Fighting malnutrition among disabled Somali children in the Annalena Tonelli centre, Wajir, Kenya [2010].

Fruit and vegetable development for women in Karungu, Kenya [2010-2012].

A greenhouse for slum women in Nairobi, Kenya [2011].

Combating HIV/AIDS and poverty diseases in the South Imenti district, Kenya [2011-2014].

Food support in primary schools in Nyanza Province, Kenya [2011- 2013].

Access to sanitation for the Gunga sub location, Kenya [2012-2013].

Schooling and support for children of lepers and former lepers, Madagascar [2005].

School expansion and equipment purchase, Bossemptélé, Central African Republic [2008-2009].

Mother Child Centre Project: Action for the hospital care of children in Bossemptélé, Central African Republic[2011-2014].

Mother-child centre, maternal and child clinic for Bossemptélé, Central African Republic [2012-2013].

Hospital project, Bossemptélé, Central African Republic [2011-2013].

Mother Child Centre Project: Child Health Services, Bossemptélé, Central African Republic [2012-2013].

Maternal and Child Health Services, Somalia [2007].

A well for Lomé, Togo [2012-2013].

Vocational training and social reintegration for women and teenage mothers, Brazil [2007-2008].

Fighting HIV and poverty diseases in Djougou, Benin [2009-2012].

Vocational training and social reintegration for women and single mothers, Brazil [2006-2007].

Tejiendo la vida in Lagarto, Brazil [2008].

Socio-economic development for women in the village of Réogé, Burkina Faso [2006].

Vocational training of the female population in Quixadà, Brazil[2010-2011].

Education and food assistance for HIV-positive and AIDS patients in Lima, Peru [2009-2010].

Vocational training for girls in Yedwingone village, Yangon division, Myanmar [2012-2013].

Strengthening St. Camillus care centre, Philippines[2005].

Hydroponic cultivation and elderly people in Barranquilla, Colombia [2006-2007].

Relief for victims of Cyclone Nargis in Burma [2008-2009].

Scholarships for village children in Liaoning, China [2006].

Health and Development for the Aetas Tribal Community, Tarlac, Philippines[2005].

St. Camillus and the Camillians

St. Camillus De Lellis

Saint Camillus De Lellis was born in Bucchianico (Chieti) in 1550 and died in Rome in 1614. As a young man he was a soldier of fortune. Converted at the age of 25, he dedicated himself to caring for the sick, renewing the way of assisting them. He demanded that each sick person be received with humanity and treated 'as a mother treats her sick child'.

In 1582 he founded what would later become the Order of the Ministers of the Sick - Camillians - to dedicate himself to the service of the sick and to continue his mission. He was beatified on 7 April 1742 by Benedict XIV, who canonised him on 29 June 1746. The Church declared him, 'Patron of hospitals and the sick'. His memory is celebrated on 14 July, as a solemnity in the Order's churches and as a memorial in other churches.

The Camillians

The Camillians are religious who dedicate themselves to the assistance and care of the sick. They are present on five continents to bear witness to the evangelical message of the Good Samaritan and to advance the culture of solidarity and life. They operate in more than 40 countries and continue the mission of 'caring for the sick' in all situations, even risking their own lives. Man as a whole is the focus of Camillian attention, while all human suffering is the object of 'care'. They are particularly committed to developing countries. They exercise their ministry in hospitals, leprosariums, outpatient centres, homes for the elderly and for children. Everywhere the role of the Camillians is to care, to prevent, to reintegrate people into social life. It is not enough to cure, but it is important to combat the causes of illness and to eliminate the structures of injustice and poverty.

On the occasion of the celebration of the 400th anniversary of the death of their founder, the Camillians engaged in a reflection on their religious consecration to the service of the sick, for a revitalisation and updating of their presence in the world of health. The mission of serving the sick embraces all situations of infirmity and pushes towards an activity of prevention of diseases and of what causes them. Moreover, the concept of infirmity embraces all kinds of frailty that are opposed to the wellbeing of man, his free life in harmony with his dignity and with creation. It is important that man's development can enjoy the natural and essential rights that belong to all men and are rights that precede any social and political structure. They are such in any corner of the world, in any race, religion or culture, so they belong to each and every man.

If you want to know more about the Camillians, you can visit: www.camilliani.org

SALUTE E SVILUPPO ONLUS - NGO

Piazza della Maddalena, 53 - 00186 Rome
Tel. 0689928151
Email: info@salutesviluppo.org
www.salutesviluppo.org

Make a donation:
On the bank account of Salute e Sviluppo
IBAN: IT62G0200805181000400321240
BIC/SWIFT: UNCRITM1B44
IBAN: IT81L0306909606100000148473
BIC/SWIFT: BCITITMM