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Activity Report



1994, THE BIRTH OF EMERGENCY by Gino Strada, Surgeon and founder of EMERGENCY

It all began 20 years ago.

The pictures that were coming in were terrible: people massacred, whole villages destroyed, the terror of machetes. That was the genocide in Rwanda.

We'd already found ourselves, with other doctors and nurses, in the midst of some of the worst wars on the planet. Looking at it all from the inside of a hospital, as we'd been doing for a few years, you guickly understand what war is: we knew that - regardless of the different places and various presumed rights or wrongs - the only truth in war is the dead, the wounded and the people that suffer.

We couldn't bear to just sit in our homes and look on, powerless: powerless is something that we weren't. Of course, we couldn't stop the war, but we knew we could do something for the victims. We knew, above all, that we didn't want to turn the other way.

On 18th July 1994, we set off for Kigali with our experience, the support of friends who believed in this undertaking, and about 6 thousand euros. And we changed our lives, forever.

As I write this today, 20 years on, we're still

on the front line in another African war. There's a bloodbath taking place in the Central African Republic. A million Internally Displaced People (IDP) out of a total population of 5 million. Thousands of wounded, and who knows how many dead. This time, there aren't many pictures: since the start of the war in March last year, only few reporters have arrived in the Central African Republic. Perhaps in a few years' time, someone will be moved when they read about it in the history books, but for now nobody cares.

Twenty years have gone by, and we're back at the start. Was it all useless? No. In these years we've stood alongside the victims, without distinction, and we've opposed the war and its logic of crushing everything in its path. We've built hospitals and health centres, and we've fought so that everyone can have the right to be treated. Around the world, for 6 million people our red E has meant free, top level care and a clean bed when they needed it. For some, it means still being alive.

Mission after mission, project after project, the number of people who've chosen to

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sustain our work has increased - some with a donation, some with a bit of their time. Why did they do it?

Because they trusted in what we were doing, but above all because they decided not to turn away in the face of other human beings who were suffering.

If we're here writing this story today, it's thanks to the support and commitment of thousands of people.

These 20 years have been an extraordinary experience of medicine and humanity. They've been EMERGENCY.

EMERGENCY is an independent organization.

EMERGENCY provides free, high quality medical and surgical treatment to the victims of war, landmines and poverty.

EMERGENCY promotes a culture of peace, solidarity and respect for human rights.

In order to assert the right to healthcare for everyone, EMERGENCY:

- provides assistance totally free of charge;
- guarantees treatment to anyone in need of assistance, without any sort of discrimination;
- practices high quality medicine and employs standardized therapeutic and working protocols already tested in emergency situations;
- trains local staff thoroughly until complete operational independence is achieved.

EMERGENCY designs, builds and manages through its international staff:

- hospitals for victims of war and surgical emergencies;
- rehabilitation and social reintegration centres;
- first aid posts for emergency treatment
- basic health centres for primary healthcare;
- paediatric and maternity centres;
- outpatient and mobile clinics for migrants and destitute people;
- centres of excellence.

Between 1994 and 2013, in the hospitals, clinics and rehabilitation centres run by EMERGENCY, over 6 million people received high quality medical care free of charge.



Dear friends **EMERGENCY** is celebrating its 20th birthday. If these 20 years were a box, it'd be full

of recollections of the 16 countries where we've given our help.

Inside, there'd be a spear tip. It comes from Rwanda: 1994, EMERGENCY's first intervention. We entered the abandoned hospital of Kigali, re-opening the obstetrics department where 2,500 women received treatment and gave birth to their babies, and the emergency surgery department where we treated 600 war casualties. We found the spear tip when we first went into the abandoned hospital. It was lying near a patient who'd been killed in his bed.

That's war. Then we saw it in many other countries too: different weapons and different skin colours but the civilian victims are always, tragically, the same.

It would have to be a very big box, to contain the thousands of drawings that our younger patients have done, maybe spread out on the floor of the hospitals'

play rooms, or maybe out in the garden on the day of their discharge, to leave us a present before returning home. It would be a box full of the immaculate uniforms of our personnel - their symbol of work, training, and social redemption. Together with our international staff, more than 2,200 local people are now working in EMERGENCY's healthcare facilities in six countries

A special place in the box would go to the photos of our female colleagues: that's something else we're proud of. We're able to train them and let them work alongside the men, even in situations that are particularly hard for women. The pride and determination with which these women enter the hospital every day is one of our major successes in these past 20 years.

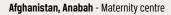
The box would also hold a sandstorm from the Sudan desert, where the Salam Centre for cardiac surgery mends the hearts of children and adults who would otherwise have no chance. There'd be the Cambodian jungle, where we've treated

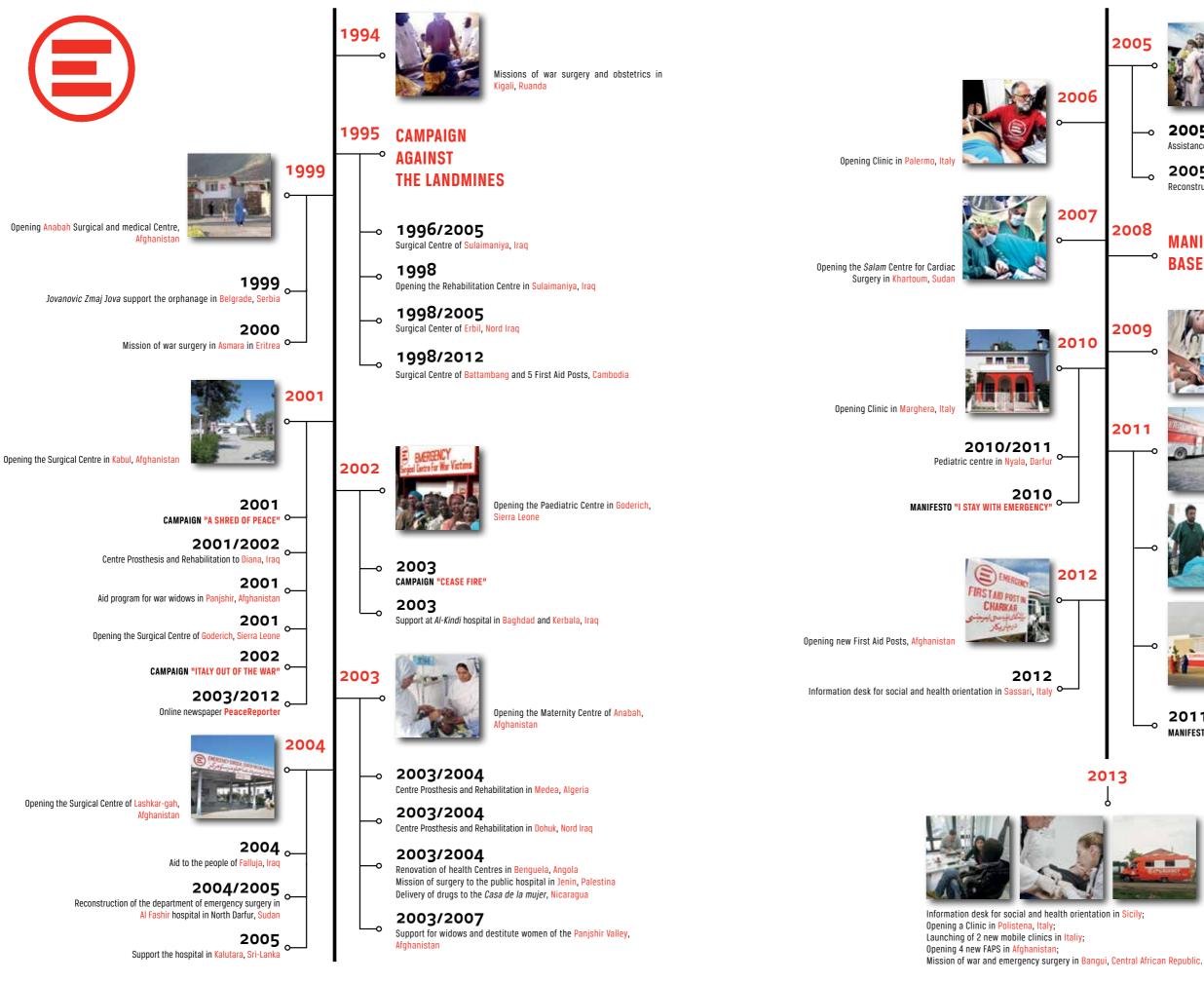


too many landmine injuries. There'd be the oranges that grow in our outpatient clinic in Palermo, the Sierra Leone sun that beats down on the Surgery and Paediatric Centre, the metres of snow that our midwives and nurses struggle through, on mountains with no roads, to provide care for the pregnant women and newborn babies who live there.

If these 20 years were a box, there'd undoubtedly be a T-shirt with the red logo: one for all the EMERGENCY T-shirts that have been worn, given, bought and sold. Those T-shirts represent a definite way of helping to treat people, but also a walking idea: the idea that human rights should simply be guaranteed for everyone.

What will we put in the box in the next 20 years? We'll keep on filling it, together, with medicines and rights. Thank you. For these past 20 years. and for the ones that we're going to build.





6	2005		Opening the Paediatric Centre of <mark>Mayo, Sudan</mark>
		2005/2007 Assistance to inmates Re	bibbia New Complex, <mark>Rome</mark>
	L	2005/2008 Reconstruction of house	s in the village of Punochchimunai, Sri-Lanka
7	2008 MANIFESTO FOR A HUMAN RIGHTS BASED MEDICINE		
0	2009 		Opening the Paediatric Centre of <mark>Bangui</mark> , Central African Republic
	2011		Start of mobile clinics, <mark>Italy</mark>
2			Mission of war surgery in <mark>Misrata, Libya</mark> CAMPAIGN "IT CAN ONLY BE ABOLISHED"
		Ner-	Opening the Paediatric Centre of <mark>Port Sudan,</mark>

2011 MANIFESTO "THE WORLD WE WANT"

Sudan

2013







1995 CAMPAIGN AGAINST LANDMINES



In 1995, one year after its foundation, EMERGENCY reactivated the hospital of Choman, a village in Iragi Kurdistan near the border with Iran.

The surrounding area had been polluted with landmines, mainly of Italian production: one of the most common ones being the Valmara 69, a fragmentation mine produced in Brescia, which can kill within a 25 meters radius and seriously injure in a radius of 200 meters from its explosion.

EMERGENCY's doctors treated landmine victims in the hospital in Choman at first, and then also in the other two set up in Erbil and Sulaimaniya. The victims were men, women and children who had stepped on a mine while leading animals to pasture, as they went to fetch water, or while playing. They were not fighters, but people trying to lead their own lives. In Iragi Kurdistan, EMERGENCY's doctors faced up to one of the worst heritages of war: 100 million unexploded mines are estimated to be scattered around some seventy countries.

EMERGENCY's surgeons started to tell what they saw on the operating tables of their hospitals.

Their work gained great attention in Italy on the television programme called the Maurizio Costanzo Show, where Gino Strada, the founder of EMERGENCY, talked to the general public about the devastating effects of landmines for the first time.

For many people this was a totally new issue: few media outlets had dealt with this topic in a country that was one of the largest producers and exporters of landmines at the time. Thanks to an intensive information campaign consisting of newspaper articles, meetings in schools, debates

and exhibitions, mines became a subject of public interest. EMERGENCY publicly asked the Minister of Defence to take concrete action against landmines. On August 2, 1994 the Italian Parliament approved a moratorium on the production and export of landmines.

"Keakaws Amin Ahmed , 30 years old, hunting, left leg amputated; Karim Wahid, 32, collecting metal, right leg amputated; Saeed Majeed, 43, collecting metal, multiple wounds ...": an extract from the admission book of EMERGENCY's hospital in Sulaimaniya became a postcard to be sent to the Italian President Oscar Luigi Scalfaro to ask for "the prompt discussion and approval of a bill" prohibiting Italy from producing, trading and using landmines, as well as a commitment in the international arena for their total ban and the launch of humanitarian initiatives of mine clearing and aid to victims. More than a million postcards were sent to the Quirinal Palace, the official residence of the President of the Italian

Republic, in the summer of 1996. In December of the same year the international call for the ban on landmines was also signed by ten Nobel laureates: Rita Levi Montalcini, Adolfo Perez Esquivel, Joseph Rotblat, Elie Wiesel, Jean Dausset, Christian de Duve, Frank Sherwood Rowlands, Steven Weinberg, Kenneth J. Arrow, James M. Buchanan. Finally, under the pressure of an increasingly public awarness, the Italian Parliament approved the Law n. 374 on October 29, 1997. This law forbids

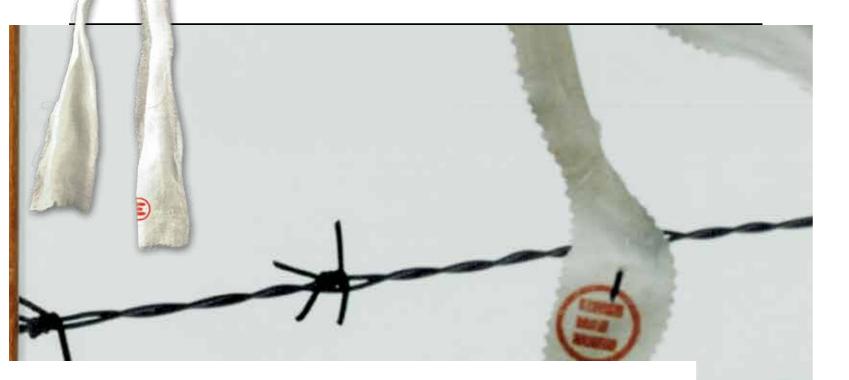
- in Italy - the manufacture, storage, sale, export and possession of mines, components, technologies and patents. Moreover, the law forbids the economic participation in foreign companies dealing with mine production and trade. On December 3, 1997 in Ottawa, Italy signed the Anti-Personnel Mine Ban Convention, which prohibits the use of these weapons, mandates the dismantlement of arsenals and makes provisions for de-mining and victim assistance - an innovation in the Italian regulations.

The Ottawa treaty came into force on March 1, 1999, but many countries have not yet signed it.

Among them there are China, Russia and the United States of America.



2001 A SHRED OF PEACE



"War broke out, is in progress, has killed and keeps on killing. It will last even when military strategists decide to affirm that it is over, from their point of view. It will last in the mourning of the survivors, in the mutilated bodies of many of them. It will last in the bursts of unexploded devices still on the ground. We know that many are in favour of this war. We also want the voice of those who are against it to be heard.

And we will use a piece of white cloth to say this: hanging from a purse or a briefcase, tied to front doors or balconies, to dog leashes, car antennas, baby strollers, school bags ... A shred of peace.

And if many of us show it, it will not be possible to say that Italy as a whole has chosen war as an instrument of conflict resolution.

EMERGENCY calls for the participation of individual citizens, and also of municipalities, parishes, associations, schools and of anyone sharing this position. Spreading this message is a way to start".

On September 11, 2001 the attacks in the United States shocked the international

public. The reaction was swift: not even a month after the attacks. on October 7th. U.S. bombers attacked Afghanistan. It was the Operation *Enduring Freedom*, the first act of the global war on terror. The Taliban regime that ruled Afghanistan was accused of supporting the terrorist group Al-Qaeda, held responsible for the attack

on the Twin Towers. The military attack on Afghanistan was largely supported by the international community.

Italy also fell in line: on November 7, 2001 the Italian Parliament approved the participation in the international military operation with the favourable pronouncement of 92% of its members, in evident disregard of Article 11 of the Constitution stating that Italy repudiates war. Eleven days later, thanks to "the most bipartisan vote in the history of the Republic" - as it was defined by Gino Strada - 600 Italian soldiers left for Afghanistan aboard warships from the port of Taranto.

The war was propagandized as the inevitable self-defence measure of a country under attack. EMERGENCY knew that war would not bring justice to the

victims of the attack, nor it would eliminate the terroristic threat, but it would just be the umpteenth act of violence on a country battered by decades of conflict, causing the deaths of further thousands of innocent people.

Many showed the same conviction supporting the work of EMERGENCY, the only NGO present in Kabul at the time of the attack of the international coalition. EMERGENCY asked people to show their disagreement through the symbolic use of a shred of peace, in order to manifest public dissent against the war and the decisions of the Italian Parliament. The small white strip of fabric tied to the wrist, hanging on bags or cars would become a symbol of recognition among those who "want to find new ways of being together, new ways to solve problems other than violence, terrorism, or war".

2002 ITALY OUT OF THE WAR

It was the autumn of 2002. Once again, war seemed to be an unavoidable choice: Iraq was the number 1 enemy, the nonexistent weapons of mass destruction were presented as a threat to the safety of the West and the West was preparing another military campaign in the area. "Italy out of the War": EMERGENCY put forward this request to the Italian government and to the citizens with a massive mobilization that reached its peak

on December 10, 2002. On the anniversary of the Universal Declaration of Human Rights, more than 250 torchlight processions and 500,000 people poured into the streets throughout Italy, while rainbow flags and white shreds of peace waved from the windows. Moreover, hundreds of meetings were organized in schools; scores of municipalities, provinces and regions adhered to the call. and 500.000 signatures were collected in favour of the appeal "Italy out of the War" on EMERGENCY's website.

"We want a world based on iustice and solidarity. We reject violence, terrorism and

war as means of conflict solving between people and nations. We ask that Italy, facing the threat of a military attack against Irag, does not participate in any act of war, in observance of its Constitution. We do not want to be jointly responsible for new grief, nor want to feed the spiral of terror. Stop wars, stop killings, stop victims."

EMERGENCY handed the text of the appeal and the signatures collected to the presidents of the Republic, the Government, the Chamber of Deputies, the Senate, and of the parliamentary groups. Against the will of a great part of the country, on April 15, 2003, the Government won the vote of the Parliament in favour of the "emergency humanitarian mission", even before the UN Security Council adopted resolution n. 1483.

Stop war, sign for peace.

Repudiation of war is a fundamental principle of the Italian Constitution and it is declared in article n. 11. In the same period, to give strength to

its call for peace, EMERGENCY proposed to three jurists - Luigi Ferrajoli, Domenico Gallo, Danilo Zolo - to draft a bill of popular initiative "Rules for the execution of the principle of repudiation of war, as declared in article n. 11 of the Italian Constitution and in the UN Charter".

The draft bill calls for a series of guarantees that would put article n. 11 into operation, allowing its actual application and providing strict penalties in case of violation.

EMERGENCY collected 137.319 signatures (far beyond the 50,000 required by law) and submitted them to the Normative Texts office of the Chamber of Deputies on June 17, 2003.







"Citizens of the world can no longer grieve over the tragedies of terror: a bomb is followed by a car bomb, every death leads to a revenge that generates other deaths and other revenges. Different names - war, terrorism, violence - but the results are always human bodies torn into pieces and pieces of humanity lost forever. We no longer want to see atrocities: it is inhuman that human beings keep on killing each

Let's stop this spiral, or in the end there will be nothing left, no one will be right or wrong, there will only be an endless chain of grief and destruction. We ask all those who are carrying out and planning attacks and wars to stop.

We ask for time to reflect, we cannot helplessly witness the spreading of murderous madness.

To all those who promote violence, clandestine organizers of massacres or extremely visible dictators or presidents, we, the people, implore: «cease fire!»".

In autumn 2003, the intensification of the war in Iraq and Afghanistan and bombings in Turkey, Palestine and Chechnya followed one another in a spiral of violence that seemed destined to expand endlessly. EMERGENCY became the promoter of an appeal to ask governments and armed groups to cease fire before hatred and violence became the only language used by human beings.

The appeal was immediately signed by Noam Chomsky, professor of Massachusetts Institute of Technology; Ignacio Ramonet, director of Le Monde Diplomatique; Oscar Luigi Scalfaro, President of the Italian Republic 1992-1999; Rigoberta Menchù, Nobel Peace Prize in 1992; Rita Levi Montalcini, Nobel Prize in Medicine in 1986; Dario Fo, Nobel Prize in Literature in 1997; Jack Steinberger, Nobel Prize in Physics in 1988; Leonard Boff, philosopher and theologian; Tavola Valdese, Union of the Methodist and Waldensian churches in Italy; Inge Schoental Feltrinelli, publisher; Ermanno Olmi, director; Riccardo Muti, conductor; Pietro Ingrao, politician and writer; Carlo Ossola, professor of the Collège de France; Father Alex Zanotelli, Comboni missionary; Rabbi Michael Lerner, director of Tikkun magazine; Sari Hanafi, director of the Palestinian Diaspora and Refugee

Centre; Peretz Kidron, journalist and writer; Yesh Gvul, Movement of Israeli soldiers against occupation; Sylvie Coyaud, journalist; Farid Adly, journalist; Hebe de Bonafini, President of the association Madri de Plaza de Mayo; Father Luigi Ciotti, president of the association Libera; Carlyle Vilarinho, Head of Cabinet of the Brazilian Government; José Graziano da Silva, Minister of the programme Fame Zero of the Brazilian Government; Amos Oz, writer; Andrea Camilleri, writer; Monsignor Raffaele Nogaro, Bishop of Caserta; Tiziano Terzani, writer.

Among the first signatories there was also Hans von Sponeck, former director of the UN humanitarian programme in Iraq, who had resigned as a gesture of protest against the sanctions required by the United States.

Many municipalities, as well as Italian and international associations also adhered, along with family members of September 11th victims. Over 76,000 of citizens signed the appeal on EMERGENCY's website.







"We believe in the equality of all human beings, regardless of their opinions, sex, race; of their ethnic, political, religious background and belonging; of their social status and financial condition. We repudiate the use of violence, terrorism and war as instruments to resolve the disputes between individuals, peoples, nations. We want a world based on social justice, on solidarity, on reciprocal respect, on dialogue, on an equal distribution of resources. We want a world in which governments guarantee the basic equality of all members of society and the right to medical treatment that is both of a high standard and free; the right to a public education system that develops each person, each human being, enriching their knowledge and intellect; the right to free information media. In our own Country, instead, for many years now we've witnessed the progressive and systematic destruction of any and all principles of social, human cohabitation. A most severe and savage drift is before our eves.

In the name of "international alliances", the Italian political class has chosen war and aggression against other Countries. In the name of "freedom", the Italian

political class has chosen war against its own citizens, building a system of privileges based upon exclusion and discrimination, a system of arrogant prevarication, of ordinary, daily corruption. In the name of "security", the Italian political class has chosen war against those who come to Italy to survive, instigating hatred and racism against them.

Is this a democracy? Simply because it involves electoral processes of representativeness? Is the act of voting enough for a Country to be defined as "democratic"?

To us, a political system is democratic only if it works for the common wellbeing, favouring in its actions the needs of the underprivileged, the needs of the weakest social groups, to better their living conditions, so that we may all be a society of citizens.

This is the world we want. For ourselves, for all of us. A world of equality".

The world we want is the title of the Manifesto presented by EMERGENCY at the ninth National meeting of its volunteers in September 2010. Discussed by Gino Strada, along with

authors and personalities, the Manifesto calls for a world without war, where the basic rights of every human being are guaranteed - health, education, information ... - and fundamental values such as peace, democracy, rights and equality are shared.

The Manifesto is not a revolutionary document: it was written having in mind both the Italian Constitution and the Declaration of Human Rights, which date back to more than sixty years ago, when the world was coming out of two wars that had subverted each and every principle and human ideal.

EMERGENCY felt the urge to put these words back at the centre of public discussion so that basic rights of all do not become privileges of a few. The Manifesto was written tracing EMERGENCY's history: from its very first mission, in Rwanda, to the Outpatient Clinics in Italy, EMERGENCY has given assistance to anyone in need because we have always believed in peace, democracy, rights and equality as the only possible forms of coexistence between human beings.

2011 "IT CAN ONLY BE ABOLISHED"

In February 2011, the international community and, subsequently, Italy, declared war against Libya. EMERGENCY sided once again against the war: to strike a dictator who had been sustained by many western governments until just a few months before, it was decided to attack a whole country and infringe the Italian Constitution. EMERGENCY promoted an appeal inspired by the famous words of Einstein: "War can't be humanised. It can only be abolished". Within a few days, the appeal had been undersigned by more than 50,000 people. Amongst the first of these were Gino Strada, Carlo Rubbia, Renzo Piano. The peak of the mobilisation was on 2nd April in Piazza Navona, in Rome. A few days later, EMERGENCY sent a war surgery team to Misurata, the city most badly hit by the war.

«Once again the statesmen have chosen the way of war. Gaddafi has chosen the war against his own citizens and the

Libya. And our country has chosen the war "against Gaddafi": it's presented to us, yet again, as humanitarian, inevitable, necessarv.

No war can be humanitarian. War has always been the destruction of fragments of humanity, the killing of our fellow men. Every "humanitarian war" is actually a crime against humanity. If we want to defend human rights, the

only way is for all the parties to undertake to cease fire and stop the war, the violence and the repression.

No war is inevitable. Wars only seem inevitable at a certain point when nothing has been done to avoid them. They seem inevitable to those who for years have ignored the infringement of rights, got rich by trafficking in arms, or denied people's dignity and social justice. They appear inevitable to those who've prepared them. No war is necessary. War is always a choice, not a need.

The preposterous choice to kill, that glorifies violence and spreads it, is what



"Here, then, is the problem which we present to you, stark and dreadful and inescapable: shall we put an end to the human race: or shall mankind renounce war?" (from the Russell-Einstein Manifesto, 1955).

For this utopia to become real, we must first of all learn to think in a different way, removing war from our cultural and political horizon. Together with all the citizens who're victims of war, violence and repression, who struggle for their rights and for democracy.

"War can't be humanised. It can only be abolished"». Albert Einstein





WAR SURGERY



ino Strada Surgeon and founder of EMERGENCY

Twenty-five years have passed since I first went to Ouetta in south-west Pakistan, not far from the border with Afghanistan. As a surgeon, I'd visited some of the best European and North American centres.

I ended up in Quetta hospital out of curiosity though: I wanted to see and understand what my work would have been in a poor country. Mere professional interest. I didn't know I was going to meet the war there. I didn't know that, from then on, I'd be working all too often in the middle of war and its horrors, or that the experience would lead to the setting-up of EMERGENCY.

For many months in Quetta I operated on patients injured by bullets and bombs. lacerated by the landmines. For many months I didn't have the time or ability to think. I was up to my neck in work. and dazed. Despite being familiar with emergency surgery, I'd never seen such terrible wounds and devastating injuries. I still carry with me the smells - not only the images - of those sometimes unrecognisable human beings. And even today, more than 20 years on, I still feel the same physical uneasiness, the same disgust, for the effects of war on the bodies of human beings. I was dealing with limbs ripped to shreds, intestines and arteries that needed stitching up, and I went on like this for a long time. Doing the work called "war surgery" that often – and surprisingly, considering the context – resolved hard, dramatic situations, and really was of some use to the wounded. That year, I found out what a landmine really was. Children brought into the hospital with a rag to stop the blood, after their hands had exploded. Children that lost both arms. Children blinded because the mine had exploded in their face.

Over the years, I've seen hundreds of kids

 (Ξ)



become the victims of those mines, and I've operated on many - too many. After that first war hospital, I started asking myself a lot of questions. The most important: who are the war casualties nowadays? And I discovered that civilian deaths and injuries during the First World War counted for just over 10% of the total number of victims. That slaughter took place mainly - and perhaps for the last time – on the battlefields. In subsequent conflicts, the enemy had a different face: villages became the "front line" and homes replaced the trenches. It was no longer a question of striking the enemy soldier, whether English or German, but of razing to the ground the cities of Coventry and Dresden. Two out of three victims in the Second World War were civilians. The nature of war had changed, perhaps forever.

And the non-fighting victims (1 out of 10 at the beginning of the 20th century) had become 9 out of 10 by the start of the new millennium. For every three victims,

one is a child. The slaughterhouse of Ouetta, and the other war hospitals where I was to work in later years, weren't an exception - they were just the tragic normality of today's conflicts. This bitter awareness of the "disasters of war", and the realisation of the possibility to bring help to suffering humans, led to the idea of EMERGENCY. It wasn't founded on a set of principles or statements, but on a realisation and on the consequential behaviour that emerges as an immediate, obvious need. I'd say that the idea of EMERGENCY was born on the operating tables and in the wards. And so we began treating the victims of the 1994 genocide in Rwanda. And we carried on doing it, sending specialised teams around the world or building surgical centres for war victims in Afghanistan, Irag, Cambodia, Sierra Leone, Libva and the Central African Republic. Because treating the wounded isn't generous or charitable - it's simply right.



Kabul Surgical Centre for war victims

OPENED: April 2001

ACTIVITIES: Surgery for war and landmine victims.

FACILITIES: Emergency Department, **Outpatient Department, 2 Operating** Theatres, Sterilization, Intensive Care Unit, Sub-intensive Care Unit, Surgical Wards, Physiotherapy, CT Scan, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, **Auxiliary Facilities, Maintenance** Department.

NUMBER OF BEDS: 95

LOCAL STAFF: 272

AS OF DECEMBER 31, 2013:

Admission: 30.098 Outpatient consultations: 88,006 Surgical operations: 38,799



in Kabul to quarantee treatment for war victims. Mujaheddin were fighting each other. whole of Afghanistan.

reasons during 2013.

catchment area.

Kabul hospital has been officially recognised by the Afghan Public Health Ministry as a centre for emergency surgery and traumatology training: 2 surgeons are completing their five-year training course thanks to the collaboration and supervision of the international staff.

In April 2001, six months before the offensive of the international coalition, EMERGENCY opened a Surgical Centre

An old nursery school became the only free hospital specialised in war surgery in a capital where the Taliban and

Over the next few years, the Centre was extended: in August 2003 an intensive care ward was set up, with 6 beds, and in 2005 a computerised tomography (TC) device was installed - still the only free one available in the

The hospital had become the traumatology centre of reference for patients from all over the country. Owing to the worsening safety conditions and the increasing numbers of patients however, from July 2010 admission criteria had to be limited to war surgery only. Attacks, shooting and crime are now the main reasons for people being admitted to Kabul hospital. Compared with 2010, hospital records show a 70% increase in admissions for war

The Surgical Centre is linked to 13 First Aid Posts and Health Centres in the provinces of Kabul, Parwan, Logar, Ghazni, Wardak and Paktia, thanks to which EMERGENCY is able to guarantee healthcare for an ever wider patient





Lashkar-qah Surgical Centre for war victims

OPENED: September 2004

ACTIVITIES: Surgery for war and landmine victims.

FACILITIES: Emergency Department, Outpatient Department, 2 Operating Theatres, Intensive Care Unit, Surgical Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Auxiliary Facilities, Maintenance Department.

NUMBER OF BEDS: 70

LOCAL STAFF: 217

AS OF DECEMBER 31, 2013: Admissions: 19.852 **Outpatient consultations: 89,484**

Surgical operations: 24,788





In 2004, Emergency opened a hospital in Lashkar-gah, chief town of Helmand Region, to offer treatment to the people of a huge area where - in the face of violent fighting - there were no free, gualified healthcare facilities. Over the years, the region of Helmand has become the epicentre of the Afghan conflict: kamikaze attacks, bombing by the international forces and landmines have caused thousands of victims, especially amongst the civilians.

In 2013, the hospital in Lashkar-gah admitted 72% more war casualties compared with 2012, which means 103% more than in 2010. As always, over 40% of them are women and children.

War surgery and traumatology surgery (for patients up to the age of 14) were the two main admission criteria but, because of the increase in the number of wounded, since June 2013 those criteria have been limited to war surgery alone.

The Lashkar-gah Surgical Centre is linked 24/7 with an ambulance service at EMERGENCY's First Aid Posts in the villages of Grishk, Sangin and Garmsir, and in the centres of Marjia and Musa Qala (opened in 2013).

Apart from their daily clinical work, EMERGENCY's international personnel are involved in the practical and theoretical training of all the local hospital staff members.

Lashkar-gah hospital has been officially recognised by the Afghan Public Health Ministry as a centre for emergency surgery and traumatology training: 4 surgeons are currently completing their training programmes. The Lashkar-gah Surgical Centre for war victims is dedicated to Tiziano Terzani, journalist and man of peace.



Afghanistan **First aid posts** and Health centres

LOCATIONS: Anabah, Abdara, Ahangaran, Dara, Darband, Dasht-e-Rewat, Khinch, Paryan, Gulbahar, Kapisa, Koklamy, Oraty, Changaram, Anjuman, Sangi Khan, Shutul, Said Khil, Poli Savad, Mirbachakot, Maydan Shahr, Ghazni, Chark, Gardez, Pul-I-Alam, Grishk, Sangin, Garmsir, Musa Qala, Marjia.

LOCAL STAFF: 243

AS OF DECEMBER 31, 2013: Outpatient consultations: 2,690,457 Patients referred to hospital: 43,955

Healthcare for prisoners

Duab prison: 694 patients examined and treated from 2001 to 2003

Shebergan prison: 13,338 patients examined and treated from May 2002 to June 2004

Lashkar-gah prison: 1,880 patients examined and treated from February 2006 to December 2007

Prisons in Kabul (Governmental Jail, Investigation Department, Pol-e-Charki, Juvenile Rehabilitation Centre, Female Jail): 529,306 patients examined and treated as of December 2013

LOCAL STAFF: 21



FIRST AID POSTS AND HEALTH CENTRES

a hospital.

The Kabul Surgical Centre oversees the new FAPs in Pul-I-Alam (Logar Province) and Gardez - a city of about 70,000 inhabitants located at an altitude of 2,300 metres amid the mountains and deserts of the Hindu Kush. In the region of Helmand, FAPs have been opened in Marjia and Musa Qala, two of the villages most hard-hit by the war: both have been targeted by a terrible offensive by the ISAF forces in recent years, and still witness daily fighting. To deal with the growing number of injured people, EMERGENCY added another ambulance at the Sangin FAP (where one ambulance was already operating) in 2013. In the month of June alone, the village FAP treated 627 casualties: 101 of them, in critical conditions, were urgently transported to the Lashkar-gah Surgical Centre.

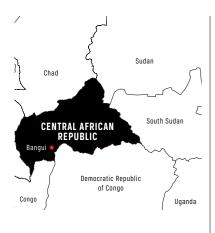
HEALTHCARE FOR PRISONERS

Since July 2001, EMERGENCY has been guaranteeing healthcare for the inmates of the main Afghan prisons. After doing the rounds of the prisons of Duab (in the Panjshir Valley), Sheberghan (in the northern province of Jowzian) and Lashkar-gah (Helmand Province), from 2003 onwards five clinics were set up in Kabul - in Pol-e-Charki prison, the government prison, the investigative prison, the women's prison and the Juvenile Rehabilitation Centre.

Since 1999, when it arrived in Afghanistan, EMERGENCY has built up a widespread network of healthcare facilities around the country, offering treatment for the people of the most remote villages where no free care is available and creating a system for transferring the most serious casualties to its hospitals.

With the worsening safety conditions, the network of First Aid Posts (FAP) was extended in 2013 with the opening of 4 new structures: war casualties in particular need immediate medical stabilisation and quick, safe transportation to





Banqui Complexe pédiatrique

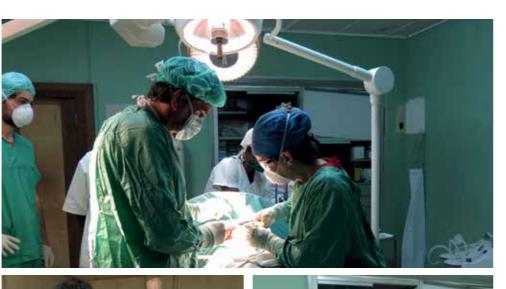
BEGINNINS: April 2013

ACTIVITIES: War and emergency surgery.

LOCAL STAFF: 32

AS OF DECEMBER 31, 2013:

Admissions: 785 **Outpatient consultations: 4,396** Surgical operations: 1,313





A war has been raging in the Central African Republic since December 2012, far from eyes and the attention of international public opinion.

After the coup d'état in March 2013 and the expulsion of President Bozizé, the country plunged into chaos; the war between opposing factions Seleka and Anti-Balaka has caused thousands of deaths. At the end of 2013, the international agencies estimated a figure of 1 million internal displaced people in a population of about 5 million.

Immediately after the coup d'état, and at the request of the director of the paediatric hospital, EMERGENCY sent a specialised war surgery team to the country to help the wounded children.

The EMERGENCY team - composed of two surgeons, an anaesthetist, one operating theatre nurse and a ward nurse - got the operating theatres of the Complexe Pédiatrique (the city's paediatric hospital) up and running again, collaborating closely with local staff.

Children were amongst the first victims of this war, fought with kalashnikovs and machetes. On 3rd December 2013, we took in 10 children aged between 1 and 10, belonging to the Peuls ethnic group. They'd been struck with machetes during an attack on their community.

When they came round after their operations, there was no-one waiting for them: their parents had been wounded or killed during the attack.







EMERGENCY was founded in 1994 to bring

free medical and surgical treatment to the

We began in Rwanda, providing treatment

victims of war and landmines.

reconstructive plastic surgery.

or of good quality.

primary healthcare.

In the developing countries, and generally

in those countries where technology is a

Access to basic surgical assistance is

In fact, surgery is essential in various

recognised as a fundamental element of

rarity, surgical treatment is hardly ever free

situations such as caesarean sections, amputations due to gangrene, and inguinal hernia repair, but above all in the case of traumatic injuries.

According to the World Health Organisation, traumatic injuries lead to around 5 million deaths per year in the developing countries. They're a neglected epidemic and yet they cause a number of deaths comparable with those caused by HIV, malaria and tuberculosis all put together.

for the victims of one of the most terrible wars of the African continent. We In the eastern Mediterranean region (from continued in Iraq and Cambodia, where northern Africa and stretching as far as landmines were a constant threat, then in Afghanistan), the first cause of traumatic Afghanistan and Sierra Leone. And as the injuries is war (31%), followed by road contexts gradually changed, the needs accidents and common violence. In that area, the expected increase in and requests of the people changed too: when a slight reduction in the number of traumatic injuries between 1990 and 2020 war victims allowed it, we widened our is 108%, far higher than the impact of admission criteria to include traumatology, cardiovascular illnesses, tumours and HIV. we began emergency surgery, and we organised ophthalmological surgery and

In the past 20 years, EMERGENCY has offered free, top quality surgery available to anyone who needed it, without ever distinguishing on the basis of sex, ethnic group, or political and religious beliefs. To the benefit of tens of thousands of people in Rwanda, Iraq, Cambodia, Afghanistan, Sierra Leone, Libva, Eritrea, and now in the Central African Republic.

95% of the staff in our hospitals is made up of local people - only 5% are international personnel. The international staff has always been involved in the training of local personnel too, in countries where training programmes don't include an appropriate level of specialisation.

Sometimes, this work gets official recognition: our hospitals in Kabul and Lashkar-gah, in Afghanistan, have been formally recognised by the Afghan Public Health Ministry as training centres for emergency surgery and traumatology training, and the WHO recently commissioned us to organise a trauma surgery course for 180 Afghan surgeons.



llzhekistar Turkmenistan Anahah (Kabul 🖈 AFGHANISTAN Pakistan Iran

Anabah, Panjshir Valley Medical-surgical Centre

OPENED: December 1999

ACTIVITIES: Surgery for war and landmine victims, Emergency Surgery, General Surgery, Trauma Surgery, Internal Medicine, Paediatrics,

FACILITIES: Emergency Department, Outpatient Department, 2 Operating Theatres. Sterilization Room. Intensive Care Unit, Surgical-Medical Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Auxiliary Facilities, Maintenance Department.

NUMBER OF BEDS: 56

LOCAL STAFF: 112

AS OF DECEMBER 31, 2013:

Admissions: 32,263 Outpatient consultations: 225,808 Surgical operations: 20,479





EMERGENCY began working in Afghanistan in 1999, during the conflict between the Taliban and the Mujaheddin. Our team transformed an old barracks in Anabah, in the Panjshir Valley, into a Surgical Centre providing free treatment for the victims of the war and the landmines that had been strewn across the valley at the time of the Russian offensive.

There were no free healthcare facilities anywhere in the valley and, even now, the EMERGENCY hospital is still the only point of reference for about 250,000 people.

Over the years, the Centre's work has extended to cover emergency surgery, general surgery, traumatology, internal medicine and paediatrics.

What started out as a Surgical Centre for war victims has become a general hospital providing free, good-guality treatment for around 90 people per day.

To guarantee basic healthcare and prompt attention for the wounded, EMERGENCY has set up a network of First Aid Posts and Health Centres in 18 of the most isolated villages of the valley and in the provinces of Kapisa, Parwan, Badakhshan and the Salang Pass. These structures are linked to Anabah hospital with an ambulance service that works 24/7.

IERRA LEONE Golf of Guinea

Goderich Surgical Centre

OPENED: November 2001

ACTIVITIES: Emergency and General Surgery, Orthopaedic and Reconstructive Surgery, Trauma Surgery.

FACILITIES: Emergency Department. **Outpatient Department**, 3 Operating Theatres, Sterilization, Intensive Care Unit, Patient Wards, Physiotherapy, Radiology, Laboratory and Blood Bank, Pharmacy, Classrooms, Playroom, Auxiliary Facilities, Guesthouse for patients and their parents.

NUMBER OF BEDS: 85

LOCAL STAFF: 330

AS OF DECEMBER 31, 2013:

Admissions: 28.027 **Outpatient consultations: 245,520** Cardiological examinations: 495 Surgical operations: 30,752



Sierra Leone is still suffering the effects of a civil war that caused more than 75,000 deaths between 1991 and 2002, not to mention half a million Internally Displaced People (IDP) and tens of thousands wounded or mutilated. It's estimated that the country currently has fewer than 2 nurses, 1 doctor and 1 pharmacist for every 10,000 inhabitants. In Italy the figures are 35, 3 and 9 respectively. The lack of health staff and hospitals, and the high cost of treatment, are a barrier to access for most of the population.

soap is made at home.

discharged but need check-ups or physiotherapy. anaesthesia, lab and radiology technicians.

In December 2013. EMERGENCY's hospital won the AWOL award for the "best hospital in the country".

In 2001 in Goderich, a suburb of the capital, EMERGENCY opened a Surgical Centre that has become the reference hospital for surgery and traumatology for the whole country.

Since 2006, the hospital has had a specific programme for the endoscopic treatment of injuries to the oesophagus caused by swallowing caustic soda - something that happens fairly frequently in a country where

In 2012, the hospital was enlarged with the addition of 3 new operating theatres, an intensive care ward, a laundry, and quest rooms for accommodating the mothers of our youngest patients and patients who are

The hospital is recognised by the Sierra Leone Ministry of Health as a training centre for doctors, nurses, and





PHYSIOTHERAPY AND REHABILITATION





Hawar Mustafa Director of the Sulaimaniya Rehabilitation Centre

Looking after the survivors, especially if they're disabled, is one of the biggest difficulties that a country at war has to face.

Landmines were often used – and still are, in many conflicts – to compromise a country's chances of recovery: an impaired population that's not selfsufficient and needs economic and health support is an extremely heavy weight for a country just emerging from a war.

Apart from his physical and psychological disability, in many cases the casualty is completely unable to look after himself and his family, with the risk of being marginalised within his community. Physiotherapy, the application of artificial limbs, and rehabilitation are essential elements in the assistance for war

victims, but then social reintegration is the next major step.

And it was precisely in a highly mined country like Iraq that EMERGENCY opened its first Rehabilitation Centre, in Sulaimaniya. Thanks to that experience, it went on to build, fit out and launch another two centres in Diana and Dohuk, then in Medea, in Algeria. The Centres of Diana, Dohuk and Medea are now run by the Iraqi and Algerian health authorities, while the one in Sulaimaniya is still managed directly by EMERGENCY.

As well as physical rehabilitation, the Sulaimaniya centre provides another type of help that's equally important in terms of social reintegration.

Ex-patients can attend training courses in tailoring, carpentry, leatherwork, woodwork... and, once they get their diploma, they also receive help from EMERGENCY to open cooperatives or artisan workshops. Economic independence is a fundamental part of the reintegration of victims in their communities.

For non-medical roles, EMERGENCY's recruitment policy gives priority to the most vulnerable members of the population, like widows and the disabled. In Sulaimaniya Centre, over half the workers are ex-patients. Many of them are employed in the workshop, making artificial limbs: set up to overcome the trouble getting hold of prostheses during the war, the workshop has since become an opportunity for qualified work for ex-patients.



Sulaimaniya Centre for Rehabilitation and Social Reintegration

OPENED: February 1998

ACTIVITIES: Physical Rehabilitation, Prostheses and Orthoses Production, Cardiac screening and follow-up.

FACILITIES: Physiotherapy, Indoor Swimming Pool, Orthopaedic and Prosthetic Workshops, Auxiliary Facilities.

NUMBER OF BEDS: 41

LOCAL STAFF: 79

AS OF DECEMBER 31, 2013:

Admissions: 7,460 Sessions of Physiotherapy: 43,416 Upper Limb Prostheses: 866 Lower Limb Prostheses: 6,652 Orthoses: 843 Trainees graduated: 497 Cooperatives set up: 308 Cardiological examinations: 385



The Sulaimaniya Centre for Rehabilitation of assistance for war victims that EMERG In Sulaimaniya and Erbil (a city controlled Centres for war victims. A network of 22 F the wounded and quick transportation to This network gave initial assistance and they were discharged, the patients often especially in a poor, war-struck country. That's why, in 1998, EMERGENCY opened patients receive physiotherapy and have training courses in metal structural work compatible with their handicap. At the end of the courses, EMERGENCY of workers' cooperatives.

At the request of the local authorities, the EMERGENCY cardiologists came to the Centre to screen heart patients who were then transferred free of charge to the *Salam* Centre for Cardiac Surgery, in Sudan. After their operations, patients receive a full follow-up at the Rehabilitation Centre.

In 2005, the local authorities took over from EMERGENCY in the running of those hospitals and First Aid Posts which had reached the necessary level of operating and financial autonomy. The Centre for Rehabilitation and Social Reintegration, on the other hand, is still under the direct responsibility of EMERGENCY.



The Sulaimaniya Centre for Rehabilitation and Social Reintegration is the latest step in the extensive programme of assistance for war victims that EMERGENCY launched in Iraqi Kurdistan in 1995.

In Sulaimaniya and Erbil (a city controlled at that time by two warring factions), EMERGENCY opened two Surgical Centres for war victims. A network of 22 First Aid Posts, covering the most isolated villages, offered treatment for the wounded and quick transportation to hospital where necessary.

This network gave initial assistance and the hospitals provided the essential surgical treatment but, when they were discharged, the patients often found themselves alone, with a disability that was hard to manage, especially in a poor, war-struck country.

That's why, in 1998, EMERGENCY opened a Centre for Rehabilitation and Social Reintegration in Sulaimaniya. Here, patients receive physiotherapy and have their artificial limbs fitted, but that's not all: they can attend professional training courses in metal structural work, woodwork, tailoring, leatherwork and shoe-making, learning a job that's compatible with their handicap.

At the end of the courses, EMERGENCY offers economic and administrative help to set up artisan workshops or workers' cooperatives.









Raffaela Baiocch Gynaecologist

At international level, complications during pregnancy and childbirth are the second cause of death for women of child-bearing age (15-49): in 2010, 287,000 women died and 99% of those deaths occurred in the developing countries*.

In the poorer countries, there's a high rate of fertility: reduced life expectancy and high infant mortality below the age of 5, along with cultural reasons, lead to the search for a high number of pregnancies. The "great multi-parity" exposes women to certain complications - some of them very serious - like placenta previa, foetal malpositions and post-partum haemorrhaging.

There are few healthcare facilities, often not well-equipped and rarely free. The distance and lack of transport or money often mean a delay in actually treating problems which, if not caught quickly, can have serious consequences: even a miscarriage can be fatal if the haemorrhaging isn't dealt with straight away, and problems like high blood pressure and pre-eclampsia can cause permanent neurological damage or even death if they're not treated. Skilled gynaecological and obstetrical personnel are hard to find and often work in the homes, dispensing pharmacological treatments in unsafe conditions that can lead to serious complications.

Antenatal check-ups are only possible for a small portion of the population: in Afghanistan, for example, only 14% of pregnant women have the 4 checkups laid down by the World Health Organisation (WHO) in its antenatal assistance guidelines**.

When EMERGENCY decided to open a Maternity Centre in Anabah in Afghanistan, in 2003, it set up a hospital to provide assistance to mothers and newborn babies in line with the CemonC standards (Comprehensive Emergency Obstetric and Neonatal Care: the "complete" assistance model, according to the WHO). The hospital offers a first aid service and antenatal assistance both within its walls and in the local area, with the support of Health Centres linked by an ambulance service. And it does this free of charge, thereby guaranteeing universal access to treatment. When the Centre opened, there were no skilled gynaecologists, midwives or nurses, partly because of the discriminatory policies that had marginalised women during the Taliban regime.

In these past years, female Afghan doctors and midwives have worked side-by-side with the international staff and, via the clinical running of the department and theory lessons, have acquired specific, technical and cultural professionalism.

Training also includes the transmission of our "vision" of healthcare: the central position of the patient, the universal right to treatment, the striving to provide the highest possible quality standards.

*: "Women's health" Fact sheet nº 334 -WHO Update Sept 2013; **: World Health statistics 2013 - WHO Uzbekistan Turkmenistan Anabah AFGHANISTAN Iran Pakistan

Anabah, Panjshir Valley Maternity Centre

OPENED: June 2003

ACTIVITIES: Obstetrics, Gynaecology, Neonatology.

FACILITIES: Emergency Department, Outpatient Department, 1 Operating Theatre, Intensive Care Unit, Wards, Nursery, Ultrasound Room, Delivery Room, Diagnostics. Technical and Auxiliary Facilities shared with the Medical-Surgical Centre.

NUMBER OF BEDS: 39

LOCAL STAFF: 35

AS OF DECEMBER 31, 2013:

Admissions: 31,711 Outpatient consultations: 121,944 Surgical operations: 6,460 Babies born: 21,989



Afghanistan is a country with a high birthrate: according to the 2011 data of the World Health Organisation, every woman delivers on average 5 children. But only 1 out of 4 of those women has a gynaecological check-up during the pregnancy, and only 1 out of 3 deliver with the aid of qualified health personnel. The maternal mortality rate is one of the highest in the world, with around 460 women dying for every 100,000 deliveries.

EMERGENCY opened a Maternity Centre in Anabal The Centre offers antenatal, gynaecological, obsi surrounding provinces. Every day, the midwives a what is still the only specialised, free centre in a Valley and the provinces of Kapisa and Parwan). The Centre's personnel also assist the women of head out for the Health Centres of the valley to m at risk. If necessary, the women are transferred t hospitalised.

Out of respect for the Afghan culture, all the staff of the Anabah Maternity Centre are female: international obstetricians and gynaecologists train the local staff to develop their skills and autonomy, using theory and practical lessons. The Maternity Centre is now the base for a 4-year specialisation course for gynaecologists, recognised by the Afghan Health Ministry. Thanks to an agreement with the school in Kapisa, the Centre was also recognised some years ago as a training centre for midwives.



EMERGENCY opened a Maternity Centre in Anabah, in the Panjshir Valley, in 2003.

The Centre offers antenatal, gynaecological, obstetrical and neonatal assistance for the people of the valley and the surrounding provinces. Every day, the midwives and gynaecologists of EMERGENCY help deliver about 10 babies in what is still the only specialised, free centre in an area inhabited by around 1 million people (covering the Panjshir Valley and the provinces of Kapisa and Parwan).

The Centre's personnel also assist the women of the more isolated villages: once a month, the EMERGENCY midwives head out for the Health Centres of the valley to monitor the pregnant women and make sure there are no patients at risk. If necessary, the women are transferred to the Maternity Centre where they're kept under observation or









Manuela Valent Paediatrician

Even when the fighting stops, the consequences of the war remain behind for a long time: the devastated social tissue, the poverty, the lack of resources for ensuring people's fundamental rights (including healthcare) - these factors compromise the living conditions of the population for many years. That's why our commitment in favour of war victims carries on even after the end of the fighting, to offer medical and surgical assistance in countries where there are few chances of being treated well, and free of charge.

Amongst the first to pay the price of the conflicts, there are the children: malnutrition (often due to extreme poverty), and endemic diseases like malaria and infection of the airways, are the main threats to survival under the age of 5. Add to this the lack of free medical care: when families have to keep an eye on the domestic budget to understand whether they can afford the treatment for a sick child, a trip to the doctor is put off as long as possible in the hope of a spontaneous

recovery that doesn't always happen. EMERGENCY opened its first Paediatric Centre in Goderich, in Sierra Leone, in 2002: the war had just ended and there were 6 doctors in the whole country, with an infant mortality rate (below the age of 5) of 275 children for every 1,000 born alive. Over 130 children are now examined in the Centre every day: malnutrition, infections of the airways, typhoid fever, malaria (often

with convulsions, septicaemia and serious anaemia) are the main reasons for their hospitalisation. The following year, EMERGENCY opened a Paediatric Centre in Anabah, in northern

Afghanistan. 400-500 outpatient paediatric examinations are made on average here every month, and about 10% of these lead to hospitalisation.

The hospital's jewel in the crown is its Maternity Centre - the only local centre specialised in obstetrics, gynaecology and neonatal medicine offering free healthcare in an area inhabited by about 1 million people. The neonatal intensive care ward guarantees assistance for babies born prematurely or suffering from infections, respiratory distress or jaundice. In Afghanistan, EMERGENCY guarantees first aid and basic treatment for children via its country-wide network of Health Centres too. EMERGENCY's Paediatric Centre in the Mayo refugee camp in Sudan opened in 2005, another in Nyala (Darfur) in 2010 (subsequently closed due to serious safety problems), and a third in Port Sudan (in the Red Sea state) in 2011.

A Paediatric Centre was set up in Bangui, capital of the Central African Republic, in 2009.

Following the coup d'état in March 2013, the activities were extended to cover the work of a surgery team helping the child victims of the conflict.

EMERGENCY's paediatric centres are part of its regional cardiac surgery programme - a network of structures where international cardiologists single out heart patients (both children and adults) to be operated on at the *Salam* Centre in Khartoum, and carry out all the necessary post-op checkups.



Goderich Paediatric Centre

OPENED: April 2002

ACTIVITIES: Paediatric, Paediatric first aid.

FACILITIES: 2 Outpatient Departments, Medical Ward, Waiting Area, Technical and Auxiliary Facilities shared with the Goderich Surgical Centre.

NUMBER OF BEDS: 14

STAFF LOCAL: 46

AS OF DECEMBER 31, 2013: Admissions: 13,365 Outpatient consultations: 177,292



According to the World Health Organisation, in Sierra Leone 21% of children below the age of 5 are underweight and, of 1000 babies born alive, 185 won't reach their 5th birthday.

Since 2010, children under the age of 5 and pregnant or breast-feeding women have had the right to free healthcare. In reality however, the precarious nature of the health system means that few people can really take advantage of this right. For most of them, the high prices of medical treatment are an insurmountable barrier to healthcare access. In 2002, EMERGENCY opened a Paediatric Centre in Goderich, in the suburbs of the capital Freetown. The city has a population of one and a half million people, half of them under the age of 15. Every day, the Paediatric Centre staff assist around 130 children (85% below the age of 5) free of charge. Malaria, malnutrition, gastrointestinal infections and infections of the airways are the most common problems.

One of the main tasks of the Paediatric Centre treating the children, EMERGENCY staff teach t hygiene regulations for keeping them healthy. Since 2012 the EMERGENCY Centre has been pa Malaria Control Program", thanks to which it re from the Ministry of Health.

In December 2013, EMERGENCY's hospital won the AWOL award for "Best hospital in the country".



One of the main tasks of the Paediatric Centre is its malnutrition care and prevention programme: apart from actually treating the children, EMERGENCY staff teach their mothers the principles of a correct diet and the fundamental hygiene regulations for keeping them healthy.

Since 2012 the EMERGENCY Centre has been part of the national "Free Health Care Initiative Under 5" and "National Malaria Control Program", thanks to which it receives some of the paediatric pharmaceuticals it needs free of charge





Anabah **Paediatric Department**

OPENED: December 2003

ACTIVITIES: Paediatrics.

FACILITIES: Ward, Outpatient Department.

NUMBER OF BEDS: 12

LOCAL STAFF: 14

AS OF DECEMBER 31, 2013: Admissions: 7,191 **Outpatient consultations: 49,481**





In 2003, EMERGENCY opened a paediatric department in the hospital of Anabah.

Children come directly to the Outpatient Department or are sent to the hospital from one of EMERGENCY's Health Centres around the country, so the Centres act as a filter for the hospital: years of work throughout the country have produced a network that guarantees on-the-spot assistance for less serious patients and transfer to hospital for the more critical ones.

Not all the children examined in the clinic are hospitalised though: often some sort of therapy is prescribed, to be followed at home but under the supervision of the staff of the nearest Health Centre.

The most frequent causes of hospitalisation are gastroenteritis and dehydration (due especially to giardia and entamoeba histolytica), pneumonia, asthma, malaria, meningitis and septicaemia.

Many of the children are undernourished - a sign of the terrible suffering of the population, the poverty, or mistakes like bottle-feeding.

Healthy babies born in the Maternity Centre are discharged after a few hours, but premature babies, those suffering delivery distress, twins, cases of jaundice or neonatal sepsis, and risk conditions like the swallowing of meconium, are kept in the Neonatal Intensive Care Unit (NICU) where there are neonatal incubators and a new cPap (a device that helps premature babies with respiratory distress syndrome to breathe more easily).

The paediatric staff play a key role in neonatal resuscitation on delivery. A paediatrician is always on hand during risky deliveries for neonatal resuscitation manoeuvres, and to intervene in normal deliveries where, albeit rarely, the baby may have trouble breathing.



Mayo, Khartoum **Paediatric Centre**

OPENED: December 2005

ACTIVITIES: Paediatrics. Preventive medicine, Antenatal care.

FACILITIES: 2 Outpatient Departments. Patient Observation Ward, Pharmacy, Laboratory, Auxiliary Services, Reception, Outdoors play area.

NUMBER OF BEDS: 6 (daily observation)

LOCAL STAFF: 30

AS OF DECEMBER 31, 2013:

Patients admitted for observation: 11.057 **Outpatient consultations: 152,451** Patients referred to hospital: 6,522 Beneficiaries of integrated outreach activities: 27.160 Antenatal care consultations: 6,187



The Paediatric Centre in Mayo is co-financed by the European Union (EuropeAid).



iust a few kilometres from Khartoum. to understand which patients need to be examined first. are discharged.

of Health perform the necessary vaccinations.

EMERGENCY has extended its preventive medicine work with the project "Community participation to strengthen basic maternal and paediatric health services in Mayo IDP camp", co-financed by the European Union and in partnership with the Ministry of Health of the state of Khartoum: «village volunteers» suitably trained by EMERGENCY identify the sick children in their communities and encourage them to contact the Paediatric Centre as quickly as possible.

In 2005, EMERGENCY opened a Paediatric Centre providing basic healthcare for the children in the Mayo IDP camp,

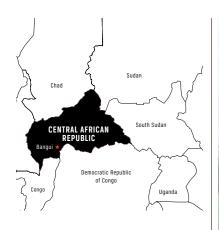
The camp sprang up to house first the refugees from the war between the north and south of the country, and then those from the Darfur conflict. There were no free healthcare facilities for the 400,000 people living there. Every day, around a hundred mothers and children come to the Centre: the EMERGENCY staff perform a triage

Critical patients are hospitalised for daily observation in a ward with 6 beds. The most serious are transferred by ambulance to the public hospitals, where the EMERGENCY personnel continue to monitor their conditions until they

An EMERGENCY midwife is on hand five days a week to help pregnant women, and workers from the local Ministry

Apart from the work carried out at the Centre, the doctors, nurses and health promoters are also involved in the preventive medicine programme: in various parts of the camp they organise health education courses, screening sessions for malnutrition, monitoring for pregnant women, and vaccination programmes.





Banqui Paediatric Centre

OPENED: March 2009

ACTIVITIES: Paediatrics. Paediatric Emergency Unit, Antenatal care.

FACILITIES: 2 Paediatric Outpatient Departments, Cardiology Outpatient Department, Radiology, Laboratory, Pharmacy, Ward, Warehouse, Offices, External Waiting Area and Playground, **Auxiliary Facilities.**

NUMBER OF BEDS: 8+8

LOCAL STAFF: 71

AS OF DECEMBER 31, 2013

Admissions: 6,069 Outpatient visits: 95.404 Antenatal care: 13.877





In 2009, EMERGENCY opened a Paediatric Centre in Banqui, the capital of the Central African Republic. The Centre provides free healthcare for children up to the age of 14, and antenatal assistance for pregnant women, in one of the poorest countries of Africa - one that never makes the headlines despite a life expectancy of 48 years and an infant mortality rate of 112 deaths for every 1,000 babies born alive.

In these years, EMERGENCY has treated over 100 thousand children in Banqui, becoming a point of reference for the local people. A reference that's been even more important in recent months: since December 2012, the Central African Republic has been living a war that has caused thousands of deaths and left a million people homeless. Even in the most difficult moments, when all the city hospitals were closed, EMERGENCY's Paediatric Centre stayed open, treating more than 100 children every day.

As a result of the conflict, we saw a surge in the number of patients in the last months of 2013: the children arrived in extremely serious conditions, with illnesses that had been neglected because their families were afraid to leave their homes. To increase our capacity, a temporary structure was set up in the garden of the Paediatric Centre with 8 extra beds. From the month of December, the doctors and nurses of EMERGENCY began working in a refugee camp near the airport too, and amongst the internally displaced people in PK13 - an area just outside Bangui where thousands of families have sought shelter from the fighting.



Port Sudan Paediatric Centre

OPENED: December 2011

ACTIVITIES: Paediatrics, Paediatric First Aid.

FACILITIES: 2 Outpatient Departments, Cardiology outpatient department, Sub-intensive care unit, Ward, Radiology, Warehouse, Offices, Pharmacy, Laboratory, Auxiliary Services, Reception, Outdoors play area.

NUMBER OF BEDS: 18

LOCAL STAFF: 91

AS OF DECEMBER 31, 2013: Admissions: 1,721 **Outpatient consultations: 38.382**



In Port Sudan, capital of the Red Sea state, EMERGENCY opened a Paediatric Centre in December 2011 to offer free treatment to children under the age of 14 in an area inhabited by about 800,000 people (above all IDPs), where there are no free, good-quality healthcare facilities.

one vear old.

A programme of vaccinations, carried out in collaboration with the local Ministry of Health, allows the children to complete the series of vaccinations envisaged by the international protocols, and allows pregnant women to receive an anti-tetanus vaccine if they need it.

been a training centre for nurses for roughly a year now.

The decision to use innovative construction solutions to minimise the energy consumption of the building was rewarded in 2013, with the assignation of the Giancarlo lus Gold Medal for the architectural work considered most innovative and sustainable in terms of energy savings and the use of renewable energy sources.

These patients suffer mainly from infections of the airways, gastroenteritis and malnutrition. 1 out of 5 is less than

The Sudan Ministry of Health has recognised EMERGENCY's educational role: our Port Sudan Paediatric Centre has

The Centre was built with the contribution of the MAXXI 2per100 award established by MAXXI - the National Museum of XXI Century Arts in Rome: a work of artist Massimo Grimaldi explains the construction and the work of the hospital by continuously projecting images onto an outer wall of the museum.









Mimmo Risica Cardiologist

Cardiologists and heart surgeons in Africa? Since we opened the *Salam* Centre for cardiac surgery, 7 years ago, we've been asked this question so often. Every time, we think about how widespread congenital and acquired heart diseases are in this continent, and the crowded waiting rooms at the *Salam*. Every time, we try to explain that marriages between blood relatives (not rare in Africa), or the contraction of certain illnesses during a pregnancy, increase the risk of foetal malformations like congenital heart disease.

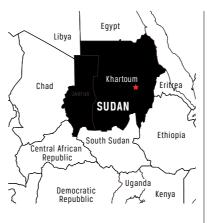
Congenital heart diseases are alterations in the anatomy of the heart that prevent the normal flow of blood, inhibiting growth and making it extremely difficult to live a normal life, even to breathe. Even a mundane bout of tonsillitis can

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with antibiotics, type A beta-hemolytic streptococcus can increase the risk of developing rheumatic disease - an inflammatory illness that causes the deformation of the cardiac valves. Rheumatic disease thrives in conditions of underdevelopment: it's enough just to improve people's living conditions in order to drastically reduce it. In the so-called developed countries in fact, it has practically disappeared, while in Africa more than 18 million people are affected, two thirds of them children between the ages of 5 and 15. It's calculated that about one million young people need heart surgery (WHO data, 2005).

Finally, poor hygiene conditions and limited access to treatment (because it costs, and so it's the prerogative of a reduced portion of the population) make it easier for infections to set in, and these attack the heart. Bacteria flourish on the valves, destroying the tissue and maybe even becoming detached and spreading throughout the body with dramatic consequences like bacterial endocarditis.

These are the illnesses that hit our patients - so young (the average age is 25) and so ill that we often have to get them into the operating theatre straight away, as soon as they arrive. If the *Salam* Centre didn't exist, they'd have no alternative but death: no other hospital in the whole of the continent provides free cardiological treatment and heart surgery. And the number of patients is so high. In the coming years, heart disease will hold the sad record of being the first cause of death in Africa.



Khartoum Salam Centre for Cardiac Surgery

OPENED: April 2007

ACTIVITIES: Paediatric Cardiac Surgery, Adult Cardiac Surgery, Interventional Cardiology.

FACILITIES: 3 Operating Theatres, Sterilization, 15 beds Intensive Care Unit, Sub-intensive Care Unit, 3 Surgical Wards, Outpatient Department, Catheterization Laboratory, Radiology, Ultra Sound, TC, Laboratory and Blood Bank, Physiotherapy, Pharmacy, Technical and Auxiliary Facilities, Guesthouse for foreign patients.

NUMBER OF BEDS: 63

LOCAL STAFF: 345

AS OF DECEMBER 31, 2013: Admissions: 6,152

Outpatient consultations: 49,882 Cardiological examinations: 42,436 Surgical interventions: 5,261 Cath Lab diagnostic and surgical procedures: 1,221 Foreign patients: 852 According to the World Health Organisation, over 18 million people in Africa suffer from rheumatic fever. Of these, it's estimated that at least 1 million need heart surgery.

The *Salam* Centre, opened by EMERGENCY in Khartoum in 2007, is the only free cardiac surgery hospital in the whole of Africa. It provides high-quality assistance for patients suffering from congenital and acquired cardiovascular diseases.

The hospital is linked to a network of EMERGEN children and adults with heart conditions, ider providing all the necessary post-op care. Whe sessions in the local hospitals in collaboration Up to today, the *Salam* Centre has treated pati In December 2013, six Afghan patients - adults a screening session at the EMERGENCY hospit Within the hospital complex, guest rooms prov throughout the period of their convalescence.

In 2013, the *Salam* Centre won the prestigious *Aga Khan Award for Architecture*, aimed at innovative buildings that combine top class architecture with a positive impact on the quality of life of the surrounding communities.





- The hospital is linked to a network of EMERGENCY Paediatric Centres where international cardiologists screen children and adults with heart conditions, identifying those who need to be operated on in Khartoum and providing all the necessary post-op care. Where there aren't its own structures, EMERGENCY organises screening sessions in the local hospitals in collaboration with the health authorities of that country.
- Up to today, the Salam Centre has treated patients from 26 different countries, not only African.
- In December 2013, six Afghan patients adults and children were operated on after they'd been singled out via a screening session at the EMERGENCY hospitals in Afghanistan.
- Within the hospital complex, guest rooms provide free accommodation for foreign patients and their helpers throughout the period of their convalescence.



Manifesto for a Human Rights Based Medicine

After the International Workshop "Building Medicine in Africa. Principles and Strategies" hosted at San Servolo Island, Venice, Italy, on May 14-15, 2008 and in accordance with the spirit and the principles of the Universal Declaration of Human Rights, stating that "All human beings are born free and equal in dignity and rights" (art.1) "Everyone has the right... to medical care" (art.25) "The recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world" (Preamble)

the "Right to be Treated" as a basic and inalienable right belonging to each and every member of the human community.

WE THEREFORE ADVOCATE

the implementation of health systems and projects solely devoted to preserve, extend and improve the life of the people in need and based on the following principles:

Every human being has the right to be cured regardless his economic and social condition, gender, race, language, religion and opinions. Standards of health care, set by the progress of medical knowledge, must be delivered equally and without discrimination to all patients.

High quality health systems must be based on community's needs, up to date with the achievements of medical science, and not oriented, shaped or determined by lobbies and corporations involved in the health industry.

Social Responsibility

Governments must have the health and well being of their citizens as their priority, and allocate adequate human and financial resources. The services provided by health systems and humanitarian projects in the health sector must be accessible to and free of charge for all.

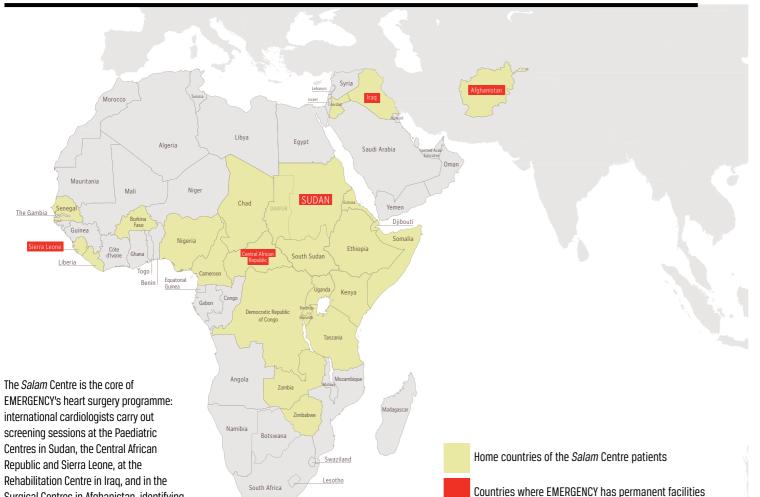
As Health Authorities and Humanitarian Organizations

EQS (Equality, Quality, Social responsibility) based health systems and projects as respectful of human rights, appropriate to develop medical science and effective in promoting health by strengthening and generating human, scientific and material resources.

To plan and develop EQS based policies, health systems and projects. To cooperate among us to identify common needs in the health sector and design joint programmes.

To other Health Authorities and Humanitarian Organisations to sign this Manifesto and to join in promoting an EOS based medicine. To donors and to the international aid community to support, fund and participate in designing and implementing EQS based programmes.





international cardiologists carry out screening sessions at the Paediatric Centres in Sudan, the Central African Republic and Sierra Leone, at the Rehabilitation Centre in Iraq, and in the Surgical Centres in Afghanistan, identifying patients who need to be transferred to Sudan for cardiac surgery and guaranteeing the necessary follow-up for patients who've already been operated on. Where there's no association structure, EMERGENCY cardiologists carry out screening sessions in the local hospitals in collaboration with the health authorities of that country.

The Salam Centre has become the point of reference for thousands of sick people from 26 countries: Afghanistan, Burkina Faso, Burundi, Cameroon, Chad, Eritrea, Ethiopia, Djibouti, Jordan, Iraq, Kenya, Liberia, Nigeria, Central African Republic, Democratic Republic of the Congo, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, South Sudan. Tanzania, Uganda, Zambia, Zimbabwe.

The Salam Centre is also a highly innovative model of humanitarian intervention. The aim of the project is, in fact, to bring high-

time asserting the right of every human being to receive good, free treatment. In May 2008. EMERGENCY invited delegations of the Health Ministries of eight African countries to the island of San Servolo in the Venice lagoon, for the international "Building Medicine in Africa" seminar. Together with the representatives of the Central African Republic, the Democratic Republic of the Congo, Egypt, Eritrea, Rwanda, Sierra Leone, Sudan and Uganda talked about how to guarantee African citizens the right to goodquality, free healthcare. The conclusions of the seminar formed the Manifesto for a Human Rights Based Medicine, in which the signatories recognise the «right to be treated» as a «fundamental and inalienable right of every member of the

quality healthcare to Africa, at the same

human community», and ask for a health service based on equality, quality and social responsibility.

These principles were subsequently developed, leading to the definition of the ANME (African Network of Medical Excellence) in 2010 - a project involving 11 countries in the building of top quality medical centres, with the aim of strengthening the healthcare system in the African continent.



WE HEREBY DECLARE

Equality

Ouality

WE RECOGNIZE

WE COMMIT

WE APPEAL





PROGRAMME IN ITALY





Andrea Bellardinelli Programme Coordinator

Coordinator

When we opened our Outpatient Clinic in Palermo in 2006, we never imagined we'd have to extend our work in Italy to its current dimensions.

Here in Italy too, we'd begun to witness
the lack of solutions for the needs of the
most vulnerable sectors of the population:
even though the right to healthcare
is recognised by the Constitution,
immigrants, foreigners and the poor had
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from the 'ndrangheta (the local mafia
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needy people. EMERGENCY subsequent

Since 2006, those needs have continued to grow: the lack of an inclusive policy, and ever deeper cuts to public spending, have called into question the fundamental rights of increasingly wider bands of the

population. The economic recession in Italy hasn't helped the situation either: according to the *Censis research institute*, more than 9 million Italians state that they were unable to obtain the medical care they needed in 2011 because of economic problems. Today, EMERGENCY's patients include a growing number of Italians asking for free medical care or help in getting treatment from the public health service.

After Palermo, EMERGENCY opened two more clinics - one in Marghera (Venice), and the other in Polistena (Reggio Calabria) in a building confiscated from the 'ndrangheta (the local mafia organisation), where it provides basic and specialised treatment for immigrants and needy people. EMERGENCY subsequently organised a series of specific interventions to meet the various requests: it sent mobile clinics out into the countryside to help farm labourers working on the harvests (especially immigrants living in conditions close on slavery); it offered medical care to the homeless in the aftermath of the earthquake in Emilia Romagna; it opened drop-in centres offering socio-medical assistance so that the sick could discover their rights and demand support from the public facilities; and, since July 2013, it has been providing basic, initial care for the boatloads of immigrants that arrive on the shores of Siracusa, with a mobile clinic outside the *Umberto I* temporary immigrant shelter.



Palermo/Marghera/Polistena Outpatient Clinics

ACTIVITIES: General medicine, Cardiology, Dermatology, Infectious diseases, Dentisty, Obstetrics and gynaecology, Ophthalmology, Paediatrics, Socialmedical assistance and counselling.

EMPLOYEES IN THE FACILITIES: 21

VOLUNTEER STAFF IN THE FACILITIES: 155

AS OF DECEMBER 31, 2013:

PALERMO outpatient consultations: 74,607 MARGHERA outpatient consultations: 18,917 POLISTENA

outpatient consultations: 1,768



EMERGENCY began working in Italy in 2000 a building made available and renovated to specialised treatment for immigrants and In December 2010, EMERGENCY opened a so by the immigrants in that area (who come them: last year, 1 patient in 5 was Italian. On 15th July 2013, EMERGENCY opened its clinic, the third in Italy, was the result of co of *Santa Marina Vergine*, and the *Unicoop* a cultural pole against the various mafia of renovated thanks to a public tender by *For* EMERGENCY was already active in the area labourers working in the Gioia Tauro area.

All EMERGENCY's Outpatient Clinics offer basic and specialised treatment autonomously, but in mutual collaboration with the local health authorities. The clinics are staffed by volunteer doctors in possession of the regional prescription book, so they're able to prescribe drugs and specialist examinations to be carried out in the national health service facilities. Apart from actual treatment, the Outpatient Clinics also offer socio-medical assistance thanks to the cultural-linguistic mediators who inform patients about their rights, help them gain access to the national health service, and accompany them if necessary during specialist examinations in the public hospitals.



EMERGENCY began working in Italy in 2006, with its first Outpatient Clinic in Palermo. The clinic is situated in a building made available and renovated by the local health authority of Palermo, and provides free basic and specialised treatment for immigrants and those with no other chance of receiving assistance.

In December 2010, EMERGENCY opened a second Outpatient Clinic in Marghera, in the province of Venice. It's used by the immigrants in that area (who come mainly from eastern Europe, Senegal and Bangladesh), but not only by them: last year, 1 patient in 5 was Italian.

On 15th July 2013, EMERGENCY opened its Outpatient Clinic in Polistena, in the province of Reggio Calabria. This clinic, the third in Italy, was the result of collaboration with *Libera*, the *Valle del Marro cooperative*, the parish of *Santa Marina Vergine*, and the *Unicoop Firenze foundation* "Il cuore si scioglie", that are together setting up a cultural pole against the various mafia organisations, in a building confiscated from the 'ndrangheta and renovated thanks to a public tender by *Fondazione con il Sud*.

EMERGENCY was already active in the area in 2011, with a mobile clinic providing assistance above all to the farm labourers working in the Gioia Tauro area.





Italy Mobile clinics

OPENED: April 2011

ACTIVITIES: General medicine. Social-medical assistance and counselling.

FACILITIES: 2 Consulting rooms, Consulting room for cultural mediators, Waiting room and auxiliary services.

EMPLOYEES: 21

AS OF DECEMBER 31, 2013: **Outpatient consultations: 23,725**

PLACES OF INTERVENTION: Apulia, Emilia Romagna, Sicily, Campania, Basilicata, Calabria.





In 2011, EMERGENCY transformed two buses into mobile clinics so it could take its medical assistance where it was most needed. The "Polibuses", as they've been nicknamed, focus on areas of extreme social hardship, and where access to public healthcare facilities is difficult: farming areas, refugee camps, gypsy camps, and in various emergency situations.

At the request of the local Siracusa health authority and the municipality and Prefect's Office of Siracusa. a Polibus has been providing assistance since July 2013 for the immigrants housed in the old Umberto I school of Siracusa. At any one time, this building accommodates roughly 250 people who landed on the nearby shores in boats that set off from the Horn of Africa, Syria and the entire Middle East.

In June 2013, two new mobile clinics were added: the mini-vans, fitted out in collaboration with the Apulia region, work in the countryside of Capitanata, in the province of Foqqia, and in the province of Barletta, Andria and Trani, bringing medical care to the farm labourers working on the tomato and olive harvests.

Alongside the doctors and nurses in the mobile clinics, there are always cultural mediators who welcome the patients, inform them of their rights, help them gain access to the national health service and, if they have problems with the language, accompany them during specialist examinations arranged in the public hospitals.



Sassari Information desk for social and health orientation

OPENED: December 2012

ACTIVITIES: Social-medical assistance and counselling

EMPLOYEES: 1

VOLUNTEER STAFF: 20

AS OF DECEMBER 31, 2013: Outpatient consultations: 1,475

Ragusa/Catania/Messina Information desk for social and health orientation for the project *Development* of health and integration *courses*

OPENED: October 2013

ACTIVITIES: Social-medical assistance and counselling

EMPLOYEES: 9

AL 31 DICEMBRE 2013: **Outpatient consultations: 267**

Co-founded by:



European fund for the integration of third-country nationals

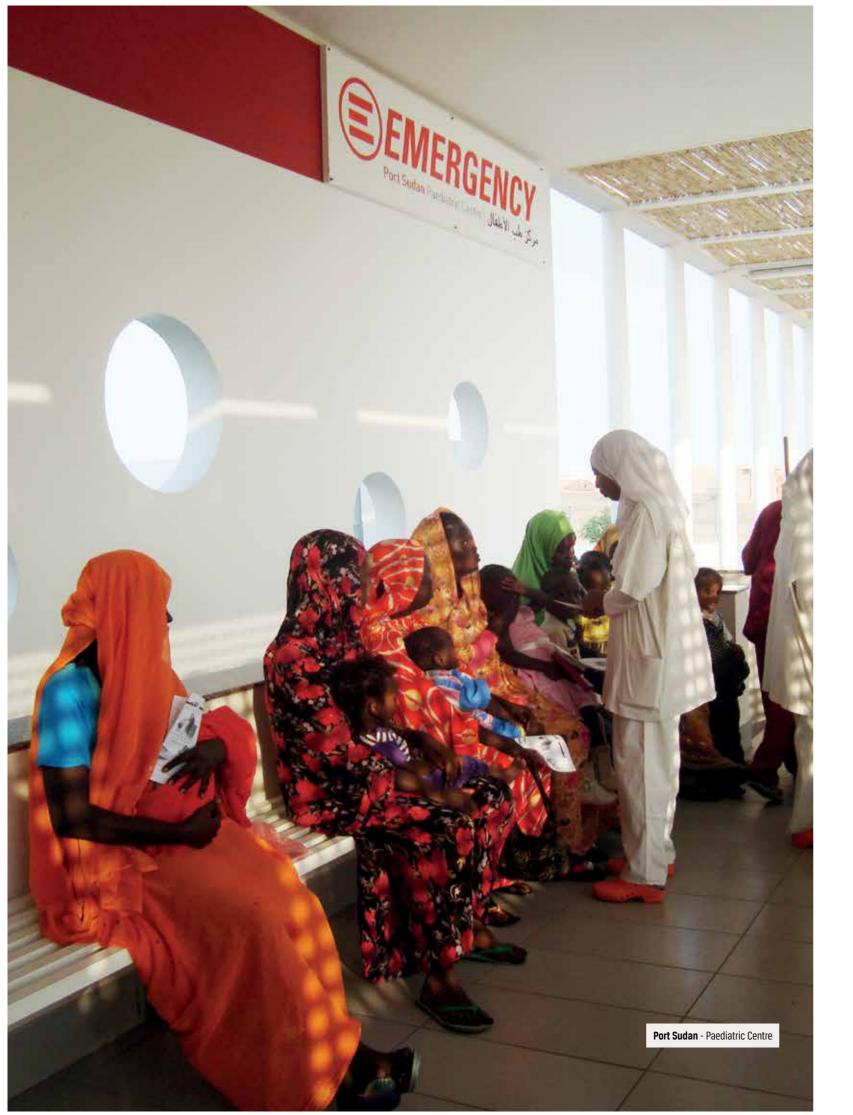
LL'INTERNO



Linguistic difficulties, inadequate knowledge of their rights (or the inability to demand them), the complexity of the national health service - these are the main obstacles preventing Italian and foreign citizens from getting the treatment they need.

To overcome these problems, EMERGENCY opened a drop-in centre for socio-medical assistance in Sassari in 2012. Here, mediators inform patients about their rights, deal with the paperwork to obtain the STP code (Straniero temporaneamente presente - "Temporary Foreigner", guaranteeing even illegal immigrants access to the public health service), accompany them if necessary during check-ups or examinations in the public facilities, and monitor the area to identify pockets of particular hardship or places where rights are being denied.

During 2013, EMERGENCY set up drop-in centres in Ragusa, Messina and Catania, financed by the European Fund for the Integration of Third-Country Nationals to offer socio-medical assistance to immigrants. The staff in these centres is made up of two cultural mediators and one nurse.



COMPLETED PROGRAMMES

1994 - Renovation and reopening of the surgical department of Kigali's hospital, Rwanda. During a 4 month mission, a surgical team operated on 600 war victims. Within the same facility, EMERGENCY reopened the Ob-Gyn ward, which offered medical and surgical and surgical assistance to over 2,500 women.

1996/2005 - Building of a Surgical Centre in Sulaimaniva. Northern Iraq, to treat landmine victims. The facilities include a burn unit, and one for the treatment of spinal cord injuries. In 2005, the Centre and the network of 22 First Aid Posts were handed over to the local health authorities.

1998/2005 - Building of a Surgical Centre in Erbil, Northern Iraq, to treat landmine victims. The facilities include a burn unit and one for the treatment of spinal cord injuries. In 2005. the Centre was handed over to the local health authorities.

1998/2012 Building of a Surgical Centre in Battambang, Cambodia. The Centre was handed over to local authorities in February 2012.

1999 - Supported the Jova Jovanovic Zmaj orphanage in Belgrade, Serbia.

1999/2009 - Establishment of 5 First Aid Posts (FAP) in Samlot district, Cambodia, to assist landmine victims. Those FAPs were later transferred to local health authorities (O'Rotkroh, Chamlong Kouy, Tasanh and O'Choms in 2003: O'Tatiak in 2009).

2000 - Upon request by the Italian Cooperation, a surgical team was sent to Eritrea. EMERGENCY's personnel worked for two months at the Mekane Hiwet hospital. in Asmara, treating victims of the conflict between Ethiopia and Eritrea.

2001 - Building of a Rehabilitation and Prosthetics Centre in Diana, North Iran, The Centre was handed over to the local health authorities.

2001 - Establishment of a social programme to help war widows with the distribution of farming cattle to 400 families in the Panjshir Valley, Afghanistan.

2003 - Supply of pharmaceuticals, consumables and fuel for the generators to the Al-Kindi hospital in Baghdad and to the Karbala hospital, Iraq.

2003 - Established a Rehabilitation and Prostheses Centre in Medea, Algeria. EMERGENCY refurbished and equipped a building inside the local public hospital, undertaking the training of the local personnel, as well. The management of the Centre, called Amal ("hope" in Arabic) was handed over to the local health authorities in 2004.

2003 - Building of a Rehabilitation and Prosthetics Production Centre in Dohuk, Northern Iraq. The Centre is now run by local health authorities.

2003/04 - Established two Health Centres in the Benguela province, Angola. EMERGENCY equipped and managed the centres and trained the local staff for over a year before handing it over to a congregation of local nuns.

2003/04 - EMERGENCY sent a surgical team to work at the Orthopedic Unit of the Jenin public hospital, in Palestine, In addition to the supervision of clinical activities and training of the local medical staff, EMERGENCY opened a new physiotherapy unit and a new orthopaedic ward.

2003/04 - Supply of medicines to the Casa de la Mujer, a community network giving assistance to women affected by cancer and diabetes in Nicaraqua.

2003/2007 - Opening of a workshop for the production of rugs aimed at promoting the economic independence of women in the Panjshir Valley, Afghanistan.

2004 - EMERGENCY supported the population of Fallujah, in Irag, during the siege of the city, in May. Relief items, water and medicines were distributed to representatives of the local community and to the local hospital.

2004/2005 - Renovation and equipment of the emergency surgery ward of the Al Fashir Teaching hospital, in North Darfur, Sudan. The facilities include a surgical block and a 20 bed

ward. The unit was transferred to the Ministry of Health in August 2005.

2005 - EMERGENCY donated surgical equipment and consumables to the general hospital in Kalutara, Sri-Lanka, to enhance its clinical activities after the tsunami.

2005 - EMERGENCY completed the Back to the Sea project, which called for the distribution of engine-powered boats, canoes and fishing nets to the fishermen in the village of Punochchimunai, in Sri-Lanka. To further encourage the resumption of daily activities, school kits were donated to the students in the village.

2005/07 - EMERGENCY organised courses in hygiene, prevention and first aid for the inmates of the Rebibbia New Complex prison in Rome. In the same prison, EMERGENCY organized a TB screening. Furthermore, EMERGENCY quaranteed the assistance of medical specialists in other jails in the Lazio region, Italy.

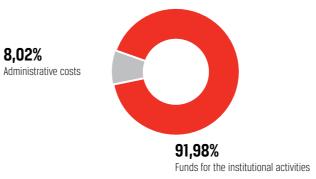
2005/08 - EMERGENCY completed the construction of 91 brick houses for the families in the village of Punochchimunai, in Sri-Lanka, destroyed by the tsunami in 2004. The delivery of the houses could only be completed in September 2008, due to the resuming hostilities between government troops and local rebels, which halted all work for months

2011 - War surgery programme in Libya, in the under-siege city of Misrata.

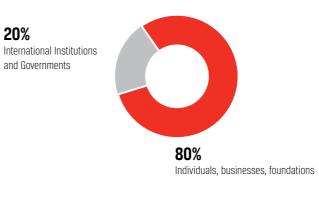
What you can do



EMERGENCY employs over 90% of the funds raised to achieve its statutory purposes: to provide free medical care to those in need and promote a culture of peace and respect for human rights.



Over 80% of the funds raised by EMERGENCY comes from private individuals, businesses, foundations. The other 20% comes from international agencies and governments of the countries where we work, who have decided to support our intervention.



Donations in favor of EMERGENCY's projects can be made via:

20%

- Credit card, on-line (on secure server) at www.emergency.it (Euros)
- Bank wire in favour of EMERGENCY IBAN IT 41 V 05387 01600 000000713558 -BIC BPMOIT22XXX - c/o Banca Popolare dell'Emilia Romagna
- Bank wire in favour of EMERGENCY IBAN IT 02 X 05018 01600 000000130130 -BIC CCRTIT2T84A - c/o Banca Etica, filiale di Milano

- Non-transferable bank check to the order of EMERGENCY, to be mailed to EMERGENCY, via Gerolamo Vida 11 - 20127 Milan, ITALY

BECOME AN EMERGENCY INTERNATIONAL VOLUNTEER

If you want to take part in EMERGENCY's work, help collect funds for our humanitarian programmes and promote a culture of peace, then become a volunteer. We ask you to share EMERGENCY's values and principles, a sense of responsibility, and the ability to work as part of a team to build a better world.

For more information, write to:

EMERGENCY BELGIUM www.emergencybe.org EMERGENCY HONG KONG www.emergencyhkg.org EMERGENCY JAPAN www.emergency-japan.org EMERGENCY SWITZERLAND FOUNDATION www.emergency.ch EMERGENCY UK www.emergencyuk.org EMERGENCY USA www.emergencyusa.org

le nen ti datuntiel I will notrepart you! Je vais pas te dénoncari Ye no te denunce:



Work with us

EMERGENCY is recruiting medical staff for its hospitals in AFGHANISTAN, CENTRAL AFRICAN REPUBLIC, SIERRA LEONE and SUDAN

For projects in AFGHANISTAN, CENTRAL AFRICAN REPUBLIC, SIERRA LEONE and SUDAN we are recruiting:

- ANAESTHETISTS
- GYNAECOLOGISTS (FEMALE ONLY)
- MIDWIVES (FEMALE ONLY)
- ICU NURSES
- OPERATING THEATRE NURSES
- PAEDIATRIC AND NEONATAL NURSES
- WARD AND CRITICAL CARE NURSES
- PAEDIATRICIANS AND NEONATOLOGISTS - Physiotherapists
- GENERAL. ORTHOPAEDIC AND TRAUMA SURGEONS
- X-RAY TECHNICIANS

For the CARDIAC SURGERY CENTRE

in KHARTOUM, SUDAN, we are recruiting:

- CARDIAC ANAESTHETISTS
- CARDIOLOGISTS
- SPECIALISTS IN CATH LAB
- SPECIALISTS IN ECHOCARDIOGRAPHY
- NURSES (OPERATING THEATRE, ICU, Cath Lab and Cardiac Surgery Ward)
- PERFUSIONISTS
- PHYSICIANS (INTERNAL MEDICINE)
- CARDIAC SURGEONS
- **BIOMEDICAL TECHNICIANS**
- MEDICAL LAB TECHNICIANS
- X-RAY TECHNICIANS

GENERAL REQUIREMENTS: relevant professional experience in hospital settings; ability to follow standardized clinical working procedures and safety protocols as defined by EMERGENCY; ability to train local staff; well-disposed towards local cultures; minimum availability 3 up to 6 months; good spoken and written English (or French for Central African Republic).

TERMS AND CONDITIONS: monthly salary, travel expenses, board and lodging, full insurance cover for accidents and illness provided.

FOR ANY FURTHER INFORMATION: recruiting@emergency.it

TO APPLY: visit http://www.emergency.it/work-with-us.html



Sierra Leone, Goderich - Paediatric Centre

«All human beings are born free and equal in dignity and rights». The acknowledgment of this principle «is the foundation of freedom, justice and peace in the world».

Universal Declaration of Human Rights Paris, December 10, 1948, Article 1 and Preamble



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