



## Positive Tea, 2<sup>nd</sup> edition

Techniques of capillary fight of HIV dissemination

### *Introduction*

Uniamo Le Mani Onlus is very experienced in Mozambique territory, mainly in the region of Nampula and in Mozambique Island. The activities' core of the association is based on food security and access to basic health care, especially for lower income groups. In this operating area fits today the real and tangible need to cooperate in fighting against HIV / AIDS dissemination. The Positive Tea project rises from the intuition of the emergency of a different approach to the most common and lethal disease of the twenty-first century, the HIV virus. The increasing trend of infected people rate and the merging of health related questions with social and cultural issues has made the HIV virus problem enormously complex, approachable only by an effort that has respect for the local culture, the knowledge of the ways of infection and by an integrated approach to the disease. For this reason, the association Uniamo le Mani Onlus has developed informative-aggregative moments among some local communities called "Positive Tea", thanks to the proof knowledge of the region of Nampula and Mozambique island. A collective tea is always an aggregative moment, a time in which is possible to share thoughts, and it can become knowledge, awareness, opportunity and responsibility. This change in a more effective positive time happens through the efforts of local social workers and health services that disseminate information and methods to fight vertical mother-child transmission of HIV. The idea of taking care of other people generates care of themselves, contributes to spend efforts, increases motivation to life. That's why following an effective experimental phase of our Positive Teas, now Uniamo le Mani wants to increase its efforts pursuing a goal that is set not only by us but also by the United Nations Sixth Millennium Development Goal.

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Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS;

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it;

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases<sup>1</sup>

## *History*

From July 2012 to December 2013, Uniamo Le Mani Onlus has implemented on Mozambique island the Mutuo Ascolto (Mutual Listening) Project, in favor of women affected by HIV in the district.

In a society such as Mozambique's one and especially in the context of Mozambique Island area, characterized by a high predominance of the Muslim religion, is present a very



*Image 1: a niece with her aunt in the Health Centre of Mozambique Island. The mother is dead due to Hiv, they both are waiting for antiretroviral treatment.*

strong sense of loneliness and abandonment that the sick women have to face.

Most often the HIV-infected women face an unplanned pregnancy alone. HIV and pregnancy are a heavy mix for women: family, in many cases, no longer accepts them at home; the mate denies the child as well as her lover because he doesn't accept his status

<sup>1</sup> <http://www.un.org/millenniumgoals/aids.shtml>



and transfer all the responsibility on the woman. A lot of women are often forced into the position of having to find their own new ways of livelihood and a new living situation to support them and their children .

The project Mutual Listening was focused exactly on this social issue, having as main goal the accompaniment of these young mothers and their children through the identification of different social spaces and to submit to medical treatment.

During the project implementation, however, Uniamo le Mani had had to expand its target and support not only the young mothers, but also boys, men and elderly living with HIV. The new beneficiaries were well received because they constituted support elements for the integration in society of HIV-positive people, but unfortunately this increase of users reduced the quantitative of resources available for the main beneficiaries, young mothers.

The continuation in 2014 will extend the health and social support to people living with HIV in the district<sup>2</sup> (men, women, children and elderly), but always focusing mainly on young pregnant women, cooperating with the local health services to reduce the vertical contamination ( woman - child or fetus and placenta ).

During the project the users themselves wanted to change the name from Mutual Listening in Positive Tea, underlining the importance of friendliness and spirit of community that for many of them had been lost because of the disease.

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2 → see Context



## *The Context*

The project is developed within the Mozambique Island, belonging to the province of Nampula. The island's population counts 49.601 inhabitants and is still growing. The island is located off the northern coast of Mozambique, and was declared a World Heritage Site by UNESCO in 1991. Having been the capital of the Portuguese colony, has seen its decline with the opening of the Suez Canal and the exclusion, in fact, from the main naval commercial routes.

The gap of inequality of income of the population is particularly high throughout Mozambique (the coefficient of Gini<sup>3</sup> was set at 0.4562 in 2008) and places the former Portuguese colony in 47<sup>th</sup> place in the world, with 52% of the population below the poverty line (\$2/day in purchasing power parity). The population of the Island of Mozambique is not an exception, especially because of the inhabitants of the south part, who live mainly by fishing and small cultivations, and housing in traditional Palhota made of straw and mud (74%<sup>4</sup> of the population of the island). The 44% of the population of the Island of Mozambique is composed of young people under 14 years of age, life expectancy at birth is about 52 years and the infant mortality rate in 2007 was 106.8/1000, illiteracy to 52.5% and is higher for women, most often excluded from education<sup>5</sup>

Regarding health data, in 2009 were estimated approximately 1.4<sup>6</sup> million HIV-positive adults at national level (11.4% of the population), that insert Mozambique in 5<sup>th</sup> place in the world ranking for rate of adults infected with HIV/AIDS. In developing countries is particularly diffused is vertical transmission, which can occur either during pregnancy

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<sup>3</sup>Gini index measures the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution →

<http://data.worldbank.org/indicator/SI.POV.GINI>

<sup>4</sup> Third general census, 2007. Instituto Nacional de estatística <http://www.ine.gov.mz/>

<sup>5</sup> All paragraphs data are extracted from the third general census of 2007. Instituto Nacional de estatística <http://www.ine.gov.mz/>

<sup>6</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/mz.html>

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through trans-placental passage (20-40%), and during childbirth (40-70%) and early feeding (15 - 20%).

In addition to these data, is considerably important the insertions of social issues catalysts of virus diffusion, such as abuse of alcohol and drugs that act as social "lubricant" and promote sexual promiscuity. In addition, the lack of information and awareness has permitted virus spread to remain stable, despite numerous campaigns for the distribution of contraceptive methods.

Moreover, from a religious point of view the Mozambique Island is one of the few Islamic predominant (90.3%) areas of the country. As already mentioned, in areas heavily Muslim HIV infection is more discriminating, because originating from matters not considered appropriated in a lifestyle that does not accept homosexuality, drug addiction and sexual adulterous relationship. Since the 90s, the greater awareness in relation to infection by blood and by placenta-fetus, created the basis to begin a project even social. This Factor has to be reckoned because social consequences for a woman living with HIV are difficult to sustain: failing peer acceptance and missing the protection of a man (the latter factor that facilitates the possibility of sexual violence and unwanted pregnancies, that if not properly treated inevitably causes the infection between mother and son).

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## *Beneficiaries*

- The direct beneficiaries of the project Positive Tea are pregnant women living on Mozambique Island. Main goal of the project is to be able to involve 200 women in gestation during the two years of activities, a figure considerably if you calculate that the birth rate is 39.08/1000 (out of about 50,000 inhabitants are therefore in place 2,000 pregnancies per year). It would reach approximately 5% of pregnant women each year<sup>7</sup>.

About 200 babies are the second category of people who will enjoy the direct benefits of the distribution of anti-retro viral therapy to prevent Fetus-Placenta infections and distribution of milk powder for breastfeeding, thus allowing the birth and growth of healthy children .



- The second group of beneficiaries will be made of about 150 men, women, teens and elders, that every month

*Image 2: the Uniamo le Mani's translator and the Hospital's nurses*

will meet with hospital nurses and Uniamo le Mani's technicians in order to receive

<sup>7</sup> Estimates and author's calculations based on data extracted from <https://www.cia.gov/library/publications/the-world-factbook/geos/mz.html>



information, the distribution of anti-retro viral treatment, psychological support, medical visits, distribution of a kit of food and a common snack (Tea)

- This group of 150 will then be divided into small groups of four users from the same village. These sub-groups will aim to mutually help each other (head to the hospital to receive treatment on behalf of a colleague if it is not in a position to do so) and to provide information to nurses and technicians of a possible problem with other users.
- Beneficiaries are also students, about 300 from the Mozambique Island's professional and Upper School. Education and HIV prevention in favor of the students are key tools to disseminate new practices among young people sexually active, aimed at reversing the contagion.
- The indirect beneficiaries are divisible into three macro-areas:
  - ✧ The pregnant mothers not directly involved in, they will have access to information and the experience of the project users, which will act for several following years as antennas. From our experience we believe that we could reach the 2,000 pregnant mothers and about 4,000 in two years.
  - ✧ Island's population, that will benefit from a deeper health know-how, social care and from the decreasing of HIV-positive rate
  - ✧ Government officials and the whole population of the Nampula district, that will take advantage of an integrated and efficient program, to be reproducible in other areas.

Direct s	Indirect s
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100 pregnant women/year	2000 pregnant woman/year
150 young s, adults, elderly	Whole population of Mozambique Island
300 students from the professional and the Upper school	Government officials and population of Nampula district

### *The Project. Goals, Issue Areas , Methodology*

The project "positive Tea" is divisible by content into three main areas:

- ✧ Training. Provide a campaign of distribution of health kits and food end in itself could produce a counterproductive effect. And for this reason Uniamo le Mani with the commitment of the staff involved in the project is primarily aimed at the formation of the population of the Island of Mozambique. We want to make a cross training, including from medical staff at the local hospital to the community members less numerous, passing through the student population and aggregative places of the island.
- ✧ Health. Anti-retroviral therapy has reached a very high level that allows patients in Developed countries to live a nearly normal life. The sixth millennium goal had set 2010 as the deadline to ensure worldwide free access to HIV / AIDS therapies, objective unfortunately not fully achieved, despite many advances in recent years. Uniamo le Mani thanks to the experience of its local operators decided to act on the

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inversion of growth of the disease trend, through the drastic reduction of the Mother-Child transmission.

- ✧ Social. The social consequences in the areas afflicted by high rates of HIV / AIDS are devastating. Sick people on one hand are weakened by the disease, on the other hand are essentially isolated and ostracized by their communities. The project Positive Tea will aim to activate acceptance and support mechanisms inside the communities to the sick moms, working at the same time on solidarity and cooperation within groups of HIV-positive mothers.

Each of the macro areas provides specific activities for the achievement of expected results and goals, which will be conducted mainly in a coordinated manner between them, involving the community and the population in the project as a whole.

***Main Goal** of POSITIVE TEA is contribute to return the fundamental human right to health mainly of maternal HIV-positive population of the Island of Mozambique, Nampula province, decreasing the Fetus-placental transmission of the HIV virus. Support the reintegration of women in gestation in society and within their family and community.*

### **Specific Goals:**

1. Constitution of Health and Educational groups to disseminate and distribute anti-retro viral therapies during the pregnancies of 200 women in Mozambique Island
2. *Sensitization and prevention on HIV in advantage of 450 people form the local communities (children, young s, adults, women)*

The methodology that will be adopted after feedback from the preliminary experimental phase will be that of CAPILLARY DIFFUSION; beneficiaries of the project are very weak social links. The woman, in addition to the disease itself is weakened by pregnancy, social isolation due to his illness, the absence of protection of a man, often by having to take care

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of other children. Therefore POSITIVE TEA technicians can not use methods that find their effectiveness in the request of efforts from the users. These methods, used to prevent unsustainable welfare mechanisms in the long term, will be replaced by the easy accessibility to beneficiary status, bringing information, education and care directly in the community.

To avoid assistencial mechanisms, will be asked to to small groups of women trained in the community to take care of each other, creating a mechanism for mutual aid and shared responsibility towards the children of the whole group.

The sustainability will be ensured by the job of networking and the extensive involvement of local partners, such as the hospital of the Island of Mozambique, educational institutions, relevant government officials, members of the World Health Organization (WHO) active in Mozambique.

The approach of Uniamo le Mani Onlus will be based on benchmarks that have always characterized the activities of the association in developing countries:

1. Most possible diffused use of local resources. From the selection of human resources in the planning of purchases, priority will always be biased heavily on local, to allow a Development Cooperation aimed specifically to training and provision of technical and management tools for local people, trying to eliminate as much as possible bond of dependence on technology and knowledge that is often an unsustainable risk in cooperation activities.
2. Respectful approach to local culture. Deepen cultural particularities and traditions of the beneficiary population, to use appropriate tools effective in the specific working context and aiming to obtain a most effectively possible ratio Cost-Benefit

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3. 3. Transparency towards donors, the use of resources and clarity in communication regarding possible difficulties in achieving goals and objectives.

## *Actions*

### *A) Training*

- ✧ Training of 4 local Social Workers. The 4 local operators will have multiple functions. Coordinate their movements between the community focusing on the real needs of users. Meet about 100 young mothers per year, with weekly meetings. Each operator will also be directly responsible for a group of 25 women. Organize the logistics of the meetings in hospital and schools. Distribute food kits to 150 users and powdered milk to mothers.
- ✧ 5 annual meetings of sensitization and information among local communities and schools. These meetings are the key activities of the project, providing the awareness, the start up and the achievement of therapies and social activities. These formations will be carried out in collaboration with Mozambican association that already worked for many years in this field and with expertise, called Esmabama.
- ✧ Implementation of a medical training focused on fighting HIV, edited by Medicos Do Mundo. Training for local health workers is necessary for the proper administration of medications disclosure, the activities and the involvement of health institutions in the project.
- ✧ Creation of a network of communities and schools to launch awareness campaign regarding the spread and infection by HIV.

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- ✧ Enhancement of the day of the fight against HIV through awareness-raising activities in the district.

## *B) Health*

- ✧ Awareness campaign to take test for HIV-positive especially for women in reproductive age. Preliminary activity, with the aim of reaching as many people as possible.
- ✧ Information activities and capillary follow up of small groups of women for the administration of anti-retro viral treatment during pregnancy and lactation with milk powder. The two fundamental and complementary treatments will be totally free for women who choose to undergo the anti-retro viral therapies. The heaviness of care recommended the distribution of a food package to ensure proper and sufficient supply, a necessary condition for the success of the therapy itself (and the pregnancy itself).

## *C) Social*

- ✧ Building of small groups of HIV-positive mothers in the communities, stimulating to cooperation and mutual aid;
- ✧ Interventions on healthy people to reduce social isolation of sick

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## *Expected Outcomes*

### *A) Training*

- ✧ Effectiveness of local social workers, containers of the know-how necessary for the continuation of activities.
- ✧ Achievement and involvement in the project of about 10 communities and two schools.

### *B) Health*

- ✧ Increase of HIV test amount in female population
- ✧ Decreasing of vertical infection mother-child Rate
- ✧ Annual distribution of 1800 food kit supplying therapies, 3600 in 2 years.
- ✧ Monthly administration of 250 anti-retro viral treatments and 3000 in one year.
- ✧ Milk powdered furniture for 100 women/year.

### *C) Social*

- ✧ Social conditions Improvement of Female HIV-positive population
- ✧ Sharing, Cooperation and mutual aid between HIV-positive women living in the same communities
- ✧ Sensitization of healthy population to avoid social isolation

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## *Time schedule and Synthesis (Logical Framework)*

GANTT Chart

Activities	1 <sup>st</sup> year												2 <sup>nd</sup> year											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Management																								
Networking & Human Resources																								
Monitoring and Audit																								
Project Manager Report																								
TRAINING																								
Awareness in Schools and Communities																								
Medical Trainings																								
HEALTH																								
HIV test Campaign																								
Health treatment (and food kit)																								
Lactation Supply																								
SOCIAL WORK																								
Group Building among communities																								
Social care of mothers																								

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	Actions	Objectively Verifiable Indicators	Resources	External conditions
Main Goal	Contribute to the restoration of the fundamental human right to health of the maternal population of the island of HIV Mozambique, Nampula province, eliminating the transmission of the HIV virus Placental-Fetus. Support the reintegration of women in gestation in society and within their family and community .			
Specific Goals	1-Constitution of Health and Educational groups to disseminate and distribute anti-retro viral therapies during the pregnancies of 200 women in Mozambique Island 2-Sensitization and prevention on HIV in advantage of 450 people form the local communities (children, young, adults, women)	Treatment Administration	Local Health Center	Social , economic and political stability in the project area ; constant engagement of local operators Continuation of mutual collaboration with partners: WHO (World Health Organization), Local Health Center.
		Distribution of food kit for supply and lactation	Project manager Report	
		Decreasing Vertical Infections Rate	Local Health Center	
		Sensitization Meetings amount among schools and communities	Project manager Report	
Expected Outcomes	<b>A) Training</b> Effectiveness of local social workers, containers of the know-how necessary for the continuation of activities. Achievement and involvement in the project of about 10 communities and two schools.	Number of social workers involved in the project Number of training meetings. Updating local health workers	Project manager Report; Training materials.	Social economic and political stability in the area concerned by the Project; Continuing collaboration with WHO, Hospital of the island of Mozambique, Medicos do mundo; Physical usability of the territory concerned

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	<b>B) Health</b> Increase of HIV test amount in female population Decreasing of vertical infection mother-child Rate Annual distribution of 1800 food kit supplying therapies, 3600 in 2 years. Monthly administration of 250 anti-retro viral treatments and 3000 in one year. Milk powdered furniture for 100 women/year.	Real increase of test amount among local health center. Distribution of food kit, treatment and powdered milk	Project manager Report, Purchases Bills,Health center data.	
	<b>C) Social</b> Social conditions Improvement of Female HIV-positive population Sharing, Cooperation and mutual aid between HIV-positive women living in the same communities Sensitization of healthy population to avoid social isolation	Effective collaborations between mothers	Local workers Reports	
Actions	<b>A) Training</b> Formation of 4 Local Social Workers 5 annual Sensitization and Information meetings among schools and communities Medical Training; Networking with communities and schools	Resources on 24 months	Costs	Continuation of successful cooperation with local health bodies; active participation of the beneficiaries; Availability of the local operators to acquire new knowledge
		<b>1. Human Resources</b>	<b>\$53.200,00</b>	
		1.1 Project Manager	\$24.000,00	
		1.2 Social Workers	\$19.200,00	
		1.3 Training Coordinator	\$5.000,00	
		1.4 Administrative officer	\$5.000,00	
	<b>B) Health</b> Awareness campaign for HIV test Information activities and follow up of small groups for administration of treatments and powdered milk Health care for HIV-positive population generally (Children Young, Adults, Elders)	<b>2. Logistic and Facilities</b>	<b>\$5.000,00</b>	
		2.1 Multifunctional local	\$4.000,00	
		2.2 Motorbike purchase	\$1.000,00	
		2.3 PC workstation	\$3.000,00	
		<b>3. Materials</b>	<b>\$72.600,00</b>	
		3.1 Food kit	\$41.000,00	
	<b>C) Social Work</b> Building of small groups of HIV-positive mothers in the communities, stimulating to cooperation and mutual aid; Interventions on healthy people to reduce social isolation of sick	3.2 Powdered milk	\$27.000,00	
		3.3 mobility (Bus/Fuel)	\$1.200,00	
		3.4 Consumption materials	\$3.400,00	
		<b>4.Monitoring and Audit</b>	<b>\$6.000,00</b>	
		TOTAL 1+2+3+4	<b>\$136.800,00</b>	
	<b>5.Non predictable costs (5%)</b>	\$6.840,00		

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		TOTALE1+2+3+4+5	\$143.640,00	

## *Partners*

### **World Health Organization (WHO)**

Specialized agency in health of the United Nations, was founded the 22<sup>nd</sup> of July 1946 and entered into force on 7<sup>th</sup> of April 1948, with headquarters in Geneva.

The aim of WHO, as stated in its Constitution, is the attainment by all peoples of the highest possible level of health, defined in the same constitution as a condition of complete physical, mental and social, and not only as the absence of disease or infirmity

### ***Medicos Do Mundo***

The association Medicos Do Mundo is a non governmental organization for development co-operation, founded in 1980, has worked in Vietnam, Armenia, Kurdistan and Somalia as well as in Mozambique. The work of the association is based on the fundamental right of all human beings to have access to health care, regardless of their nationality, religion, ideology, race or ability to pay. Providing comprehensive health care is the cornerstone of our association.

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*Image 3: Senora Lucia, Director of Health and Social Services of Nampula District, thanks Uniamo le Mani for cooperation*

### ***District Service of Women, Health and Social Services***

In all 128 districts of Mozambique there is this public institution that plays the role of social organization for the support to the most disadvantaged sections of the population. His responsibilities:

Ensure the proper functioning of the health unit. In the district of the island there is the hospital of the island, plus 3 health centers on the mainland.

Plan the management of personnel and medicines

Disseminate information on diseases and epidemics

Vaccination campaigns

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Promote education and prevention of HIV / AIDS and other diseases.

## *Mozambique Island Hospital*



*Image 4: Mozambique Island Hospital*

It is the clinical center of the entire district of the island, which includes the island (Island of Mozambique in fact) and the mainland. From the hospital are distributed nurses and medicines for the other 3 health centers that are located in the continental part. The hospital includes a doctor of general medicine, 25 yo, and 15 between nurses and laboratory technicians. In the hospital there is a maternal ward (obstetrics), the laboratory for testing of malaria, HIV and tuberculosis, a male and a female ward, with a total of 50 beds, a pharmacy, an ambulance.

## ***ESMABAMA association***

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Founded in 2004 and headquartered in Beira carries out activities in the agricultural, educational and medical. Directs four hospitals, 12 schools (including elementary, higher and professional), and 2,000 acres of fields in the center of the country.

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