



CROSSOVER

Issue No. 8

July - September
2013

CTF India's Baptism of fire

.... more stories on page 2

In this issue:

CTF India's baptism of fire	2
Migrants in distress	3
Bridging communities ...	4
Assessment guidelines	5
Flores de Mayo	7



CTF first batch team expresses joy of reaching the peak of mission

On June 16, 2013, the heaviest rainfall on record lashed India's Himalayan region of Uttarakhand forcing glacier lakes and rivers to overflow and inundate towns and villages in 168 districts at about 37,000 square kilometer area. The state of Uttarakhand has been experiencing heavy rains continuously for 2 days and the downpour has caused flash floods and landslides in various places and caused the destruction of houses, roads, communication and transportation. According to unofficial reports damaged to life has reached around 14,000 deaths and recently, authorities say that the 5,748 people registered as missing are now "presumed dead" – making the disaster the deadliest ever in the Himalayas. Some of them were Hindu pilgrims as they celebrated Chardam Yatra (Hindu feast). Hundreds of buildings including 40 hotels situated along the bank river Alakananda, more than 100 roads and 40 bridges are swept away by the flood waters.

Sensitive to the call of the time, the new administration of the Camillian Indian Province under the leadership of Fr. Baby Ellickal, has decided to become a consoling hands among the victims of flood-ravaged Uttarakhand. Last July, the Camillian Task Force (CTF) of India led by Fr. Siby Kaitharan, MI, as the coordinator, and two other Camillian religious (Fr. Jaison and Fr. Sojan) together with some members of the Catholic Health Association of India (CHAI) went to Uttarakhand, distributed relief goods and conducted a rapid assessments of needs for about two weeks in preparation for a long term intervention plan. Few weeks later they came up with a final intervention relief and rehabilitation programs and formed teams ready to deliver these services, be present in the area and journeyed with them. The relief and rehabilitation programs will be executed in two phases: 1] to meet the immediate needs of the victims such as food, temporary shelter and clothing within 3 months; 2] to respond to the social needs, strengthen psychosocial support and build permanent shelter of survivors.

Last August 3, a team of CTF volunteers were dispatched to Uttarakhand. The team is composed of 4 Camillians, a lay volunteer and 8 religious sisters from the different congregations. (see names below). Fr. Siby, the team leader wrote in his diary: "We started our journey to Uttarkhand on 3rd of Aug 2013. We travelled by train up to Delhi and reached Delhi on the 5th in the morning. From Delhi we travelled by bus

to Uttarakhand. Our team reached Kotdwar on the 5th evening at 6:00 pm. We base our camp at Karuna Social Service Society of Bijnor Diocese."

Fr. Siby continued; "This evening our team has visited a place called Simla Kala where 107 families lost their house due to flood. Two of our team members Sr. Arpitha Pynadath & Sr. Dona Maria are staying in Simla Kala to help those people affected by the flood. They will also study more on the assessment which we have already made for rehabilitation. They will visit each house and do the needful.

We had a meeting with Fr. Pious, the director of KARUNA SOCIAL SERVICE CENTRE. We decided to open two medical camps, one in BADCOT and other in GHAT. In Badcot Bro. Madhu Babu (nurse) will lead the team together with Sr. Jeena

(nurse), Sr. Edline, Sr. Merline, Fr. Jofree and Fr. Siby. While in Ghat Fr. Teji (nurse) will lead the team together with Mr. Andrin, Sr. Maria, Sr. Jincy (nurse) and Sr. Santhi. From Kotdwar, where we are staying now, we have to travel almost 250 kilometers in two different directions to reach Ghat and Badcoat. Once we reach there we have to take long walk to reach villages. We will be carrying with us some medicines.

The disaster of Uttarakhand is a national tragedy affecting a large number of people. The religious along with the rest of the Church are deeply moved by this tragedy and responds with prayer and action to support the victims. The most affected area is the diocese of Bijnor. Fr. Siby, CTF India coordinator said: "We are closely collaborating with the Diocesan authorities and getting involve in their intervention activities. Thousands have died, lost their houses and livelihood; thousands of unidentified dead bodies are found and thousands are still missing. It takes a long time to build their life back to normalcy. We appeal to everybody to support this cause with their prayers and financial contributions according to their means and possibilities. We shall ensure that whatever financial aid you may like to provide through the CTF-India reaches to the people for whom it is intended to."

Team Members:

- | | |
|------------------------------|----------------------|
| 1. Fr. Siby Kaitharan MI | - Coordinator |
| 2. Bro. Madhu Babu MI | - Medical Officer |
| 3. Fr. Teji Thomas MI | - Program |
| 4. Fr. Jofree Davassia | - Finance |
| 5. Mr. Andrin TP | - CTF Volunteers (g) |
| 6. Sr. Shanti Jacob OP | |
| 7. Sr. Maria M FHIC | |
| 8. Sr. Merlin Thomas CSJB | |
| 9. Sr. Edline Bara FHIC | |
| 10. Sr. Jissy Mathew CSJB | |
| 11. Sr. Arpitha Pynadath CMC | |
| 12. Sr. Jeena Varghese OP | |
| 13. Sr. Dona Maria CMC | |

By Siby Kaitharan, MI

Migrants in Distress

rescued by CTF Thailand



CTF volunteer physician conducts medical check-up with the migrants.

From January to August of this year, CTF Thailand led by Fr. Rocco and Ms. Marissa Khomin together with other partners had mobilized and conducted four medical missions in the southern provinces of Thailand (Phang-nga & Songkhla) in the Malayan peninsula. This is in response to a distress call for medical assistance to Rohingya refugees from Myanmar who fled to Thailand by boats.

The Rohingyas are said to be Muslim descendants of Persian, Turkish, Bengali and Pathan origin who migrated to Myanmar as early as the 8th century. They were settled at Rakhine (Arakan) State in western Myanmar who lost their rights to citizenship and property in 1982 by legislation that did not include them in that country as a recognized ethnic minority groups, thus making Rohingya the only stateless community of the world. The Rohingya issue is not new. Last year, the Rohingyas were the target of ethnic clashes in Rakhine that left more than 100 dead and 115,000 displaced. Thailand had arrested a thousand of them annually as illegal migrants. The recent ethnic clashes between Rohingya Muslims and the Buddhist community in the Rakhine (Arakan) state of Myanmar provoked forced migration. The Thai Police had arrested over 1,000 Rohingya illegal migrants, including children and women, who landed on Thailand's Andaman coast at the border near Malaysia in Songkhla's Sadao district in several operations last week. Another boat arrived in Phang-Nga province.

To address the humanitarian needs of these refugees, the Diocesan Social Action Center of Suratthani (DISAC) had gone to see the situation and put a request to Caritas Thailand for support particularly medical services. The decision

had been made on Friday 18 January 2013 for a medical mission to provide service for these Rohingya illegal migrants. Fr Rocco Pairat had mobilized the volunteers from Camillian Task Force and Catholic Health Care Providers Association of Thailand. The team travelled 14 hours by land to Phang-nga and Songklah provinces. They visited the refugee shelters of men and women set-up by the government of Thailand and checked up the medical conditions of the refugees. In Phang-nga, 373 patients were treated and 202 in Songkhla. The chief complaints are the following: skin disease, diarrhea, malnutrition, and anemia

among women and children, and hernia, malignant bronchitis among men.

The medical missions were a concerted efforts of the following partners and networks: Health Personnel Network, Camillian Health Care Center - Ranong, DISAC Suratthani, volunteers from Our Lady of Lourdes Parish - Haad Yai, International Organization of Migration (IOM), and Jesuit Refugee Service (JRS). According the Fr. Rocco Pairat, MI - CTF Thailand coordinator "these medical mission had gained attention from the various interviews in television and newspaper at four locations. It was good opportunity to show the spirit of our Catholic organizations in supporting the needs of Muslim migrants on humanitarian ground." The Deputy Chief Executive of the Police Department expressed their gratitude and thanks to Fr. Rocco Pairat, Fr. Suwat and Fr. John Lissandrin.

By Pairat Sriprasert, MI

HEALTHCARE
SERVICES STATS:

9 medical missions

65 volunteers

575 patients served

BRIDGING COMMUNITIES FOR PEACE, SELF-RELIANCE AND RESILIENCY

KENYA – On the 4th of July, the Camillians in Wajir, North-east Kenya packed their bags and came home to Nairobi after they have accomplished their humanitarian mission of bringing relief and initiating recovery to the Somali population of the said region. They were there since August 2011 as the core team of the Camillian Task Force (CTF) – Kenya, a humanitarian mission office of the Order, headed by Bro. Joseph Khiyaniri, MI together with the Camillian Sisters and five other volunteers under the guidance of CTF – Rome.

In 2011, the Horn of Africa particularly Kenya had faced a severe food crisis due to long dry spell and mass evacuations of Somalis to Kenya due to civil war. A combination of drought-induced crop failure, poor livestock conditions, rising food and non-food prices and eroded coping capacities were some of the key factors contributing to the food crisis, which has made 3.75 million people in Kenya food insecure. An estimated of 385,000 children under 5 years old and 90,000 pregnant and lactating women were suffering from acute malnutrition.

Responding to the call of the Church to bring relief to the victims, the Camillian Task Force (CTF), Rome sent a team to the diocese of Garissa on August 2011, to conduct assessment and implement programs of intervention. Programs

were implemented immediately until June 2013 in Wajir. The project was funded by CEI - Comitato per gli Interventi Caritativi a favore del Terzo Mondo, Caritas Italiana, PROSA, ISOLANA, SOS DRS, and the Camillians (men and women communities).

The said project has terminated on June 30. It was able to achieve its primary objective which is bridging muslim and Christian communities in Wajir to achieve peace, self-reliance and resiliency. Most of the village chiefs and local government representatives had given high regard and recommendation to the project. A village chief of Hodan, Wajir said: "I have never seen a group like the CTF in Wajir who really helped us so much not simply by giving more dole outs but really working, caring and listening to us. CTF, we are with you and don't leave us." CTF has applied pastoral care in emergency approach and worked closely with the diocese. It uses the strategy of grassroot participation in planning, decision-making and implementation of programs. This method has made a deep impact on the Somali beneficiaries and communities, and it also challenges other humanitarian organizations to engage in programs that overcome and transform the culture of dependency to a culture of self-reliance and resiliency. These communities have been depending on food aid for the past ten years, and now they were able to prove that they can produce food in the desert as an alternative source to pasturing.

Mons. Paul Darmanin had expressed his deep gratitude and commendation of what the CTF has done to his diocese and at the same time has pleaded the CTF to continue its efforts. The CTF has promised to follow up what has been started in Wajir in order to assure sustainability of the programs in the next two years.

By Aris Miranda, MI



were implemented immediately until June 2013 in Wajir. The project was funded by CEI - Comitato per gli Interventi Caritativi a favore del Terzo Mondo, Caritas Italiana, PROSA, ISOLANA, SOS DRS, and the Camillians (men and women communities).

The project was divided into two phases: relief (6 months) and rehabilitation (1 year). The first phase had focused on health and nutrition program through mobile clinics and food distribution, and water access provision. The second phase had focused on building capacities of people and community resilience through food security (greenhouse farming), community-based health care (training of health care workers and mobile clinics), and public sanitation programs (building of ecological sanitary - ECOSAN toilets). All these programs have benefited 9 villages and thousands of muslim families (Somali refugees) in Wajir.



Services Delivered Statistics

- 190** health workers trained
- 900** aged & children fed
- 1,762** patients cared
- 10** greenhouses built
- 25** farmers trained
- 14** ecosan toilets built

Core Elements to Remember in an Emergency

CORE BELIEFS

Mission	To witness to the merciful love of Christ for the poor and the sick in word, deed and sacrament, through serving the medical, pastoral and humanitarian needs of people affected by man-made and natural disasters - regardless of race, religion or ethnicity. (CTF Mission)
Commitment	We offer our services in the belief that the affected population is at the center of our humanitarian action, and recognize that their active participation is essential to providing assistance in ways that best meet their needs, including those of vulnerable and socially excluded people. We will endeavor to support local efforts to prevent, prepare for and respond to disaster, and to the effects of conflict, and to reinforce the capacities of local actors at all levels. (<i>The Humanitarian Charter, art. no. 8, SPHERE PROJECT 2011</i>)
Collaboration	<ul style="list-style-type: none"> ◆ Involvement of the local Camillian mission must be in place in all our interventions in view of establishing and strengthening the CTF mission in the locality; ◆ Working with the local Church (diocese or prelate) through its social arm and programs; ◆ Coordinating our activities with the local government units and networking with local organization/s or NGOs preferably those who share our common interest.

ORGANIZATION OF TEAM

Composition	<ul style="list-style-type: none"> ◆ To organize a team composed of not more than four (4) members preferably Camillians (men & women religious & lay associates) and other members of partner organizations to conduct an onsite visit of the affected population; ◆ To appoint a team leader as link between the CTF Central – CTF national. In the absence of the said condition, a staff of the CTF central will assume the role or otherwise will request somebody
Administration	<ul style="list-style-type: none"> ◆ Informs, encourages and solicits the Order in particular the various provinces and delegations for their support; ◆ To prepare and submit a budget plan to the national or central office (if no local CTF office) for the assessment activity;
Expectations	<ul style="list-style-type: none"> ◆ A defined roles, functions, responsibilities and accountabilities of the team and its members; ◆ An assessment plan designed by the team; ◆ Timely reports and constant communication with the national and central offices.

PROCEDURES

Rationale	Collected information will allow for the planning of the appropriate response which will include immediate protection and assistance to cover urgent survival needs.
Objectives	<ul style="list-style-type: none"> ◆ to predict evolution of an emergency situation in the short run and determine the needs and resources of the affected population. ◆ to gain accurate data about the needs and operating context, and engage with local communities and other humanitarian actors in the affected area
Roles of the Assessment Team	<ul style="list-style-type: none"> ◆ to capture critical information to help understand the current humanitarian situation, identify needs as perceived by the affected population (and other key stakeholders) and recommend the most feasible response options; ◆ is responsible for all phases of the assessment, including planning, fieldwork, analysis and reporting; and it must be able to quickly identify, assess and communicate the situation to the CTF Central office; ◆ to account and submit a financial report to the CTF on a monthly basis, preferably utilizing google
Roles of the CTF office	<ul style="list-style-type: none"> ◆ Provide all necessary support required by the assessment team (funds, communications, logistics and transport); ◆ Provide updated situational analysis, partnership possibilities and staff capacity information to the assessment team; ◆ Provide security clearance before deploying a team to the field through local information based security assessment; ◆ Drafts the project proposal;

Fieldwork

- ◆ **Review existing background information** (mission and situation reports, media articles, census reports, web research, local maps, satellite images, meteorological records). Assessment data should be evaluated against baseline information in order to differentiate between chronic and emergency needs;
- ◆ Provide a **full picture of the scope of the emergency**, rather than focus on a limited sector, and also capture the life threatening problems which are usually in the sectors of protection, water, food, sanitation, shelter and health;
- ◆ **Involve the affected population**, i.e. women, girls, boys and men, from the outset in organizing the assessment, giving and receiving information. (participatory approach);
- ◆ Describe the people affected by the emergency (a simple **demographic profile**);
- ◆ Identify the **coping ability** of the affected population (e.g. if houses have been destroyed by floods, people buy building materials, salvage material from their wrecked houses and look for material at rubbish dumps);
- ◆ Considers all **technical sectors** (water and sanitation, nutrition, food, shelter, health) and the physical, social, economic and security environment.
- ◆ **Identify locally available resources** (i.e. human resources and material goods, including those of the affected population, the government and humanitarian agencies)

REPORTING

Consolidation	<ul style="list-style-type: none"> ◆ Gather all data (field observation, interviews, etc.), discuss, analyze and consolidate; ◆ Identify the target sector or area of intervention preferably group(s) and location(s) that is getting less attention from all other humanitarian groups; ◆ Identify the priority needs (at least 3) within the bounds of competence and resources of the CTF. The CTF can provide assistance to humanitarian needs (food, medicines, medical personnel, shelter), community-based programs (health), pastoral needs (counselling, formation of personnel for humanitarian mission), and/or scientific research relevant to the situation.
Reporting	<ul style="list-style-type: none"> ◆ Forwards reports to the CTF on a regular basis (at least twice a month) via email or voice communications or social networks; ◆ Submit the consolidated report to the CTF including the proposal/s for humanitarian intervention; ◆ Submits financial report (excel format) with bills or temporary receipts attached to it to the CTF.
Intervention	<ul style="list-style-type: none"> ◆ Prepare the ground for possible intervention according to the priority needs identified; ◆ Plan for the implementation of the project considering its human and material resources, & time and availability of personnel;
Implementation & Monitoring	<ul style="list-style-type: none"> ◆ Prepare a detailed plan of implementation and monitoring of activities; ◆ Assure local participation (persons or groups in the target area or the victims themselves).

ACCOUNTABILITY

DOs	<ul style="list-style-type: none"> ◆ Be prepared to introduce CTF as an organisation and describe our mandate and objectives ◆ Involve women and men affected by the disaster. ◆ Ensure assessment team is gender balanced as much as possible. ◆ Provide appropriate assistance at the same time as assessing wherever possible. ◆ Consider joint assessments when appropriate. ◆ Share assessment objectives, plans and results with the community, and clearly communicate the organisation's mandate. ◆ Coordinate assessments, and share plans and results, with other agencies, church, and local authorities ◆ Ensure the assessment adequately analyzes gender, violence, discrimination, protection and 'do no harm'
DON'Ts	<ul style="list-style-type: none"> ◆ Duplicate the work of other agencies and contribute to assessment overload. ◆ Put communities or staff at unnecessary risk. ◆ Continue assessing without providing assistance, if assistance is urgent and is able to be provided. ◆ Be a humanitarian tourist (visiting and observing with no purpose or assistance) ◆ Make promises that cannot be kept.

Flores de Mayo's EMERGENCY FEEDING PROGRAM

PHILIPPINES - In response to the Typhoon Pablo calamity last December 4, 2012, the Camillian Task Force (CTF) Philippines-Mindanao Region, conducted a post-disaster emergency feeding program in the town of Baganga, Davao Oriental. It was spearheaded by the Camillian religious of the St. Camillus Hospital of Mati Community. Implemented during the entire month of May 2013, it served as a rider activity to the *Flores de Mayo* Catechism in the local parishes. Two parishes were selected as recipients of the program: Imma-

(SHJP) – 500 children in ICP and 1,000 children in SHJP were identified as target recipients of the emergency feeding program.

Php10.00 (0,17 euro) was budgeted for each child per meal, per day. The budget supplemented the base preparations of Manna Pack Rice and Manna Pack Potato donated by the Assisi Foundation through Caritas Manila. A total of 24 feeding days were done from May 1 to 31, with ICP and SHJP both having 12 feeding days each.



culate Conception Parish (ICP) in Brgy. Poblacion and Sacred Heart of Jesus Parish (SHJP) in Brgy. Lambajon, both in Baganga.

Because of the summer break, the *Flores de Mayo* activity, held every afternoon, provided the sole best workable structure where children can be gathered together on a daily basis for the whole month of May. Since the parishes are composed of Basic Ecclesial Communities (BEC) or *Gagmay'ng Kristohanong Katilingban* (GKK) where volunteer catechists are actively working, it became manageable for them to encourage attendance and coordinate parent-volunteer involvement in the program.

Despite the limited time for the area preparation, ICP and SHJP were able to provide cook sites, volunteer cooks, and quarters for the CTF Staff.

The weighing of children before the start of the feeding was foregone. All participating children in the *Flores de Mayo*, undernourished or otherwise, were included in the program.

The program was also called "Catholic Plus" since some children from other religious persuasions were likewise included in the feeding.

Although ICP has the larger number of member-GKKs, they have fewer chapels rebuilt in time and ready for the conduct of *Flores de Mayo* than SHJP. Some catechists also begged off from the program because of other tasks in cash-for-work programs by government and non-government

organizations, or prior commitments with election work. Thus, after a series of consultations with the catechists and the parish priests – Fr. Joel L. Vidal, DCM, and Fr. Perfecto M. Urbuda Jr., DCM (ICP), and Fr. Darwey P. Clark, DCM

The total amount needed for the program was generated through the personal contributions from the Camillian religious themselves and through the donations from some Camillian communities and concerned individuals and institutions.

Volunteer cooks (mostly catechists) from the partner-parishes took charge of the food preparation. This included purchasing of the items needed for the day's menu and the provision of firewood. They selflessly shared their time and talent to make every dish acceptable to the children's very challenging set of taste buds.

The month-long activity reinforced the Camillians' working relations with the local clergy, catechists, parents, and volunteers. Such that an "Operation Tuli" was squeezed in at the middle of the feeding program on a very short stretch of groundwork. Fr. Jaime A. Roa, MI, of the St. Camillus Hospital of Calbayog Community brought a medical team straight from Samar to collaborate with the St. Camillus Hospital of Mati Community in the circumcision activity that served 116 clients in one engagement. The tangible presence of the Camillians in the area created a more fertile collaboration not only in the aspect of health and nutrition but also in other related concerns like education, shelter, and livelihood.

Fr. Marven G. Ruyeras, MI, deployed some solar water purifier panels (from a certain donor) in Sacred Heart of Jesus Parish during the culmination activity. One was brought to the Immaculate Conception Parish and 6 more panels are awaiting distribution to the parishes of Boston, Cateel, and Kinablangan.

The Camillians' ground presence in Baganga broadened their familiarity with its places, personalities, socio-political landscape, and Church dynamics. Their visibility in the area had become a welcome sight to the community. Church volunteers actively participated in the Camillian works and it showed that even in the most trying times of a post-disaster scenario, the Church is both a dependable and reliable partner in recovery efforts.

By King Francis D. Genilla

400

response
recovery
reduction
readiness

disintegration
distress



CAMILLIAN TASK FORCE

2nd World Day of the Victims of Disasters

OCTOBER 13, 2013

Our gift to St. Camillus' 400th death anniversary, **RESPONDING** to disasters, **RECOVERING** lives, **REDUCING** risks, and **READYING** communities, aiming at **zero DISINTEGRATION** and **DISTRESS** of communities, families and persons.

WDVD OCTOBER 13

What is it?

- ⇒ To promote global awareness on disasters with special attention to issues of social justice and health
- ⇒ To awaken and inform Camillians and our partners that disasters are "signs of the times"
- ⇒ To raise funds for emergency purposes as well as for ongoing emergency interventions worldwide
- ⇒ To sensitize and mobilize volunteers and networks
- ⇒ To share the Camillian charism according to the original spirit of Saint Camillus
- ⇒ To accompany our Confreres working in disaster areas

What can we do?

- ⇒ Organize an event in your community
- ⇒ Promote the celebration through social networks
- ⇒ Produce multimedia tools to for reflections to actions
- ⇒ Create formative tools for learnings and information

Please support our projects ...
we need more hearts and
hands

INDIA

RELIEF ACTIVITIES FOR THE VICTIMS OF
THE FLOOD RAVAGED UTTARAKHAND
STATE OF INDIA

PHILIPPINES

Nutrition Intervention for Disaster-
Induced Hunger of Children of Typhoon
Bopha Devastated Communities of
Baganga, Davao Oriental

DONATE NOW

Casa Generalizia Ord. dei Chierici Reg. Ministri
degli Infermi

Banca Prossima SpA, Sportello di Roma

IBAN IT62G0335901600100000070486

Swift: BCITITMX Cause: EMERGENCY