



Camillian Task Force - Central

Quarterly Bulletin

CROSSOVER



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CTF MINDANAO TAKING THE LEAD

The Camillian Task Force-Mindanao is a team of volunteers committed to respond to the needs of people affected by natural and man-made calamities, outbreak of diseases and pestilence, primarily in Mindanao region. It is the regional counterpart of the Camillian Task Force-Philippines, under the Camillian Order. The Task Force is composed of the Camillians in Mindanao, volunteers from the Camillian Hospital in Mati (Davao Oriental), the Southern Philippines Medical Center (Davao City), members of the Lay Camillian Family in Mindanao Region and other volunteers from Davao City.

CTF-Mindanao sent financial assistance for the medical and relief missions done by the Rural Missionaries of the Philippines in Northern Mindanao (RMP-NMR) on December 27 to 29, 2011 in some areas of Iligan City. The CTF-Mindanao team in partnership with the RMP-NMR conducted also a medical, relief and psychosocial activities on January 7, 2012 in Mandulog, Iligan City.

In February (7 - 10) a team from CTF Central (Rome) has visited the locality in order to assess the situation, identify the needs and work out a project proposal. CTF Central has made use of site visits, focused group discussions and dialogues with the local leaders (local Ordinary, local government officials, people's organization coordinators, etc.). It has engaged the locals and their leaders in a participatory multi-stakeholder planning. The outcome is an array of activities designed to tackle immediate and long term problems that the Washi typhoon has left behind.

Typhoon Sendong (Washi) has hit this region (Eastern Mindanao) on December 17, 2011. The most affected cities were Iligan and Caygan de Oro and their neighborhood. In few hours time, devastating out-pour coupled with increased

water level in the local rivers and their tributaries has left around 2000 dead and many casualties. In the CTF's area of intervention, 368 persons died and 460 are still missing. It has been estimated that 5000 families will need relocation and new shelter. To this, the local authority has committed with around 1700 shelters, the Catholic Church with 300 shelters, and other individual donors as well.

In this area, the Rural Missionaries of the Philippines (RMP),

a mission partner of the Association of Major Religious Superiors in the Philippines (AMRSP) is carrying out a number of projects geared to the alleviation of poverty, to advocacy and to the overall upliftment of marginalized sectors. CTF Mindanao took the lead of collaborating with RMP NMR and to Bishop Elenito Galido, Diocese of Iligan.

The area of intervention is Brgy. Mandulog, 9200 Iligan City, Philippines. Eighteen

communities of farmers live here along the banks of Mandulog river. The main reasons for this choice are: a] the local population has been the privileged place of intervention of RMP-NMR ever since due to marginalization and discrimination. RMP NMR has got a long experience in dealing with this population and the typhoon has given it a chance to rebuild stronger links; b] the local population has been discriminated in terms of relief where most of the national and international agencies did not venture into this area and most of the people have been left unaided.

The 1st phase of the relief work (survival and reduction of potential hazards) is almost over. Most of the local people have

(Continue on page 2)



THE CAMILLIAN MISSION. Camillian Task Force in Mindanao has been a major partner of RMP-NMR in conducting medical missions and delivering life-saving help to the rural villages of Iligan City.



(CTF Mindanao ... from page 1)

a temporary shelters and are trying to reconstruct ways of communication among the 18 communities where bridges collapsed and roads interrupted. However, many shelters are still unsafe and the entire crop has been destroyed. The meager savings have gone and they have to start recovering their livelihood.

The problems to be addressed then are the lack of shelter of families whose houses were washed out or destroyed by the flooding; the economic activities of the affected communities were dislocated and hunger is looming; degenerating health conditions and the communities lacked the means and resources to recover fast and fully from the health impact of disaster; destruction of water system and the communities' lack of access to potable water; community members continue to suffer from mental health problems; communities lacked the capacity to prepare for and respond to disasters; and communities do not have important disaster preparedness plan.

The project seeks to contribute to the over-all rehabilitation efforts from the devastating effects of TS (tropical storm) Washi in Northern Mindanao. Specifically, the project will help in the fast recovery of the affected communities by providing repairing material for their shelters, aiding in the economic recovery, alleviating health and mental health problems, bringing back water systems, improving communities' capacity to prepare for and respond to disasters, and establishing communities' important disaster preparedness and disaster response/mechanisms.

By Fr. Meng Barawid, MI
CTF Mindanao Coordinator

ASIAN MULTI-STAKEHOLDERS WORKSHOP: "Collaborative Leadership and Partnership Building"

Day 1 - With 30 participants from the Asia-Pacific countries (India, Thailand, Australia, Philippines, Pakistan), the CTF multi-stakeholders' workshop on participatory approach has started in Manila. It was facilitated by experts from Carleton University of Canada.

The workshop which focuses on fostering participatory process at any level of disaster management, is a call to action for the Camillians through their local CTF organization. They are increasingly challenged by the natural and man-made calamities (Typhoon Sendong is just but recent) so much so that they are becoming permanent offices within the structure of the Asian provinces/ delegations. Disaster relief ministry ceases to be a one time and once-in-a-while ministry and becomes an integral part of the ordinary activities of our religious.

The very first day of the workshop made us realize the enormous available tools of disaster management. Disasters are many and no longer the result of ill fate. Alleviation from its impact is but one of the ways to tackle them. This involves participation at different levels (where does the CTF situate itself?) and with different stakeholders (who are our partners?). The scenario might be overwhelming, yet its challenges must be addressed.

sed. Camillians and their collaborators are here to take up this challenge and to commit to a professional handling of disasters from their onset to the consequences they left behind.

Day 2 - As day two begins, some of the participants turn up dressed up with the beautiful orange colored T-shirt, with the two new logos on it: the CTF logo in front and the logo of the 400th anniversary of St. Camillus' death at the back. The orange color is commonly used by disaster workers to make themselves more visible. This uniform depicts unity among CTF members and collaborators. Indeed, the sense of oneness and bonds of friendship are rapidly building up.



Facilitated by Prof. Daniel Buckles & Debjeet Sarangi (standing)

(Continue on page 3)



The name CROSSOVER was inspired by the gospel of Mark (4:35-41) when Jesus invited his disciples to cross over to the other side of the lake and their boat was battered by heavy storm that it almost sank. Fear had overshadowed them and Jesus rose from sleep and calmed the sea. Just like St. Camillus in his time who crossed over the confines of the hospitals and came to rescue the victims of floods, war and pestilence. The enormous strength and enduring compassion of the Camillians are demonstrated during these times of war and calamities.

CROSSOVER attempts to bring to you the news and events of the CTF in the world. It envisions to enrich the memory of our past through the present realities and challenges us to propel the steering wheel onwards and actively engage in the signs of the times.

Everybody is invited to contribute their stories, views, reflections and news in the field of humanitarian and pastoral mission. Please send to ctf@camilliani.org.

The workshop animators are doing their best to engage the participants into an experiential path to learning. Low inputs is utilized, instead, it used case studies on real experience and problem solving exercises. Of particular interest are the exercises on active listening and the carousel method of coming out strategies and solutions to problems. It is based on a broad consultation that allows everybody to participate while expanding the range of possible solutions. This method of problem solving is based on multi-stakeholders sharing of opinions in the different phases of the disaster cycle to different groups. While it widens the options to take at the beginning, it facilitates to reach a consensus to a limited number of options chosen because of their feasibility and probability. When dealing with multiple cases, the carousel approach is helping one to make the proper use of time by avoiding unnecessary delay or repetitions.

Day 3 - The group is at the turning point. While the contents are seeping in, the a need for consolidating the notions have enriched this program. From “controlled” chaos to systematized sequence; from bits and pieces to an orderly array; from initial confusion to better clarity, the Multistakeholders Planning for Disaster Relief is taking shape.

Well, not all moves easily and steadily along this path. This has been reflected in one of the exercises, which has led us to realize that while community involvement in disaster relief is a commonly perceived value, its impact in managing disaster is differently measured. In other words, community involvement is an asset and likely to produce long lasting effects. However, it is time consuming, energy draining and daunting efforts to bring together several opinions and debating on its efficiency and viability.

But, at last, here we are, with renewed vision and stronger motivation, consolidated plan of action and a vast array of tools to make us better equipped to venture into disaster relief ministry. With no intention of ignoring our differences, on the contrary, we tackled the local problems using local resources (human and material). We are now equipped with the knowledge on how to involve different stakeholders, courses of action and clear-cut strategies. Disaster relief ministry cannot anymore stem from mere volunteerism, rather, it demands strategy and planning, flexibility and endurance, clarity of vision and adaptability. Multi-stakeholders approach is part of the process of drafting actions in each phases of disaster intervention and is perceived as an invaluable resource in mitigating its effects, fostering preparedness, hastening response and strengthening recovery.

Again, as the work progresses we cannot but realize the intertwined relation between calamities and social injustice. These issues cannot anymore be dealt with separately.

Day 4 - Involving stakeholders into the various phases of disaster relief and recovery entails negotiation and mutual agreement. Nothing can be imposed or taken for granted. On the contrary, the involved parties must learn to make requests and offers at the same time. This creates a sense of common undertaking. The technical name of the exercise is “Fair Negotiation”.

The participants have been divided into national groups. They have been requested to write a letter to each group (6) and to the CTF Central. In the letter, they expressed their requests and presented their offers as well.

This exercise has helped identify resources and needs. It helped to understand the points of collaboration that one can set with their partner(s). It was then more than an exercise since it allowed real exchange of requests and made practical agreements among the various CTF stakeholders according to their resources and capabilities.

After that exercise, a two year (2012-2014) planning was started. Using the Socratic Wheel tool, each group has assessed its strengths and weaknesses and developed a strategic plan geared to enhance its performance. The assessment has focussed on the following dimensions: communication, identity, membership, sustainability, advocacy and networking.

Actions were identified to bridge the gap between the present situation and the future expectations. These actions will be the road map towards the future hoping that these can be implemented and owned as common regional undertakings and commitment.

Luca Perletti, MI
CTF Director



Glad tidings to the Alimaowans

The exercise began with a meeting with the Chief and his committee members, and the distribution of food (rice, beans, oil) started on 9th of January 2012. The CTF team explained to them the new approach of food distribution. This involved the focused group of children who had qualified for the six month program after an initial screening and "blanket distribution". The number of children who are moderately malnourished is 110 and the severely malnourished is 32. The total number of beneficiaries on the first day is 142 children (4-5 years old) in Alimaow Village. We gave 12 kgs of rice, 6 kgs of beans and 1 litre of oil to each children which totalled into 35 bags of rice, 18 bags of beans and 142 litres of cooking oil for the first month.

Aside from the children, we were also conducting blanket distribution to the elderly (60+ years old). The total number of aged beneficiaries from Alimaow is 385 from Zones-A, B, C, and D.

The chief and his committee understood the procedure and are appreciating what the CTF had done to the people in terms of nutrition and health services. The exercise had been orderly on the 1st day of distribution with much cooperation from the leaders and the beneficiaries, except a little commotion from the sub-chief of Hodhan who complained that they were not receiving any assistance since we started. We explained to him the procedure and the program for his village but still he left unsatisfied.

The exercise went on smoothly and we managed to serve 268 aged people out of the 300 targeted. The activity had extended up to about 17:00 hr. since it started a bit late.

On the 2nd day (Jan. 10), we had began our exercise a bit early. We were distributing food to both aged and the children. The process went on smoothly and we managed to serve a total of 187 beneficiaries. Together with the newly screened adults, we served a total of 450 people. This translated into 108 bags of rice, 54 bags of beans and 450 litres of cooking oil. We also prepared both groups of beneficiaries to come on 12th of January for medical check up at the Center. We managed to get one Community Health worker from Alimaow who was very helpful and dedicated. Her name is Fatuma, who had once served in the police force and worked also with the Care international for Public Health promotion and Community Health education. She was very familiar to most of our beneficiaries from Alimaow, and so she could assist more during the follow up at home.

On the day of clinic, we had conducted a health talk on NUTRITION AND DIETICS - common foods that provide us with the basic nutrients we need such as carbohydrates, proteins and vitamins. This was prepared by Priscilla in English and translated in Somali by Fatuma (CHW). The exercise begun at 8.00 am with a word of prayer and a short message from the chief explaining to them the importance of health education to avoid infections and take a proper diet from simple available foods.

The chief welcomed Priscilla (a Kenyan Registered Community Health Nurse-KRCHN) and a regular CTF volunteer, who elaborated on the topic of the day and invited Fatuma (CHW), to explain more in the local language (Somali). The health talk took about half an hour. Meanwhile, we had set a good place for consultation

and appropriate treatment. We divided the clients into two groups. Children were seen by the CTF nurse (Priscilla) while the adults were seen by the CTF Clinician (Br. Joseph). We appreciated the good order that the people from Alimaow had, both when serving food and attending the clinic. We managed to serve a total number of 130 clients. This included 40 children and 90 adults. During the check up, we were able to observe the different kinds of diseases that the people were suffering and most of them were not attended by any health facility around.

Apart from the target population for health follow up, we had also other clients who came from the same village with severe malnutrition and poor health yet were not included in the program. This gave us the opportunity to screen them and include them in the program. We managed to screen 10 more adults and 43 children who were later included in the program. The newly screened beneficiaries were scheduled to be served on January 19 together with the ones screened from Hodhan.

We appreciated the work that we were able to accomplish as planned during the week. We learned a lot, especially why we should intensify our screening exercise since the major cause of malnutrition was the diseases that accompany poor diet and lack of food. We also evaluated the whole process with the community representatives and thanked them for the great cooperation and understanding they accorded us.

All articles from Kenya were prepared and written by Bro. Joseph Kiyaniri, MI and Sr. Janette, CS of the CTF Kenya team.



Going beyond the borders

We began our follow up visits to the elderly who could not make it to the centre for screening due to ill health and thus decide to send a family member to collect their ratio of food (12 kg of rice and 6 kg of beans and a liter of oil). This was to help us screen them and determine their qualification for inclusion to the program.

On January 20, we visited Alimaow Zones D and C through Mr. Barud, our staff (translator) who made arrangement with the Chief for the visit. The team included Sr. Janet, KRCHN, Ms. Pricilla, KRCHN, Mr. Patrick, Mr. Barud, (staffs) and Fatuma – a community health worker of Alimaow. We reported to the chiefs' office, who assured us of security in his village and gave us two other village elders to assist us during the exercise.

We moved as a one team since we wanted to come up with a concrete way of doing the exercise. We managed to visit 26 households from the 2 zones and screened them. We also encountered 10 new elderly who suffered from moderate to severe malnutrition. Majority of them were bed ridden and in poor health condition. They lacked the basic needs, infrastructures (descent shelter) and hygienic place. They suffered various ailments such as urinary tract infection (UTI), arthritis, bed sores especially those bed ridden, contractures, blindness and others.

We gave health education to the care givers on care of the elderly, nutrition, personal and environmental hygiene to different households. We encouraged them through demonstrations on how to perform daily physical exercises, and to assist especially those who were very weak out of the Manyatta for aeration.

The challenges encountered were the inability to communicate directly to our beneficiaries due to language barrier, and the scorching heat of the sun. Thus, we were not able to visit all beneficiaries on the same day. From this experience, we decided to carry some medicines for the common ailments we had identified during our next visit.

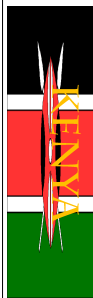
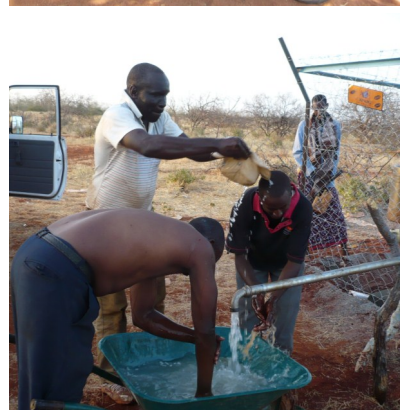
ACCESS TO WATER Using renewable energy

CTF has started already installing the water pump in Lakole, North of Wajir, Kenya. The work is supervised by Engr. Peter Ndung'u Njoroge. Peter has been camping out at the site to oversee the whole process of installation which is done by Davis & Shirliff Company until its completion. Upon its completion, he will hand it over officially to the CTF team who will then commission it to the community (Lakole) and to the District Pastoral Asssocation (DPA), a local people's organization of Wajir who will then be responsible for the maintainance and training of the beneficiaries for proper water use.

As of writing, the pump has been already lowered down in the borehole and the water yield has proved to be slightly more than what we expected. According to the District Engineer's report, the amount of water yield will serve to more than 6000 people and 2000 animals on a dailly basis.

The water sample taken from the borehole has been airlifted to Nairobi for laboratory water analysis to determine the quality and potability of the water as well as the kind of treatment needed if necessary.

However, during the testing of the pump, the backup generator was reported to have mechanical problem and a replacement has been already ordered. The generator is only use in case the solar power (main power) cannot give enough supply of electricity to run the pump.



Overcoming food insecurity and dependence



CTF Kenya began implementing its food production program in Wajir. This will be in Maumau (formerly Lafaley), situated about 10 kilometers from Wajir town along Mandera road. This area has a population of about 5000 people approximately 400 households.

CTF aims to assist the local community to produce food for themselves in order to address food insecurity provoked by prolonged drought. The main beneficiaries of this program are the Somali farmers who are already registered in the district and actively involved in farming activities. Each farm has about 3-10 acres of land with poorly grown crops. The farms have already existing wells that irrigate the area pump by petrol generators. The farms will utilize organic fertilizers such as manures from both decomposed plants and animal droppings. CTF has identified also a possible market in Wajir of their product.

The CTF-Wajir has committed itself to ensure the success of this project. The area chief has been very cooperative and encouraging by facilitating meetings between the organized groups, District Agricultural officer (DAO) and the CTF- team. All the groups have their certificate of registration of their farms given by the Ministry of Youth and Development.

This project will motivate both the community and the CTF team by transforming from food distribution to food production that will minimize hunger and starvation among our suffering brethren.

Table 1. Implementation Plan

IMPLEMENTATION	STRATEGIES	OUTCOMES
Identification of the farms (3). The CTF will begin with farm A and B simultaneously, and then the third farm will be attended later as the process advances.	Continuous mobilization of local stakeholders	Increase food production and availability of supply to the local populace
Liaising with the Ministry of Agriculture through the DAO (District Agricultural Officer-Mr. Hassan), who will then provide their technical expertise and linkage for the farm equipments required.	Replacement of highly consuming petrol pumps with another economical power source such as solar pumps so as to minimize losses incurred in total production cost.	Involve the community to engage in extra pastoralist activities. Increase fodder supply for the animals and minimize migration in search for pasture
Construction of 2 green houses in the identified farms with extended drip system so as to utilize the land and achieve maximum produce for the farmers.	Establishment of green houses to minimize the loss of water and maximize group production.	Augment the income of the community and create employment to the youth groups
Training of the community members by Emirans firm (the supplier of green houses and seeds for planting).	Training of group members on how to manage the project.	Supply fresh vegetables to the entire Wajir market
Collection of manure and transportation to the site. Each green house requires 24 wheel burrows of manure which will be mixed with other special fertilizers from Emirans before planting.	Identification of the most suitable crops for planting. Disease control using eco-friendly technology.	Utilization of the earlier thought to be barren land.
construction of a cheap fence around the area not covered by the greenhouses.	Construction of a storage facility for the products	Education to the community on the new methods of farming
consult Davis/Shirlif Co. for the quotation of a single phase cable solar system that will aid in pumping the water for irrigation.	Identification of more market in case of surplus production.	Reduce the mentality of dependency and help the community to share ideas and come up with alternative ways of earning their living without relying on perpetual donations from both the government and other well wishers.

"NO HEALTH WITHOUT MENTAL HEALTH."

A SUMMARY OF THE STUDY ON MENTAL HEALTH OF ABRUZZO'S CHILDREN AFTER THE 2009 EARTHQUAKE.

"No health without mental health" is an affirmation used by the World Health Organization, international associations and research groups to promote global mental health.

After the 2009 earthquake in Abruzzo, Italy, the Camillians believing in that affirmation, has played an active role in promoting mental health through the international relief network called Camillian Task Force (CTF). It initiated the the "St. Camillus Project" that gives birth Rainbow Study, a scientific research on mental health and psychosocial well-being of children and adolescents affected by the earthquake. The research study was made possible through the financial support of Caritas Italiana and scientific and technical support of Bambino Gesù Paediatric Hospital and Scientific Institute, Rome. Following is the executive summary drafted by the staff and experts of Bambino Gesù hospital whose full draft can be found at www.camilliani.org.

The study has been carried out in order to evaluate the impact of disaster on mental health of the children aged 3-14 years within a period of 12 - 24 months after the earthquake, and to identify the protective and risk factors in order to offer concrete basis for possible interventions and planning during disasters. To date, this study can be considered as the only study conducted on such population. In addition, the study is among the few that investigated the presence of a wide range of possible symptoms and disorders after disasters.

The children have been selected from the lists of the assisted children by the 37 family paediatricians out of the 187 in Abruzzo. After 12 months, 1,839 families had been interviewed in order to assess the impact of the earthquake to their lives and 1,723 children from these families have been assessed using a screening tool that identifies psychiatric symptoms. Twenty-four (24) months after, 305 children were identified "at risk" and later were subected to re-examination using the same tool and through an in depth diagnostic tool.

Twelve months after the earthquake, the study showed a relative low prevalence of psychopathological symptoms. The highest rated (16.2%) symptoms such as anxiety and depression are found

in school-age children (6-14 years) living in L'Aquila. Only at this age that between the children of Aquila and that of Abruzzo have shown significant differences of the prevalence of psychopathological symptoms classically described on post-trauma literatures as anxiety symptoms (11.0% vs 6.5%), depression symptoms (7.8% vs 3.2%) and post-traumatic stress symptoms (7.1% vs 2.4%). Apart from the children's age, mothers' education plays a protective role on their psychological well-being, while females, children suffering from chronic diseases or intellectual disability and parents who needed psychological cares before or after the earthquake showed to be at higher risk.

Twenty-four months after the earthquake, the prevalence of symptoms and disorders seems to be moderate and consistent with the previous phase rates. At school-aged, the differences observed among the children in Aquila and the rest of Abruzzo are no longer statistically significant, though anxiety, depression and post-traumatic stress symptoms continued to be present among Aquilan children with almost doubled frequency as compared to the rest of Abruzzo. More structured psychopathological disorders frequently anxiety disorders are present in the 30.0% pre-school children and 36.8% school children. Among the school children in Aquila, it showed that they suffered more than the others (56.0% vs 34.7%). These rates are apparently very high. It over-estimated the real prevalence of the disorders of the general population as found in children at risk and not on it.. Apart from age, the presence of neuro-psychiatric disorders/ diseases of children previously ascertained (different from the present disorders) and the parent's poor general mental health status are significant risk factors for the present psychopathology.

The logistical problem encountered during this research must be seriously taken into account in the planning for future studies.

The prevalence differences found in both phases of the study among the child victims of earthquake and others justify the need for necessary attention to mental health and psychosocial well-being of infants and adolescents, as in the case of Abruzzo. In addition, the study identifies some cases of children exposed to relevant risk factors, more or less associated to the seismic, that would need special social and health surveillance and that could be ideal beneficiary of possible future psychosocial prevention and/ or intervention programs.

By Dr. Paolo Feo
CTF Researcher



CTF ANNUAL REPORT 2011

Confronting Hazards and Vulnerabilities, Key to Reading Disasters

Disasters (natural or man-made) are the consequences of events triggered by natural hazards oftentimes coinciding with a vulnerable social condition that overwhelm local response capacity and seriously affect the social and economic development of a region. A disaster occurs when hazards and vulnerability meet. The interplay these factors [1] hazards (earthquake, floods, landslides, drought, etc.) and [2] vulnerable situation (poor governance, social depravation, environmental degradation, etc.) determines the damages and casualties as well as the magnitude of risk of a given affected population.

Traditionally, natural disasters have been seen as situations that create challenges and problems mainly of a humanitarian nature. However, it is no longer the case based on the CTF's engagement and experience in the various regions of the world hit by disaster, where its intervention had been realized and accomplished in 2011.

All too often the human rights of disaster victims are not sufficiently taken into account. Unequal access to assistance, discrimination in aid provision, enforced relocation, sexual and gender-based violence, unsafe or involuntary return or resettlement, and issues of property restitution are just some of the problems that are often encountered by those affected by the consequences of natural disasters. According to the World Risk Report 2011 of the United Nations University – Institute for Environment and Human Security (UNU-EHS), whatever type of disaster, “the risk that a natural event will develop into a disaster depends only partially on the strength of the event itself. A substantial cause lies in the living conditions of people in the affected regions and the opportunities to quickly respond and help.” (WRR, p. 6).

According to the 2011 Half-Year Natural Catastrophe Review, a total of 355 events (geophysical, meteorological, climatological, hydrological) and an overall losses of \$265 billion USD has been recorded from January – June 2011. Among the major disasters, the Camillian Task Force (CTF) has been actively involved in responding to the needs of the victims of the flashfloods in Thailand, Philippines and Pakistan, the drought and famine in Northeast Kenya and the earthquake in Italy of 2009.

Simultaneously, the CTF has engaged also in turning these catastrophes into opportunities for growth and learning of the Camillian charism and ministry in Africa, Asia and Europe. The CTF's humanitarian activities in those places had envisioned also to organize the local CTF offices using the direct field experience of humanitarian missions wherein the local Camillian religious were immersed and involved from the phases of assessment, planning, implementation and evaluation. This strategy is further enhanced by continuous dialogue with the provincial or delegation administration by the CTF Central members.

Projecting itself to the future and building its foundation for a more sustainable presence, the CTF has engaged in the world of studies, research and formations in the field of pa-

storal, mental health and psychosocial interventions in the field of disaster emergency. This is being done by building partnerships through formal agreements with various organizations and institutions with great potentials to establish international relations.

Complimentary to this initiative is the establishment of an international volunteer program directed to like-minded professionals, students and other interested parties in the Camillian missions as well as CTF humanitarian missions abroad.

“The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts.” (GS 1)



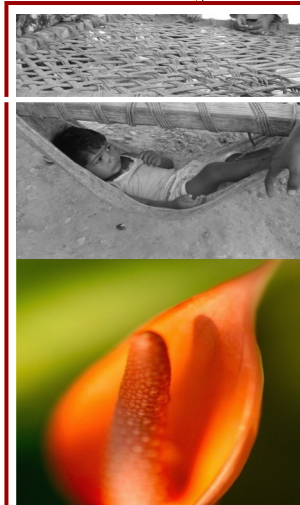
Identity

Natural and man-made disasters are increasing everyday. No one in good conscience can't ignore it but read it as signs of the times and act on it by rendering service to the victims of calamities according to its resources (human and material). No one could remain indifferent to the tragedies that are happening around. The Church itself is vividly expressing its concern by saying that: *“The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts.” (Gaudium et Spes, par. 1).*

As member of the Church and conscious of its origin and history, the Ministers of the Infirm (Camillians) faithful to its mandate to preach the gospel and heal the sick has responded to the complex situation and needs of the suffering people especially the victims of disasters through the CTF mission and ministry. The CTF is called to witness the merciful love of Christ for the poor and the sick in words and deeds through serving the pastoral, psychosocial, medical and humanitarian needs of people affected by man-made and natural disasters regardless of race, religion and culture.

From the early beginnings of the Camillian ministry, historical facts show that the Camillians were engaged in a threefold ministry: hospital care, domicile assistance, intervention during wars, pestilen-

(Continua a pagina 9)



ce and epidemics. For about 24 years during the time of St. Camillus, of the 311 members, 69 died of contagion from various diseases during the dark period of war and pestilence in Italy. (cf. P. Magliozzi, *Camilliani* No. 145, 2001).

The new form of “festivals of charity” is now being revived and revitalized through the CTF mission and ministry. The new “festivals of charity” provides an opportunity to strengthen and sharpen the Camillian reading and understanding of reality and its commitment to serve the sick even in danger to one’s life. It opens new windows to a critical reflection of the relevance of the precious Camillian spirituality and its evangelical witnessing.

Stakeholders

The stakeholders of the CTF mission and ministry are the members of the affected communities, the CTF staff and members both in the central and regional offices, confreres, lay Camillians, grassroot’s like-minded organizations and funders. They are the people, organizations and institutions that the CTF establishes active and engaged collaboration.

Primarily, in the CTF’s major interventions during disasters, the grassroot communities are specifically involved in the assessment of needs, planning and implementation. This is trying to improve the classical method of top to bottom decisions that often results to disenfranchisement of affected communities. It is doing away with the feudal approach to planning and decision making process and giving more importance and trust to grassroot ideas and participation. This approach is directed towards the sense of owning on the part of the beneficiaries for better results.

Performance

Human survival and integral health are the cross-cutting objectives and the measures of success of all humanitarian endeavor. The CTF’s goal is to reduce avoidable loss of life, burden of disease and disability, and to alleviate suffering and maintain human dignity in emergencies and post-crisis transitions.

The year 2011 marks another milestone of the CTF mission and ministry. It has accomplished four (4) humanitarian mission

council administrations, one (1) scientific report.

On Humanitarian Mission

The CTF’s humanitarian mission projects were a product of active listening to the events (disasters) that are happening around the world and the constant dialogue with the stakeholders in particular the local confreres who had already an established mission though not limited to that condition. Whenever a disaster take place of great magnitude, the CTF Central activates immediately a network of communications with the people in the ground as well as with its partner organizations. Of course the privilege network is the local Camillian mission if present in the country concerned. Then a representative from the CTF Central visits the place and conducts rapid assessment of needs and resources. This simple process has rendered substantial success into those interventions and initiatives in the year 2011.

Looking at the interventions that the CTF had been doing in 2011, what made it different from all other humanitarian missions? The nature of intervention follows strictly the basic needs and available resources of the affected community such as provision (basic needs), mitigation (reduction of losses) and promotion (upholding human dignity). However, the CTF approach is faithful to the gospel mandate of bringing the glad tidings to the most neglected populace and accompanying the victims in their struggle to find hope amidst immense suffering. One of the strategies applied then is mobilizing the affected communities to participate in whatever activity according to their limited resources and capacity.

Another trait of the CTF intervention is its “biased impartiality”. Its bias is directed towards its preferred beneficiaries, i.e, those who are receiving meager help and discriminated by government agencies because of their creed, political beliefs or alliances, and social status. Its impartiality lies on its openness to people who are difficult to work with because of cultural and religious differences. It is quite evident in some of those interventions that the CTF had been working with Muslims and Hindus such as in the Philippines, Thailand, Pakistan and Kenya.

Mental Health and Psychosocial Intervention

The CTF has initiated the St. Camillus Project in Abruzzo, a landmark activity in the field of pastoral and scientific initiative in collaboration with Caritas (Pescara & Aquila), Italian Medical Research (IMR) and Bambino Gesù Hospital. The primary aim of the project is “to take care of the wounded person” and “to teach others how to do so” and “to serve the weakest” particularly the children. This has been realized in two major activities: Casa Stella Polare, a center for children who are suffering from post-traumatic stress disorder (PTSD) and Project Rainbow, a scientific research on the prevalence of PTSD among children who are earthquake victims which is currently in its last phase of implementation.

Casa Stella Polare is a center for diagnosis and cure of children who are suffering from PTSD, a space wherein the children and their families will be able to rebuild their social life, and a means for animating and reaching out other villages within the province that has been affected by the disaster. At present, the center is now turnover

(Continue on page 10)

“the risk that a natural event will develop into a disaster depends only partially on the strength of the event itself. A substantial cause lies in the living conditions of people in the affected regions and the

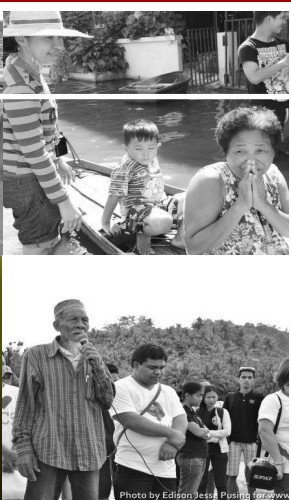


Photo by Edison Jesso Posing Carrows

projects, one (1) volunteer exposure abroad program, two (2) formation programs on disaster pastoral care, one (1) mental health and psychosocial center for children with PTSD and four (4) meetings and dialogues with the delegation or provincial

(CONFRONTING ... from page 9)

and under the direct responsibility of the Caritas, Diocese of Aquila.

Formation Programs

The CTF has started introducing Pastoral Care Formation in Situations of Emergencies. This module is a comprehensive module that treats the various problems confronted by a humanitarian caregiver during and post-disaster occurrence. It tries to integrate the knowledge of medical science particularly in the field of mental health, social science in the field of psychology, and spirituality which is capped under the banner of Pastoral Care in Disaster.

The maiden voyage of this course took place at Camillianum Institute on Pastoral Health Care, Rome with about 50 Misericordie members from the different regions of Italy. The culmination of this course was a one month exposure program of the qualified participants to the Camillian missions in Brazil, Colombia, Madagascar, India, Vietnam and Philippines. Thirteen volunteers joined this activity and all of them came back an enriched perspective in life in relation to the Christian vocation to service. This theme will be integrated in the regular course at Camillianum beginning in the second semester of current school year 2011-2012. Another lap of the same course had been initiated in Pakistan attended by the 54 participants, mostly Caritas personnel from the seven Catholic dioceses of Pakistan.

CTF Regional Office Formations

As part of the three year strategic plan of the CTF which is the to sensitize and animate the provinces and delegations of the Order as well as the other members of the great Camillian family and lay collaborators to the primary vision of the CTF, the CTF Central office had made five visits in the various provinces and delegations of the Camillians in Asia and South America (Philippines, India, Thailand, Brazil and Peru). The primary purpose of the visit was to establish dialogue with the

administration council and other stakeholders for a possibility of establishing a local office of the CTF and making its ministry an integral part in the province/ delegation's ministry.

In line with this effort, a tangible achievement is the nomination or indication of a particular religious as the CTF contact person in the province/ delegation by the administration and the signing of the memorandum of understanding between the CTF and the Province or Delegation. So far, the four provinces as mentioned above have signified.

This is an attempt of the CTF Central office to decentralize its operation and give more leeway for a more democratic and participatory development of the regional offices. The primary commitment of the CTF Central is to support financially the first two years of its operation and accompany it closely during its infancy stage of development.

ITS IMPACT

The CTF is now maturing its vision at the same time gaining its confidence and determination to respond to situations of disaster and emergencies. It is somehow re-enlivening the spirit of St. Camillus during the 16th-17th century wherein the Camillians were ready to respond during the war and pestilence and embracing the challenge of the fourth vow.

The CTF ministry becomes also a vehicle to widen the horizon and strengthens its global identity in bringing the good news to those who are suffering by involving more provinces or delegations to participate in a specific humanitarian mission. This reveals a new reality to the Order on how much resources (human and material) it has and how much it can do when these resources are pooled together in order to respond to the "cry of the poor" more than to be known and become popular. This widening of horizon is evident in several of those interventions that the CTF had initiated. Quick responses on the part of the provinces and delegations had been observed in the various appeals for help of the CTF and the sending of religious for its annual mission appeal in the USA organized by the SOS DRS. Responses were varied from the human, moral to the material support.

The CTF ministry is a vehicle to bring the Camillians as well as its collaborators to the margins of the society or to the bedside of the poor and neglected sectors not only to bring them help but

Table 2. CTF Humanitarian Missions 2011

COUNTRY	DISASTER	INTERVENTION	BENEFICIARIES	ACTUAL COST
Italy	Earthquake (Abruzzo)	Scientific Research & Study Psychosocial Mental Health Pastoral Center Community Animation		141.098,68
Philippines	Typhoon/ Flashflood	Relief distribution Medical-Dental- Surgical missions Shelter and Livelihood	26,325 individuals 7,605 19 families	143.833,37
Pakistan	Flashflood	Access to Water Shelter & Livelihood Relief Distribution Medical Camps Formation	1,300 families 73 275 2,050 individuals 54	76.394,64
Thailand	Flood	Relief Distribution Medical Missions	300 families	10.000,00
TOTAL				371.326,69

(Continue to page 11)

(**CONFRONTING** ... from page 10)

above all to journey with them in dialogue which builds more trust and confidence to people who are always seen as mere beneficiaries and learners rather than as actors and mentors. This is what promotion of human dignity entails in all the Camillian ministry as well as what St. Camillus believe in his time “that the sick our lords and masters”.

FINANCIAL STATUS

The great majority of the funds that financed the various projects of the CTF is coming from the Episcopal Conference of Italy (CEI) - Commission for Charitable Interventions in favor of the Third World . Other sources are coming from PROSA, SOS DRS and contributions from the various provinces and delegations of the Order. For the CTF's regular operating expenses, most of the fund are coming from the SOS DRS, a US-based NGO of the CTF, contributions from the humanitarian projects, fund-raising activity such as the US annual mission appeal and individual donors.

For the year 2011, the CTF has managed a total amount of € 883,785.21 for its humanitarian projects. This includes the amount collected that had been directly deposited to the local account of the specific project/s. From this amount a total of € 371.326,69 (actual cost of the projects).

By Aris Miranda, MI
CTF Central Coordinator

ANNOUNCEMENT

WORKSHOP CTF LATIN AMERICA



Your instructors: Daniel Buckles and Debeet Saranji
www.participatoryactionresearch.net

SAS² is a new approach to participatory action research, planning and evaluation. It is designed for people in the voluntary, academic, private, and government sectors who are involved in:

- Community-based development
- Project planning and evaluation
- Workplace and organizational learning
- Public engagement.

Our Vision is to create dialogue that is thoughtful and action-oriented. We combine flexible tools and skilful means to effectively engage people and mobilize evidence in a complex world. Initiated at Carleton University, SAS² is now used by practitioners around the world from villages to boardrooms.

Disaster relief and post-disaster community engagement are very complex tasks. The workshop will provide members of the Camillians Task Force and other participants with tools and ideas for planning and implementing relief work during and immediately after a disaster. Importantly, it will also support efforts to engage people in the longer term work of recovery and rebuilding thriving communities.

COMUNIDAD P. PEDRO MARIELUZ GARCES
Casa de Retiros Espirituales Sioe
San Alberto de Chacasana CHOSICA, LIMA
August 13-17, 2012

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*Witnessing the merciful love of Christ to the victims of
natural and human-made disasters.*



Camillian Task Force

