

## Camillian Task Force Central

Quarterly Bulletin Humanitarian Mission Office of the Camillian



# CROSSOVER

Issue No. 7

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## Project Mandulog Rebuilding the Lives of Sendong Victims Completed

**A**s flashfloods and landslides swept away houses into the rivers out into the sea, induced by Typhoon Sendong, thousands of lives had been destroyed and cried for emergency assistance. With the generous support of the Italian Bishops' Conference (CEI), the Mandulog mission commenced with its second phase intervention, *'Rebuilding Lives: Post TS Washi Phase II Disaster Emergency Program in Mandulog, Diocese of Iligan'*. The project seeks to aid in repairing destroyed shelters of affected communities, reviving economic activities by recovering farms and establishing community cooperatives, organizing health and mental health projects enhancing resiliency and capacities of community organizations. The project was coordinated by the Rural Missionaries of the Philippines Northern Mindanao (RMP-NMR), Camillian Task Force (CTF) Mindanao and Suara Bangsamoro.

The following programs were implemented and benefited several hundreds of families:

**Shelter repair:** Provision of materials for 202 families to repair destroyed houses. The projects were launched in Mandulog and Kalilangan targeting completely and partially destroyed houses.

**Economic Recovery through Seeds and Farm Tools Dispersal, Livestock Dispersal and Establishment of Community-Based Multi-Purpose Cooperatives:** Economic

activity had been reactivated in 4 villages to enhance food productivity to ensure food for the table and meeting of the nutritional requirements needed by the communities. Assistance to farms were provided to deserving communities such as farm tools and seeds. Seeds were in array relative to what suits the land conditions of every village - eggplants, chives, onions, tomatoes, pechay, squash, bitter gourd, string beans, corn, etc. Farm tools such as weeding bolo and scythe were distributed. Livestocks (850 ducks and 340 goats) were dispersed as well.

A community multi-purpose cooperatives in each of the four villages of Kalilangan, Dulag, Lanipao, Mandulog were organized and are now fully-functioning selling products like rice and other basic necessities at a more affordable prices. Management of cooperatives is coordinated by Suara Bangsamoro, a community-based organization. A three-day cooperative development seminars and trainings were conducted to ensure sustainabil-



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Survivors of typhoon Sendong (Washi) showing signs of hope and gratefulness



Turnover ceremony of cooperatives in 4 villages with their stakeholders

ity of cooperatives and were attended by the members of the Board of Directors (BODs) in each village. This will equip them to manage the cooperatives. Afterwards, a simultaneous pre-membership training for all members of the cooperative were launched, spearheaded by the BODs and the Production Committee of Suara Bangsamoro in all four villages.

**Health and Mental Health Recovery Program through Establishment of Community-Based Pharmacies and Therapeutic Cultural Trainings:** Trainings on herbal medicine production and series of health capacity-building activities encompassing 360 women were held. The beneficiary communities were oriented on the management of community-based pharmacy. Medical kits were given also to better allow them to diagnose simple illness. After the aforementioned trainings and orientations, the Community Pharmacy are now selling non-prescriptive medicines and herbal medicines which were annexed in the Cooperatives.

Four Community Integrated Theaters Arts Workshop (CITAW) for children (aging 7-18 years old) were conducted encompassing around 100 participants which later became the Teatro Mandulog. The workshop taught children on the basics of body movements, music and drama. The Teatro Mandulog was able to perform in various occasions, including during the Earth Day in Cagayan de Oro (April 22, 2012 and the commemoration of Jabidah Massacre (March 18, 2013) in Mandulog which coincided with the handing-over ceremony of the hanging bridge donated by CARE Nederland and the European Union which connected hinterland barangays. During the said presentation, the participants unleashed their artistic talents and portrayed their experience with TS Washi and how they rebuilt their lives as a group of people with unique cultural and religious features. They have also portrayed the discrimination they have experienced with other Filipino communities making them more vulnerable in times of disaster.

The workshops processed the horrible experience of children during the onslaught of TS Washi, and the presentations boosted their confidence to fearlessly portray and express themselves and their experience in front of public. These processing assisted them to walk through complete healing from the trauma they have suffered during the disaster. Creative workshops and therapeutic arts opened a venue for children to walk through the healing process from the trauma brought by the calamity.

The projects have helped in uniting people to collectively resolve the misery that they are experiencing, and it improved their sense of community. Because this intervention enabled them to have a say on what kind of project the donor should extend to them through consultation as a beneficiary community, it helped promote direct democracy - the hallmark of indigenous culture that can be seen in the *ijima* (consultation) and *shur'a* (consensus) being

practiced by the community. With this project supporting this democratic processes of the community, thereby empowering them to have a voice in the rehabilitation process, local ownership and sustainability of the project is ensured.

Gender sensitivity was observed in the process of project implementation. In predominant Moro villages, patriarchal system is very prevalent. In the early stages of the project the coordinating body had a hard time in ensuring women participants to engage in meetings. Through constant and patient encouragement, a remarkable increase of women's participation was noticed in the increasing attendance during stakeholders' meetings and in a number of leadership functions entrusted to them in their respective chapters of Suara Bangsamoro.

The project synergized with the interventions of other humanitarian organiza-



Members of Teatro Mandulog

tions. CARE Nederland initiated a construction of a hanging bridge mobilizing the community members for a Cash-for-Work (CfW) program. A percent of the cash assistance received by those who work were contributed to the cash capital of the community cooperatives as a counterpart of the beneficiaries. CARE Nederland also partially funded the health trainings in the communities that enabled the construction of community pharmacies under this project.

Taking to account the Human Rights-Based approach to development, the project partnered with the local organization to ensure empowerment, local ownership and accountability. This enabled the smooth implementation of the project since it sprung from the community's collective decision to what kind of support they should receive. And the



## OUR INSPIRATION

A Camillian is “a responsible adult, aware of his own gifts and limitations free from everything including himself, and who believing in love, is ready to serve and give himself completely to the spreading of the Kingdom of God. [...] A man who is completely absorbed by his love for God and for his poor impoverished suffering neighbor who is abandoned, marginalized and excluded [...]” (54th Gen. Chapter 1995).

## 14 DISASTER Interventions

“It is commonly held belief that it is in opting for the most abandoned that the Order fulfills the prophetic role [...] by defending the rights of the weak, [...] exposing injustices, intervening with task forces, and focusing attention not just on the individual but also on the formation of healthy and healing communities.” (55th Gen. Chapter 2001).

### VOLUNTEERS

1.486

### CAMILLIANS

58

### SERVED

136.526

77.130

Direct

59.396

Indirect

“How can our horizons be expanded by generating new forms of presence where the most urgent needs of society [...] appear with greater force? [...]“it is our responsibility to work for justice and solidarity in the world of health together, promoting good cooperation between the Provinces, the Delegations and the great Camillian Family of St. Camillus, and also with members of the laity [...] expressed in different ways, such as, supporting the Camillian Task Force in its urgent interventions in situations of natural catastrophe.” (56th Gen. Chapter 2007).



(L-R) Frs. Jojo, Meng, Meds & Ms. Milet Mendoza conducted an on-going assessment of needs

community through their respective community organizations, took charge of the actual implementation of the project components, giving them free hand for decision-making and adjustments.

Constant follow-up, monitoring and consultation are regularly conducted to maintain and sustain turned-over components of the project. Through continuous orientational discussions and putting in place accountability mechanisms (evaluations and auditing), these start-up components provided by the project will continue to flourish in the future and will further replicate.

By RMP-NMR

MATI CITY - As part of CTF's Mindanao continuing initiatives for the victims of cyclone Bopha, a team has been formed to coordinate the recovery program for the victims focusing on food

security issues and livelihood. The team will coordinate all the activities in the east coast area particularly the feeding program which recently commenced in May for eight months. A long-term rehabilitation (environmental) and livelihood programs would follow through. Fr. John Jay, MI leads the team together with a lay volunteer (King Francis) who is a native of the place hit by the cyclone. Data gathering and establishing linkages in the area has been ongoing. King had expressed his willingness to work with the Camillians in this effort for, he said, he was convinced by the spirit of this mission, and, being from the area himself, he wanted to be of service to his own people. This project is under the general guidance of the newly constituted NGO of the Philippine province called Salute Sviluppo Philippines.

Salute Sviluppo Philippines is a non-government, non-stock and non-profit organization (NGO) organized by members of the Camillians – Philippine province, together with some lay collaborators. The essential purpose of this organization is to undertake community or public health, long-term community development, disaster response and rehabilitation programs and projects in the Philippines. It is legally registered with the Securities and Exchange Commission (SEC), the Bureau of Internal Revenue (BIR) and, the Department of Social Welfare and Development (DSWD).

The team is convinced of the importance of proper coordination with individuals and institutions that CTF would possibly be working with like the bishop, parish priests, GKK (basic ecclesial community), community leaders, provincial nutritionist, MSWDO (social service government agency), and local government units (LGUs); and a possible MOA with them should the mission start. The team agreed that pilot target population and coverage are to be clarified in the succeeding planning and finalization of the feeding program, considering various efforts of the same nature have already been reportedly rendered in the area by some national and international organizations. By CTF Mindanao

## Pursuing Recovery of T. Pablo Victims



**G**reenhouses project is a continuation of phase I intervention and as an essential component of phase II nutrition program. After food aid distribution to the drought affected population of Wajir county, the CTF thought it better to engage the natives in food production program that will allow them produce enough food for consumption and alternative livelihood. This program for food production has picked up well with lots of hope and co-operation from the chosen potential farmers.

The CTF team has conducted a survey in the seven villages of Alimaow, Hodhan, Jogoo, Gotade, Maalim Salat, Makoror and Barwaqoo in order to identify and assess the different farm groups who are committed to engage into new farming technology that will boost their productivity. Suitable farms were chosen under the following conditions: It should be a community farm and not an individual one or a single family; have at least three family members; duly registered to the government as a community farm; have a good source of water and means of fetching it to the farm; have at least 10 individual members who will be working in the farm; and have been in existence for at least 2 years with good accounting of their products.

With all these in consideration, the CTF team has engaged the area leaders (chiefs) and their committee members to help in identifying suitable farms with due acceptance by the whole community. After the organizational processes, greenhouse materials were ordered from a famous Kenyan farmers company called Amirans. The materials were delivered in the area on February 2013 and were installed at the same time. A total of 7 greenhouses were installed in February. To date, the CTF team has established already a total of 11 greenhouses in Wajir since last year. The farms were planted with tomatoes, salads, white pepper, watermelon, and spinach.

The farmers have been undergoing a 3-week training by the agricultural officers of Wajir on land preparation, nursery establishment, handling of seedlings, desuckering, staking, Foliar application, pest and disease control, harvesting and marketing. A second training will be conducted by the Amirans Kenya Company in a couple of weeks. Generally, the turnout has been good with

## Responding to Food Insecurity Emergency in Wajir, N.E. Kenya

each farm being represented by two members. The training sessions were conducted 4 hours daily from 8.00am to 12.30 pm.

The project is not devoid of challenges such as the language barrier, financial plan, heavy rains, and lack of commitment to some farmers. Some farms don't have water pipes to irrigate the site of the greenhouse thus requires more inputs. Some farmers were sick and were not able to attend some sessions. This means that more input will be required at the farm level. An issue has been raised also regarding remunerations for the trainers (agricultural officers), leading to signing of a contract.

Nonetheless, the team is so grateful to all farmers, trainers, village leaders and the center for the cooperation shown so far especially during the greenhouse establishment and training. More thanks to the CTF Central, PROSA and Caritas Italiana for enabling us to purchase the greenhouse materials in time so as to meet our project objectives.

*By Br. Joseph Khiyaniri, MI*

## Save the Children - CTF, Psycho social Health of Children in Disasters Project

**H**ow you can help children when a disaster happens? Is it useful to talk about it or not? What is the role of family in managing this type of event (disaster)? But above all, what is the role of the local community? Is it 'possible to think of a psychosocial intervention without giving attention to the cultural aspect? These are some of the issues of interest that the project of Save the Children and CTF is elaborating. Numerous experiences (and studies) have been produced on how to handle the effects of trauma such as PTSD, at the individual level in the recent years.

The research conducted by the CTF under the direction of the Infant Jesus Hospital (Vatican) during the earthqua-

ke in Abruzzo, Italy showed that the percentage of individual disorders is very low among adults than children, and thus calls our attention to explore more the role of the local community (in particular the family) to protect the mental health of a child victim of disaster. To put this into perspective then, means trying to re-read the key indicators that describe the relationship between the child and the event (natural or caused by man), with particular attention to the communitarian and cultural dimensions.

Specifically, the project envisions to experiment new ways of psychosocial intervention in five countries starting from Italy and Philippines,

the first two places of research and testing. The project duration is two years and will eventually extend itself in one of the countries in Africa, Latin America, and one more in Asia. An international scientific committee composed of representatives from the CTF Central and Save the Children (Italy) has been organized in Rome which will conduct and coordinate the study, process and implementation. The launching of the project will be on October 13, 2013, on the occasion of the World Day of the Victims of Disasters whereby an international conference is scheduled.

*By Marco Iazzolino*



# HBCP Restoring Dignity to the most Vulnerable and Neglected Sector

Home-Based Care Program (HBCP) for the elderly in Wajir entails care of persons with chronic and terminal illness extended from hospital/health facility to the home by persuading family and community involvement using available resources and collaboration with local health caregivers. The key elements of this program are therapeutic intervention, diagnosis of conditions, treatment of specific ailments, education of elderly caregivers and mobilization of community for psychosocial support as a whole.

In the Somalian community, the elderly, disabled and those suffering from terminal illnesses are considered liabilities and burdens to the family and community especially if they are bedridden considering their way of life. Since most of them are nomads and pastoralist, and due to the long dry spell (drought) that struck their communities and caused the loss of their herds, they became totally dependent on food aid which is not enough for their daily needs. They were impoverished by this complex emergency situation and oftentimes the sick elderly (the most vulnerable) are neglected and abandoned in their *manyattas* till death.

However, there were also elderly in few occasions who are being taken cared by their relatives or hired caregivers who will bring the food to them but not feeding them and give less attention on their medical, physical, and psychological needs. Thus, most of them have severe contractures on their hamstring muscles, knee stiffness, depression, malnutrition, and disuse atrophy of major flexion and extension muscles.

Moreover, we realized that infection control is a big issue since majority of these patients dispose their waste around their houses (*manyattas*) digging shallow holes, hence compromising their already weak immune system more and more. The CHBC program is targeting the seven villages of Makoror, Alimaow, Barwaqoo, Maalim Salat, Hodhan, Gotade and Jogoo. Among these villages, we have chosen three as pilot areas - Alimaow, Hodhan and Jogoo.

The CTF team and 2 community health workers visited the villages for several days under a scorching sunlight walking in

an impassable road from one *manyatta* (shanty) to another trying to reach the most vulnerable elderly who are mostly illiterate and dispersed in the villages. All of these is geared towards realizing our target beneficiaries (elderly) after an alarming decrease of the number of elderly who failed to show up in the mission center for food distribution; learning of several malnourished aged after checking their weight, and those we encountered during mobile clinics.

Qualified beneficiaries are those elderly who are above 60



CTF volunteers William (clinician) and Mary (nurse) visiting the aged in the villages

years old (y/o), bedridden, malnourished without illness, and above 45 y/o with illnesses/ or terminally ill. We managed to enroll 75 clients in the three villages - Alimaow, Hodhan and Jogoo, whose majority are women. The chief complaints are contractures, bedsores, benign prostate hypertrophy, blindness, osteoarthritis, asthma, epilepsy, amputations, Parkinsons, ascites, fractures, heart disease, malnutrition, and terminal illnesses such as cancer of the esophagus and HIV/ AIDS. They are followed up using a formulated work plan with both clinical/medical care, and nursing care. Each beneficiary has her/his own medical record, investigations and treatment.

We held also interactive meetings with caregivers in their respective villages. I must say this was the most challenging and traumatizing moments because unfamiliar remarks and suggestions were often presented but, we managed to summarize them as follows:

- Some of the caregivers are elderly which created a lot of challenges on teaching them the proper care of the beneficiary.
- We noticed that most caregivers are not using protective gears while handling soiled patient's garments, and wastes, hence putting them at greater risks of contaminations and infections. Fecal wastes are normally buried around their houses.
- Poverty has forced them to improvise some supplies like bed pans from old water containers, and bore holes on the mattresses for those with persistent diarrhea and diarrhea.
- Time factor – We noticed that time (availability) is a big challenge to 75% of the caregivers. Less time is actually spent in doing ambulation, massage and passive physiotherapy and thus, they need assistance.
- Some need walking aids like crutches for those who have amputations or being paralyzed due to systemic disease.
- Lack of finances to repair and maintain the walking aids: crutches and wheelchairs.

- A dire need for a specialized care of patients who are blind were brought into our attention by the caregivers, and a request for surgeries.
- Most the bedridden patients are using tattered nets and others are without thus exposing them to mosquito bites.
- Some patients on long term medications ended up having poor compliance and eventually stopping due to lack of money to purchase medicines.
- Most of the caregivers had skills in bathing the bedridden patients but lacked essential commodities like soap, petroleum jelly and disinfectants for the beddings.
- Few relatives had learned the skills to massage the patients which posed risk of muscle contractures despite the training given by the caregivers.

These challenges are fairly confronted with the primary stakeholders—the community.

*by William Njagi, CTF clinician*

## CREATIVE FIDELITY TO CTF VISION AND MISSION

### SIX-YEAR STATUS REPORT 2007-2013

The Camillian Task Force (CTF) is the international disaster relief organization of the Ministers of the Infirm (MI). It is a network of Camillians and collaborators, men and women - lay people, priests and religious - who are committed to living their faith in creative fidelity to the Camillian charism and spirituality. Its mission is to witness to the merciful love of Christ for the poor and the sick through serving the medical, pastoral and humanitarian (integral care) needs of people affected by disasters regardless of race, religion or ethnicity.

#### Organizational Structure

In 2000, a CTF central commission was formed under the leadership of Fr. Antonio Menegon. In 2004, CTF was raised to an office of the curia under the care of Fr. Scott Binet until 2010. In 2007, the CTF was integrated in the office of the Secretariat for Mission headed by Bro. Luca Perletti up to the present. In 2010, a new set up has been in place with Bro. Luca Perletti (director), Fr. Aris Miranda (international coordinator), Fr. Paolo Guarise (disbursing officer) and three members (Fr. Scott Binet, Daniela Passamonti and Marco Iazzolino).

Aside from the central office, CTF expands itself in the various provinces and delegations by creating local CTF offices - at present - Philippines, Thailand, India, Brazil, Peru, Chile, Kenya and USA. These offices serve as the primary arm in responding to disasters in their respective places or region. The central office assists these offices in developing their capacities through formative activities, developing emergency intervention plan (short/ long-term programs), and seeking funds and grants to sustain local project/s initiated. The CTF central office does not envision to

be a super body that manages and operates in all local disaster intervention projects, but maintains its character of being an animator and protagonist to humanitarian missions of the Order.

#### Main Activities

In the past six years, the CTF has been responding to fourteen (14) disasters in eight (8) different countries (Myanmar, Haiti, Chile, Italy, Philippines, Pakistan, Thailand, Kenya). It has been engaged in various forms of disaster intervention particularly within the three major cycles of disaster management, namely, readiness, response and recovery. In the field of preparation (readiness), trainings and workshops on "Collaborative Inquiry and Social Mobilization (SAS2)" were given to CTF core members in Asia and Latin America through the supervision of Prof. Daniel Buckles of Carleton University – Canada; pastoral care in emergency (Camillianum), CTF leaders - Provinces conferences; In the field of response, CTF has responded to 14 disasters all over the world through the various local CTF formations (offices). The types of response are relief distribution (49.1%), medical assistance (36.7%), and psychosocial (1.8%).

The data show that the CTF is highly capable of mobilizing immediate responses at the onset of a particular disaster in the field of relief distribution and medical assistance. This fact points to the provinces' and delegations' capacity to mobilize their own resources - human (personnel, volunteers) & material (health institutions). as education (1.9%). The data show a great challenge of the CTF to engage more in the recovery phase where most of the humanitarian agencies based on experience are already withdrawing.

In a period of six years, the CTF was able to mobilize 1.486 volunteers, and 58 Camillian religious serving a total of 136.526 individuals.

Obviously, the cycle of reduction (mitigation) in disaster management still remain a strange vocabulary to the CTF. "Nature produces phenomena—such as earthquakes, floods, wind storms, and meteorites—which can be hazardous to humanity. But they are only hazardous because of human choices." (*Ilan Kellmann*). Not all natural phenomena are called disasters but they become disasters because of human choices. This reveals to us that the humanitarian crisis brought about by a disaster is not simply a crisis that demands generosity, compassion and solidarity but of a commitment to analyze deeply its human causes and act accordingly in the name of justice. Millions of lives can be spared in any types of disaster, if only we (with others) invest and contribute to the reduction of the conditions that make the people vulnerable before any harsh natural events.

### Methodology

The CTF's disaster management and intervention style follows a more collaborative and participative approach. Collaboration is sought primarily between the CTF and the Province/Delegation (institution) concern. The institution is involved in the overall decision-making process and the implementation of the project. CTF does not operate in the absence of the former. Second, in the actual conduct of the intervention program (from the assessment to the evaluation), active participation of the members of the community (beneficiary) is activated. CTF follows a community-based approach by valuing the knowledge, capacities and resources of the victims themselves.

### Collaborations

CTF collaborates with government organizations (GOs), non-profit organizations (NGOs), faith-based organizations (FBOs) and the Camillians. In most of the CTFs interventions in disasters, the local church (diocese) is the normal destination before any intervention is planned. CTF values so much the cooperation of the local church in providing us vital information regarding the actual situation, contacts and logistics. The CTF collaborates also with government agencies in loco when possible in order to identify and verify the gaps of responses and to avoid overlapping of services and jurisdictions. It collaborates also with NGOs and FBOs when possible, where information can be shared, and helped analyze with due respect to their expertise and establishes coordination of activities. In fact, it has been already a protocol nowadays to all humanitarian organizations to work and cooperate under the established cluster organization as mandated by the UN.

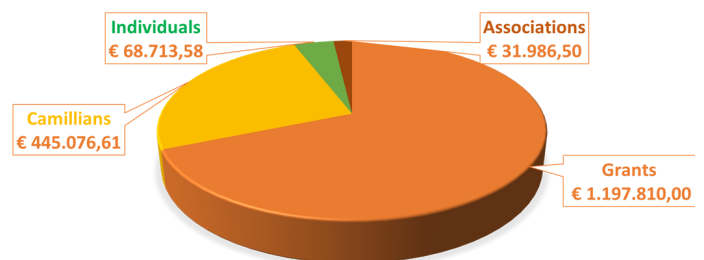
The most important collaboration that the CTF gained in the last six years is the collaboration of the Camillian provinces and delegations and the Consulta in all aspects: organizational and financial. If not because of your enthusiasm and openness, CTF will not be able to achieve what it has reaped at present. Our desire is not just to have a religious fully in-charged of this particular ministry, or an office that is functional but the highest ideal, i.e., that the service to the victims of disaster becomes an integral part of our Camillian ministry. Four hundred years ago, our holy founder has

sealed his blood on this type of ministry. Moreover, special mention also our close collaboration with the Sisters Ministers of the Infirm (Camillian Sisters), Daughters of St. Camillus, Lay Camillian Family in terms of organization and implementation of certain projects particularly in Chile, Kenya, Thailand and Philippines.

Furthermore, in response to the Lima approved motion (2011) by the Consulta and the Provincial and Delegation superiors to merge the Camillian Task Force and Salute Sviluppo into one organization which will be responsible for the work of emergency and development, two meetings had been conducted between representatives of both parties whereby consequences (organizational and administrative) - contract of CTF personnel (2) and financial administration - of such merging are fairly studied at this point in time. On the other hand, initial collaboration in particular initiatives (or actual projects) are being explored until the final merging will be established.

### Resource Mobilization

The projects and activities of the CTF are carried out through the financial support and contributions received from individuals, associations, foundations, NGOs (SOS DRS, PROSA, Isolana,), provinces (Italy, Germany, Austria, Ireland, Spain, Brazil, Philippines, Thailand) delegations (Taiwan, Australia, USA) and church institutions (CEI, Caritas Italiana, Trinitarians).



**INCOME: 1.743.586,69 euros (raised funds)**

**EXPENSES: 1.398.367,09 euros (projects cost)**

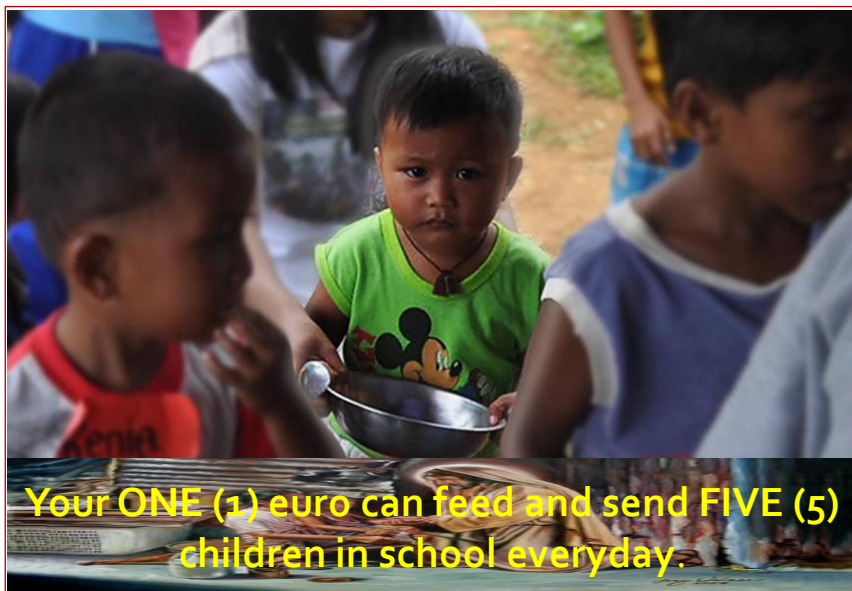
### Prospects: The Challenge that lies ahead of us

According to the UNISDR from 2000-2012 disasters caused a total of \$1.7 trillion damage to properties, 2.9 billion people affected, and 1.2 million people killed. In a span of a decade 4.130 disasters were recorded worldwide and just in 2011 a total of 302 disasters occurred. The tendency is on the rise because of human intervention in the global ecosystem that made people more exposed and vulnerable to earthquakes, droughts, cyclones and floods. The top 15 hot spots countries to disasters are countries where either our mission is located or proximate. (cf. WRR 2012, pp. 6-9). Most of these countries are susceptible because of poor public infrastructures, housing conditions, and poverty. They are most likely non-resilient.

The burning question then to our Order and our presence in the world of the suffering that we need to confront together is **WHAT IS TO BE DONE?**

*By CTF Central*





**Your ONE (1) euro can feed and send FIVE (5) children in school everyday.**

Project Bopha - Nutrition Intervention for Disaster-Induced Hunger Children Victims of Typhoon Bopha-Devastated Communities in Baganga, Davao Oriental, provides feeding support to children in five (5) identified schools in the municipality of Baganga, Davao Oriental. These are the schools in Dapnan, Sunlon, Mikit, San Isidro and Campawan. Baganga is one of the municipalities still struggling to recover from the enormous devastation wrought by Typhoon Pablo.

Eight hundred (800) children will benefit this intervention for a period of 8 months up to one year.

The program will be delivered by the Camillians (Philippines) through the Camillian Task Force (CTF) Mindanao.

*Be one with us and send your offering to:*

Account Name: O.C. Reg. Ministri degli Infermi

IBAN: IT62G0335901600100000070486

Swift Code: BCITITMX

Cause: Emergency Bopha

Account Name

Ord. Chierici Regolare  
Ministri degli Infermi

Banca Prossima IBAN:  
IT62G03359016001  
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Swift Code

BCITITMX



You want to donate  
with Paypal kindly  
write to :  
ctf@camilliani.org

### About the Bulletin

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](mailto:ctf@camilliani.org).

### CAMILLIAN TASK FORCE

Quarterly Bulletin

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Witnessing the merciful love of Christ to the  
victims of natural and man-made disasters



Camillian Task Force



Direttore P. Jesús Ma. Ruiz - Irigoyen, MI

Iscr. al n. 259/ 2006 del Reg. della Stampa c/o il Tribunale di Roma il 27/06/2006

Poste Italiane S.p.A. Spedizione in Abbonamento Postale - D.L. 353/ 2003 (conv. in L. 27/02/2004 n.46) art. 1 comma 2—DRCB—ROMA