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# CROSSOVER

Camillian Task Force Quarterly Bulletin

## Ebola is almost over but the fight continues confirms CTF

**A**fter having provided the then needed laboratory equipment of Holy Spirit Hospital of the Diocese of Makeni, CTF embarked on two other programs namely psychosocial support to the Ebola Virus Disease (EVD) survivors and the strengthening of 6 Primary Health Units (PHUs) in Port Loko district (Mamusa, Masimera, Royiben, Katick, Mabora and Makabo).

At this point, we have been able to reach all the 400 survivors targeted by the program more than three times through our trained Community Based Psychosocial Facilitators (CBPSF) and the CTF program coordinating team during our monthly group encounter. In this encounter, the survivors are helped to cope with their psycho-emotional stress. Survivors also received the Conditional Cash Transfer (CCT) to sustain their basic needs and recover their economic losses. In the month of September, CTF has distributed school supplies and workbooks to the 400 household heads for their children who are going to school.

In strengthening the PHUs, we partnered with ENGIM, an Italian NGO of the Josephites, a religious congregation, in renovating and equipping the PHU, and giving trainings to the staff on Infection Prevention Control (IPC). Our contribution includes provision of delivery beds, delivery kits, autoclave sterilizers, water tower, water tanks, WASH, 4 generators and training of staff and beneficiaries receiving CCTs at St Paul of Kamalo.

*Bro. Bonventure Muswi, MI*





# CBPSF RECEIVED TRAINING ON HELPING RELATIONSHIP

From September 3-9, the second part of the training of the Community Based Psychosocial Facilitators (CBPSF) was given at the pastoral center of the Diocese of Makeni. Twenty-six participants attended the said training.

During the first phase of the training the participants acquired skills in counseling and helping relationship. These skills were used to accompany the survivors in their grief and bereavement. This accompaniment targets the poorest of the poor families suffering from the Ebola Virus Disease (EVD). Families with significant losses need an accompaniment in their process of grieving.

The problems presented by the counselee (affected individuals and families) were varied. It is really satisfying to see how the trainees (CBPSFs) addressed each case in their individual reports and case presentations. Each one has read his/her report and the rest of the group gave comments. This sharing (technically called IPR or interpersonal relation) turnout productive, beneficial and uplifting, not just simply learning how each participant resolve issues presented by their counselee, but how they applied learned strategies from their trainings.

They have learned and unlearned errors that occur in the helping relationship. Moreover, they are becoming aware of the importance of approaching the suffering (counselee) not as the savior of their problems but, as traveling companion in their suffering; not as having the solutions to their problems, but as a helper that motivates them to think of solutions. Thus, CBPSFs are neither doers nor advisers but persons who guide and facilitate others to find solutions to their problems.

From the humanistic perspective of intervention, participants were able to demonstrate empathy, uncon-

ditional acceptance and authenticity by focusing on the person rather than the problem in order to empower them as an individual and as a family or community. Their encounter with pain, suffering and complex social realities became a source of learning for everybody (participants, trainers and program managers) in Sierra Leone.

The ability to interact, to work in groups, to express their views have generated interesting debates. I must highlight the high degree of participation of all the members of the group and especially their craving to learn that were manifested by the questions and interventions they made, their punctuality and enthusiasm during the sessions and the individual feedback that each of them gave us.

The training has opened new opportunities. It has generated dreams, the dream of continuing the process in an organized way by creating an institution called "San Camilo Listening Center" in Makeni and Porto Loko. It has nourished desires, the desire to keep improving, learning, forming in the best way. It has developed active listening skills, compassionate confrontation, management of toxic emotions, among others and especially been given the opportunity to be themselves the authors of care to families and their own growth.

*Prof. Consuelo Santamaría Repiso*

*(Prof. Consuelo is an expert in counseling and a professor of the Center for Humanization of Health of Spain. She went twice to Sierra Leone giving training and lectures in pastoral counseling to the newly formed Community-Based Psychosocial Facilitators (CBPSF) for Ebola survivors.)*



**T**he laboratory (MBIL) to test and fight Ebola came out as an idea at the height of the epidemic. The desire and plan took its form in the Fall of 2014 through an organized event called “Fratelli d’Ebola” (Brothers of Ebola) and the support of the Italian Bishop Conference (CEI) and Caritas Italiana.

The programs that were carried out are the following: [1] diagnostic (PCR) and immunological (Elisa), [2] formation and training, and [3] technology transfer and research. These were implemented through the collaboration of the University of Tor Vergata (Rome), Holy Spirit Hospital of the Diocese of Makeni and the Camillian Task Force.

The MBIL was primarily commissioned in order to assure safe re-opening of the Holy Spirit Hospital which was closed on August 2014 due to the spread of the epidemic in the District of Bombali. The MBIL is equipped to perform safely molecular and serological diagnosis of Ebola virus and other emerging and re-emerging viruses such as HIV and Hepatitis B and C. All equipment used, methods applied and the staff are in accordance and in compliance with the Good Laboratory Practice (GLP).

The molecular diagnostic activity (PCR) became a routine activity that is being performed by the laboratory staff of the hospital at any hour of the day. Analysis are always supervised and certified by at least one of the Italian or Cameroonian experts. The MBIL has conducted more than 50 negative cases of Ebola virus in the PCR. This test protects patients inside the hospi-

tal from being infected with the virus.

The immunological diagnostic activity is a research of antibodies (anti-Ebola) using Elisa method (commercial kit) in the serum of the patients or from those exposed to high risk of infection. More than 500 serological tests were performed both among hospital staff and EVD survivors who had contacts with high risk patients undergoing quarantine. This leads to the identification of numerous asymptomatic patients (over 11%) infected and identifiable by the presence of specific antibodies in their serum.

Trainings were also given to laboratory technicians (20) of the public and private hospitals in Makeni, to students (40) of the School of Public Health, University of Makeni and to the Faculty of Medicine of the University of Sierra Leone. The trainings in Makeni, were attended constantly by the lab technicians and students for a period of four months. The activity has gained attention by the academic authorities of the University of Makeni who later proposed to amend and strengthen the curriculum of the Master in Public Health in collaboration with the University of Rome, Tor Vergata and the University of Cambridge. Dr. Raoul Emeric Guetiya Wadoun was hired for three years by the University of Makeni just to continue this training, as well as diagnostic and immunologic activities of the MBIL

As regards to the Faculty of Medicine of the University of Sierra Leone at the Hospital of Cannought Freetown, we organized meetings and lectures, in order to sensitize the professors to the need of

establishing a laboratory equipped with quality trainings and technology for the control and prevention of infectious diseases.

The research conducted is part of the project sero-surveillance as approved by the Ethics and Scientific Committee of the Ministry of Health of Sierra Leone. The activities were carried out in collaboration with national (Ministry, HSH) and international (WHO, African Union) organizations operating in the district of Makeni. An abstract has been presented and published at the Ebola Convention in Paris in July 2015 and still two other scientific papers are being published.

The University of Cambridge has decided to move their laboratory of Virology (including its units of viral sequencing) to the University of Makeni which has been in operation until July 2015 at the EVD Treatment Center of Mateneh. Given the magnitude of this scientific collaboration established by the MBIL, and the institutional structures of the University of Makeni Hospital and the Holy Spirit hospital which both belong to the Diocese of Makeni, a plan was developed to establish the Makeni Biotech and Biomedical Research Platform (MBBRP). This technological platform will become a reference point for the Ministry of Health not only for scientific research on Ebola, but also for other emerging infections in the country. Thus, the Italian investment in this country will become sustainable in the future and become flexible to cater other infectious diseases.

*Marco Iazzolino e Vittorio Colizzi*



# New Batch of Volunteers Arrived in Makeni

The last batch of Camillian volunteers (2) coming from the Philippines arrived in Makeni last September 20. They are Fr. Johnjay Magpusao, MI and Sr. Didith Otibar of the Camillian Sisters. They joined our Camillian volunteers from Kenya Sr. Benter Odundo, who is still in Makeni until the second week of October and Bro. Bonventure Muswi, MI who had just left Sierra Leone after spending 3 months in the country. These four volunteers are all healthcare professionals, namely, Bro. Bonventure (nurse), Sr. Benter (nurse), Fr. Johnjay (medical technologist) and Sr. Didith (social worker).

The project is now in its last quarter of implementation and expected to terminate in December. The projected goals are almost accomplished as the number of families and individuals who are gaining access to psychosocial support and getting prepared for any possible viral outbreak are growing. The targeted 400 families in 20 villages from the districts of Makeni and Port Loko are now reached. The most affected families are regaining strength and gradually showing confidence to the then ailing health system which is now strengthened. The big contribution of the CTF is the teaching and honing of skills in psychosocial support of the local Community Based Psychosocial Support Facilitators (CBPSF), the building of trust of the people to the healthcare system of Sierra Leone by developing a habit of a regular visit to the primary healthcare unit (PHU), and providing necessary medical equipment and training of personnel in the PHUs.



The progress evident in the various activities is a product of an ample collaboration between the local church and communities, government agencies and the Camillian religious, provinces and delegations who gave their financial and personnel support. Worth mentioning here is the close collaboration committed by the Sisters Ministers of the Infirm of St. Camillus (Camillian Sisters) who sent their religious to help in this project. All of them have experienced difficult challenges on the ground but the thought of being one of the hundred arms of St. Camillus made them overcome and learn from these challenges.

## Philippines: TYPHOON HAIYAN INTERVENTION ALMOST ACCOMPLISHED

The work of the CTF Philippines in response to the destruction brought about by typhoon Haiyan (Yolanda) continues. Reconstruction of a community space in Cambayan, a chapel of Calbang which functions at the same time as an evacuation center and a daycare center for children aging 3 to 6 years old in Tinaogan are almost completed.

Distribution of emergency kits, and life saving devices, and the water rescue trainings were already ac-

complished in the coastal villages of Western Samar. The psycho-social intervention activity is primarily the training and formation of the so-called barefoot counselors (non-professionals equipped with counseling skills). The psychosocial support activities are very much appreciated and supported by the local government institution and non-government organizations. The support given to people with trauma by mobilizing communities to create a strong support structure is one of the most important challenges that the CTF is trying to promote by developing partnership with other organizations and involving people themselves in the process of transformation.

Since the medical team of CTF India left Kathmandu in May when medical emergency was over, CTF has continued its mission in Nepal by collaborating with Caritas Nepal in doing a deeper assessment of needs and developing a new program for recovery. This critical phase is

## CTF opens new collaboration with Caritas Nepal

we will work under the tutelage of Caritas Nepal. Strict government regulations are imposed by the State to any organizations who are working or desire to work in Nepal. This is a good step forward after learning from the failures and confusions of the past. Fr. Sam told us that,

perhaps we will still wait for another two months before this project can be implemented, and hopefully beginning 2016 we can start this three year project. He further commented that Nepal could be a new opportunity for a mission which will require a permanent presence in the area. There is



*Chand Pashan (extreme right) visiting the makeshift school of survivor pupils of Sindupalchowk district.*

conducted by Fr. Sam Cuarto, MI and Mr. Chand, a member of the Lay Camillian Family of India.

After a three week assessment from the villages (VDCs) of the district of Sindhupalchowk primarily in Thokarpa, Yamunadanda and Kalikha (VDCs), they developed a project design with the goal of enhancing psychosocial capacity of the affected populace by reducing post-disaster psychosocial vulnerability and building the resilience of earthquake affected communities in Nepal. This program is now submitted to Caritas Nepal which will be submitted by them to the government for approval. Since CTF has no juridical recognition as an NGO,

a lot to learn in this periphery and our physical presence here at least during the first year of its implementation is highly recommended in order to make this project achieve its goals and to help us gather lessons in this field of ministry.



On 7<sup>th</sup> of May 2015 a team of 15 members was formed at the Camillian Provincialate Bangalore for Nepal under the guidance and blessings of the Camillian religious. I was very relaxed and thrilled because it was the realization of one of my unfulfilled dreams to participate in disaster management. Of course I was not aware of what was awaiting except that the place would be rural and we might have to walk some distance.

# A MARVELOUS MISSION IN NEPAL



After reaching Kathmandu, we spent the night at Kamal Nivas Jesuit House where we were given a large hall. The next day we travelled towards northeast where the districts were badly affected. Upon reaching Gorkha District at St. Mary's School, we spent another night there and the sisters had given us all the instructions, help and moral supports. Bro. Madhu, a zealous Camillian and Mr. Royce Abraham, an engineer full of enthusiasm who went ahead of us, had planned everything for the medical camps.

We started the real journey in two groups in the villages allotted to us namely Manbu and Kashigav in two vehicles. In the evening the vehicles reached Soti around 5.30 P.M. We slept on the floor of a hotel along the courtyard on sleeping bags. Early morning at 5.00 A.M we started walking towards Manbu Village. It was really tiring, as the path was narrow and steep. Though we had some provisions of glucose packets, biscuits and water, it was nothing for a team of 20 members including the guides. The first two – three hours we were enthusiastic and I felt proud and grateful to God for this wonderful chance He prepared. Slowly I felt tired and suffered from strong muscle cramps, which hindered me to walk. I had mixed feelings that I would be giving trouble to the whole group. I prayed earnestly and I could feel the strength of it in each and every step I took. Of course my team members, specially Frs. Shiju, Teji and Mr. Royce were always at my help in holding my hand, pulling me up and caring patiently all throughout. After 7 hours of walking I just felt miserable and helpless that I stretched out myself under the shade of a tree. I was feeling hungry, thirsty, without strength and helpless. But then it rained heavily, and the situation made me more alert. So we started to climb another hill and I made up my mind to reach the destination at any cost. By 6.00 P.M we reached Manbu about 7000 feet high above sea level. We slept in tents prepared for us. It was a blessing that we had good water resources.

Nepal has 75 Districts of which 14 are fully destroyed and Caritas Nepal was entrusted 7 districts among which we focused on Gorkha District. In the 5 locations of this district we conducted med-

ical camps and we treated about 2000 patients. 20 percent were disaster related cases like contusion, abscess, wounds due to fall, disturbed sleep due to shock, and 80 percent were general cases some indirectly related to disaster. The people are very tolerant, many illiterate and not keen on health issues but worried about their basic needs like food and shelter.

I believe that natural calamities shake our human nature. I was astonished the way the people tolerated pain and illness in the medical camps. At times we lacked materials to treat a few patients with cuts and I had to stitch without local anesthesia as we had no such provisions in the 1<sup>st</sup> camp. Later we were more equipped in giving them necessary treatments including IV fluids, antibiotic injections etc... A woman of 23 years old, with her 3 day old new born baby attended our camp after two hours of walk from a hill, and she came for three consecutive days to drain her breast abscess. The smile on her innocent face still enlightens my heart. The children have no schools, no place to play, nothing to eat. They wander in the hills, eat fruits from the wilderness, drink water and play with stones and mud. Yet still they are happy. While we were preparing food near the tent, the children used to bring firewood for us. The army men were also very helpful. They were placed in many villages. They provided us with rice and vegetables and they were very helpful in the medical camp. Away from home, the young army men were nostalgic and anxious. Three days were spent in distributing shelter and blankets, and in preparing the family kits in the Caritas Nepal. The team work was very much appreciated by Caritas Nepal.

When we parted from Nepal we did feel the strength of the bond we created during these adventurous days.

*Dr. Sr. Stephina FCC  
(Provincial Superior St. Mary's Province Mananthavady)*



# LCF India on board with the CTF mission to Nepal

On the 16<sup>th</sup> of July, the CTF Team headed by Fr Siby Kaitharan-National Coordinator CTF India, Sunchoe & Manju (Lay Camillian Family - LCF of India) left for Nepal with the sole objective of doing need assessment and to prepare a rough draft of the CTF involvement during the 2<sup>nd</sup> phase of the relief work. "Work until you no longer have to introduce yourself" this quote by an anonymous author was proven true by the great work done by the CTF team lead by Br. Madhu, Frs. Teji and Shiju immediately after the earthquake struck in Nepal. This really helped in the mission in Nepal. We were welcomed with great love by Fr. Pious, director of Caritas Nepal and Fr. Lawrence, assistant director of Caritas Nepal. We could feel the great love and care of the Almighty has upon us as he connected us with the right people at the right point in time to make our work easier. After staying in Kathmandu for 2 days, we moved on to Kavrepalanchok district on 18<sup>th</sup> of July, which is roughly 30 kms away from the capital Kathmandu. This district hosts the prestigious Kathmandu University 3<sup>rd</sup> oldest university in Nepal and a great place for learning in this part of the world. Kavre district with Dhulikhel as its headquarters is among the 75 districts of Nepal.

We went directly to Caritas office in Dhulikhel, there we met Mr Krishnan dedicated district head of Caritas and Fr Louis a committed Claretian who was supervising the distribution of relief materials in Kavrepalanchok district. We joined with the local team headed by Fr Louis on 18<sup>th</sup> for the distribution and also to do field assessment. We went to a village called Balthali which is around 14 Kms from Dhulikhel. To give you a brief, Balthali offers a sunrise in the east, speculating Himalayan range of Manaslu, Langtang & Everest in the north, innumerable rice terraces in the west & huge bodied green forest of Mahabharata range in the South. One of the most important factors of this spot is that it is warm in the winter & cool in the summer. The area of Balthali is covered of various flora, colorful rhododendron forest,

and magnolia & Sal trees. This village has 850 families staying in 9 wards.

The earthquake has severely affected the lives of people in this village. They are now deprived of even basic amenities like food, clothing and shelter. When we interact with villagers we are able to identify their problems in much detail. For reporting purposes I am segregating the problems in to 3: Health and Hygiene, Psychosocial needs & Infrastructure

*Sunchoe, Manju, Chand*

*(Lay Camillian Family –LCF members of India )*





## LAY CAMILLIAN FAMILY, INDIA

We are a group of volunteers who share in the Camillian spirit with our clergy and religious in giving life to the merciful love of Christ for the sick

The tradition of involving the Laity goes back to St. Camillus himself. The first community that Camillus established, in 1582, was a group of Laymen working with the sick.

After we became a vowed Order in 1591, Camillus formed a group of Lay people to work alongside the Order and to assist the Order in its ministry. Thus the roots of Lay collaboration, presently identified as the

**"Lay Camillian Family"**  
go back to the very beginning of our Institute.

### THE PURPOSE OF OUR ORDER

- The Lay Camillian Family is an association which gathers together people who feel called, as lay people, to live out their baptismal obligations by witnessing to the Lord's love for the sick and suffering in accordance with the charism which St. Camillus de Lellis received from God, and transmitted to the Order he founded.
- The life and activity of the Lay Camillian Family is based on the example of the merciful love of Jesus, the teachings of the church, the charism, spirituality, and the mission of the Camillian Order.




# CTF 2nd ANNUAL LEADERSHIP



*Consulere Generale per il Ministero  
Consulere General for Ministry*

June 24, 2015  
Rome, Italy

Dear \_\_\_\_\_

Greetings from the Maddalena!

The Camillian Task Force is on the road to implementing a 6-Year Strategic Plan conceived in a participatory leadership gathering in Bangkok, Thailand last year, 2014. Implementation of key initiatives in this strategic plan has not been easy but we persist until we reach a tipping point in our organizational learning even as we continue to respond to disaster events, currently operationalizing projects in Sierra Leone, the Philippines and now in Nepal.

On October 18-23, 2015, we shall have another gathering, the Second Bangkok Leadership Conference. We are inviting participants from the Philippines, Taiwan, India, Thailand, Indonesia, Kenya, Burkina Faso, Benin, Togo, Peru, Chile, Brazil, Mexico, Spain, Italy, Ireland, Poland, Austria, Germany and the USA. These Camillians, including sisters and lay members are either currently or will be handling positions in the areas of project implementation (either as project director, program officer or project implementation officer) and in resource mobilization (either as fundraising officer and or marketing officer). However, invited also are those who are interested to work for the CTF, or are otherwise seen by us to function in roles that are key or significant to the learning and organizational growth of this Camillian organization.

We are asking you to allow and support the attendance of \_\_\_\_\_ in this gathering. The issuance of the new encyclical of Pope Francis, *Laudato Si'*, points us to a direction in which we are summoned to play a critical part. The Camillian Task Force is responding to the devastating effects of climate change among vulnerable communities. And with moral courage we shall struggle for the basic rights of all peoples, most especially those who are most vulnerable, to ecological balance and sustainable development. For there is intrinsic connection between health, which is the domain of our work as Camillians, and sustainable development. The right of peoples to health is a right to human flourishing. And this cannot happen when we do not secure as well the right of peoples to ecological balance. Our task is not only to provide relief to those who are suffering; ours is a moral witness to the fullness of human life of every person, a vision the Camillian Task Force stands for.

Fr. Aris Miranda, MI  
CTF International Coordinator

Fr. Leo Pessini, MI  
Superior General

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Bangkok October 18-23, 2015



Camillian Task Force

## RECOVERY



## SHARE YOUR BLESSINGS

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