

I MEETING OF HOSPITALLERS IN AFRICA
Elmina, 8- 15 December 2014
"Africa keep the light of hospitality turned on"



Chronicle

The first Hospitaller meeting in Africa was officially initiated on 8 December in Elmina – Ghana.

They were present the Superior General – Sr. Anabela Carneiro, Sr. Andrea Calvo, Counsellor and the Sisters of the Provinces of Madrid, Portugal, France and England. With us who are helping in our reflection were also Professor Samuel Mampunza and EP. Emmanuel Typamm.

In this first day, the province of England initiated the liturgy. We started with the prayer of Lauds and the Eucharist where we give thanks to the Lord, Maria, our mother, emphasizing the significance of it for the sisters who comes from the Fusion, as a gift of spiritual heritage that make us share.

After breakfast we started the meeting where we simply presented by provinces.

We continue to welcome the words of Sr. Anabela, Superior General, for this meeting. In her message she underlined the value of the Hospitaller presence in Africa and the testimony we are called to give, as consecrated. In relation to the mission, speaking of our "African reality... driven by the heart without frontiers that can not say enough to the reality of human suffering..."

She also spoke of unity in the diversity of the consecrated, diversity in its origin "ethnic racial and consecrated life has as a mission, also, to say with her life that those who follow Christ find the secret and joy of living together, before all our differences. "

After this we had a moment of dynamic activity to be able to know each other, and the opportunity to tell the person who touched us who I am and to welcome the Quin. A presentation beyond the institutional.

After this, we **presented the reality of each place**.

Presentation

We have started with the presentation of the works of the **province of Madrid**, represented by Sr. Rosario Iranzo, Provincial Superior and Sister Sonsoles Sánchez

Superior of Equatorial Guinea where there are two groups of sisters and two health centers.

Before presenting today's reality Sr. Sonsoles related the fact of how they arrived in Guinea. The sisters were the year 1981 to Niefa as a cooperation of the Spanish Government. They seek to be recognized as sisters and not just as political or social cooperators. In this status, they went to Ebebiyin in 1994, where she has a health center called **Angokong**.

Angokong Center

It is a center of the diocese and has the collaboration of the Sisters as managers and workers in the same way. They work in collaboration with other centers and in the Hospital of Ebebiyin. She has several general health valences. But the mental health stands out because it is the first in the place to abide.

To continue its mission the center counts on the volunteers from other places, aside from the Spain. The center extended its action outside, the villages, especially in the campaigns of vaccination and also in the formation that offers for sediment of the knowledge of professionals and the population in general. They also make domiciliary visits to the patients integrated in the Pastoral health of the Diocese.

Health Center of Bata

Bata is another center that has a character of service only to the mentally ill. They do their action in two groups: one that is in the center and another of action in the street. There they do a work of encounter with the sick, they approach and they invite to know the center and so can begin the process of healing and integration;

It follows the province of Portugal that is present in Mozambique and Angola.

Province of Portugal

Of this province were Sr. M^a do Meiro Martins, Provincial Superior, in Mozambique, Sr. Sabina Valente of the Psychosocial Center in Maputo-Mahotas and sister Elizabeth Ngo Mbouck in the rehabilitation center Psychosocial S. Bento Menni in Macia.

Psychosocial Center in Maputo-Mahotas

The center serves as a day center for the mentally ill and serves two groups – adults and children in various areas: stimulation, nutrition, physiotherapy, etc.

The center of Mahotas also has a temporary shelter for patients in rehabilitation after the Internment in the Hospital psychiatric.

The Center collaborates with the Government that has some technicians for the operation of the center.

Bento Menni-Macia Psychosocial Center

Macia's center began in March 2013. It has a small space that belongs to the Diocese and has 18 squares rooms that are distributed in 12 children and 6 adults. Here we try to break the isolation of the sick, promote their rehabilitation and contribute to the reduction of the stigmatization of the sick.

Angola

Sr. Sílvia Moreira presented Angola. Here the sisters do not have yet a permanent center but there are 3 antennas where they accompany the patient in the ambulatory. They make the sensibilization to several groups for the sick and information about the mental illness. Two days a week they volunteer at psychiatric Hospital with some young people.

Next is the province of England

Province of England

Her provincial superior Sr. Begoña Perez presented Province of England. In Ghana were the sisters of each community: Sr. Georgina Donzig of Takoradi; Sr. Cecilia Eshun in Dompouse and Sr. Claire Banaka of Fosu;

Sister Begoña Perez has presented some of **Liberia – Monrovia** when the sisters who were there returned. Sister Begona presented some valences of the general health center that we have, before being closed by the Ebola and shared, that the Government of Liberia requested all the centers and also to ours a department of triage of this illness and in some place for the treatment.

Center of Takoradi is a center that since the beginning attends primary health care. Later it attended the mentally ill. It's a structure of the Diocese. They make health education in schools and they also treat the sick.

Fosu Hospital

It's a General Hospital that has 223 people working there. The large part of the workers-the qualified personnel's -are sustained by the state. The Hospital pays their supplement. The government sustains the remaining workers. The state forces private institutions to provide room for their qualified employees.

Dompouse

Is a psychiatric day center that also offers maternity service. It has an external network where home visits and mental health education are made. It is a center that is auto financed with some project of production, treatment and trade of water and also of a product of nutrition for the children and the patients of AIDS, etc...

Sr. Cecilia meets three times a year for young people in Discernment. The meetings are made to Elmina. Sister Claire and sister Iwona collaborate in this Pastoral ministry.

Dr. Mampunza to Intervene the presence in Liberia "This is the time to be there together of those who live the suffering for the Ebola." Also the same doctor who encourage us to trust in the General practioner doctors

Province of France

Sr. Purification Goñi is the Provincial superior. She presented to us the reality in general of the province. The province is present in Congo, Camerun, Togo and Burkina Faso.

The reality is being presented and the of young people in the formation in this province.

Sister Hortense Mayela presented DR Congo. Her mission is developed in two centers of the capital: **Health Center Telema 1 and Telema 2-KINTAMBO.** It also goes to two network: **Nsele and Kisanto.** It has the center "**Bethanie**" where it

accommodates the sick people of the street who are there for 3 months to have treatment and to look after their house.

The **Kinshasa community has 2 groups** that are part of the community. One of them that are in Kitambo, which carries out the center Telema 2, and a group that is in Boulevard, which carries out the center Bethanie, where the aspirants live. In the community there are juniors and the aspirants.

The Hospitaller arrives in Kinshasa in response to the call of Cardinal Malula who was looking for a congregation who takes care of the mentally ill. The sister's will arrived there in 1989.

Yaoundé

The mission in Yaoundé was presented by Sor Alphonsine Diakabana. We are present in Yaoundé from 1995. There from the beginning we have a mental Health Day center. The Center has 3 networks: the central prison of Yaoundé where the meals are given to the mentally ill and tuberculous. There are two other centers: Akonolinga and Ayoss. These 3 networks respond to the sick but do not decrease the number of patients in the center of Yaoundé.

The community is where the juniors are. The novitiate group belongs to this community.

Novitiate

Is an autonomous group that is Benito Menni community of Yaoundé. There are 15 novices from 6 countries with a 25-year-old mean of deity: DR Congo, RCAfricaine, Togo, Burkina Faso, Madagascar and Cameroun. There are 3 Sisters of 3 nationalities: DR Congo, RCongo and France that accompany the young novice.

Douala

The mission in Douala was presented by sister Soeur Françoise Suami. We arrived in Douala in 2000. We have a mental health center where the sick grows up in number every day. Here we are supported by laymen who has a group called "Frère set soeurs de S. Jean de Dieu." They help in our mission in the street.

The center of Douala has many networks: Tole, Edeia, Kolla, the community has aspirants and a junior.

Burkina Faso

We have a community in Koudougou that carries a mission integrated in a health center of the Diocese. It gives consultation of mental health twice daily and accompaniment of the children: weight, vaccine...In the community there is a group of 5 students Sisters (3 juniors and 2 perpetually profess who are in Ouagadougou.

Togo

Like Burkina is for us a gift of fusion. The Augustine sisters arrive in Togo in 1962 to respond to the call of the bishop who wanted to respond to the need and to attend to the child mortality that was very high.

We have two associations in Togo: **Association Yendoube, and, Association Vivre dans Esperance**

Association Yendoube

It has 3 apartments: the Hospital, Korboungou Center and Mental Health Center. The Hospital is for the infants and attends several necessities: vaccination, weight, and laboratory analysis...The government gives support here and also has workers for the center. There is collaboration between the Hospital and the center. **Korboungou** – is a center that is 15km from Dapaong. It has an occupation for female children. Supports nutrition to help girls. It gives training for health within the center and in outside the community, in the villages. It has PMI-maternal and child protection actions. There is the presence of a community with 2 sisters where there are postulants and aspirants **Mental Health Center** – This center has been created to respond to some sick people in the villages. It has beds to cater for the sick that are agitated and lives distant from the center. Here a small occupational therapy to help the sick.

Association Vivre dans l'Esperance

The association started in 1998. It has been created because of AIDS patients. It was not the goal to create Orphanage but a it's family home

Within that center there are **4 structures** that are in different places:

A) Magui Center: is a day center that responds to AIDS patients who comes in the center and there's a group that goes to the villages to have home visits

b) EPV: It has the Administration of the Association, occupational therapy for young women who learn sewing and "dressmaking"; The Association helps the young towards ends the formation and launched a choice of carrier.

c) Ferme Agricole: There are plantations of some products to meet the needs of orphanages

d) Orphanages St. Agustin and Saint Monique: Here we welcome all the children who are rejected by their families because of AIDS, and with other problems of reception in their family.

In the community of Dapaong there are 8 sisters (7 of votes perpetually profess and 1 junior.)

The work done is in Guinea, in Mozambique-Macia and in Angola and in almost all the presences in Africa French speaking and there is no help from the government of the country although in some of the presences there's suppose to have an agreement. Yaoundé and Douala and Kinshasa were self-financed, without subsidies from the government.

In Ghana, if there are government subsidies. All the centers are self-financed.

The presentation of the presences and the work of the provinces/communities to complete the day 9 for the half-day.

In the afternoon of the same day we hear the reflection of Father Emmanuel Typamm, priest of S. Vincent de Paul with the theme "the church in sub-Saharan Africa and the consecrated Life in Africa.

In the days 9th and 10th the Sisters of the Province of Madrid directed the liturgy.

P. Emmanuel TYPAMM: Evangelization in Africa

P. Emmanuel TYPAMM (P.M.), began giving a perspective of the **historical periods of evangelization in Africa** highlighting the periods of grand intensity and life in the same and the same time alternated with long periods of the absence of the life of missionaries and evangelization. Fr. Emmanuel said that evangelization in Africa began with the Holy Family, because Joseph, Mary and Jesus have come to Egypt to hide from Herod and so began evangelization. The evangelization continued with Mark, Evangelizer... and then with Origen, S. Clement of Alexandria, Tertullian and others. The Muslim movement between the 7th and 14th centuries has broken it. Between the 14th and 16th centuries the Portuguese arrived as explorers and evangelizers who started to baptize the different shores of Africa. The first religious missionaries in Africa were Lazarists and Trinitarians

During the Vatican Council II; there were African bishops who said: "We invite all Africans who speak the same language... » Paulo VI calls the attention saying: "Africans should be missionaries for yourselves..." That is why we are here to improve, to love and to serve God and the congregation.

P. Emmanuel gave us 12...call our attendance and call of attention, all the venues and challenges present in Africa.

Recalling

1. Proclaim Christ
2. Our consecration to Christ
3. Consecrated to be witnesses
4. The eschatological dimension of the VC-to know that we are of passage in this land
5. Fraternal life as a shared life with others
6. Responsibility of the authority (the role of the superior is important in evangelization)
7. Permanent formation
8. The Holy Spirit is a very important agent
9. Communion with the other institutes-we cannot face evangelization individually
10. We are church in departure-consecrated coming out (self-departure, departure from your house and exit from the wall)
11. "We always do like this. I"
12. Each creature is infinitely sacred and deserves our affection

The venues

1. Hope
2. Africa needs people who are not afraid, zealous missionaries
3. Africa is thirsty to find solution to your problems
4. Africa is always thirsty for God (helping Africans to remain African)
5. Thirst and hunger for peace in Africa
6. The future of the world and of the church pass through to the family
7. The Family Church of God put...
8. Thirst for dialogue
9. Thirst for money
10. Thirst of fear.
11. Thirst for punctuality
12. Thirsts for Discipline
13. Thirst to recognize the role of women

10th of December, Fr.. Emmanuel began by launching some challenges for the evangelization of the Hospitaller Mission:

Challenges

1. Lack of faith in the consecrated in Africa
2. Enculturation
3. Fraternity
4. Secularization
5. Consecration-Living in fidelity
6. Means of communication
7. Job well done
8. Loves for the Congregation
9. Proximity to the poorest
10. Use of material goods
11. Cases of injustice in the community
12. The power-people who want to keep the place...

The work of the group

Everything that we have seen Fr. Emmanuel have asked us an order of individual and group work: to choose three important points to live our hospitality and in the group to share and to take also three points to carry in the room.

In the Assembly after listening to each group we picked up 6 important points of our reflections. After all we have left with these points:

1. Consecrated to be the witnesses of Christ

2. Fraternal life as a force for evangelization

3. Enculturation

4. Discipline (work well done, prayer...)

In the comments in the assemble hall we have mention what we need to care of our life, looking for the balance because we are too focused on the work, and it can be happen that within us we are empty

Father Emmanuel's latest propositions

1. Put Christ before all
2. In culturing my consecrated Life
3. Manifest my fraternal life
4. Not being indifferent to the sick and the poor
5. Love the congregation-the Charism
6. Not believing enough in the point of not collaborating with other congregations
7. Developing networking with other lay people and agencies that work for the welfare of the persons

As his conclusion he said we have to have:

1. Passion for Christ

2. Passion for Benedict Menni

3. Passion for Africa

On the 11th of December 2014 was on the theme of "Health in Sub-Saharan Africa: Realities, Necessities and challenges" and "mental health". Our reflection was directed by **Professor Samuel Mampunza**. Fr. Emmanuel on this day left us after the meal.

Professor Mampunza began his speech by saying, "Within each of us lays the power to choose health or sickness, poverty or wealth..."

General objective: To contribute in order to improve the mental health of the populations in Africa

Specific objective: -Know where we are

-Define the conditions for good mental health

Prof. Mampunza has chosen a methodology for this day: the exposition-the Interactivity-the group work-the sharing in big Group. It started by presenting the psychiatry as one of the basic concepts for our work as well as one another is mental health. Psychiatry as a specialty of medicine and mental health as a stadium of well-being bio-psychic-social-spiritual. According to him, our job is to help the person to be useful for himself and for others and also that he can normally live his life, even if he has problems.

Working on mental health should involve:

- Make the promotion
- Do the prevention
- Treat the illness-care
- Rehabilitate and readapt people in his environment

When our mental health is good we have the balance that allows us to be well and treat others well and the world around us.

Mental health policies in Sub-Saharan Africa

All countries agree with the D'Alma-Ata declaration signed at 1976 in Azerbaidjan, which has adopted a slogan that says "Health with all and for all". It is agreed that this slogan above all directed to the Primary health care on which it is said that must be:

- Being of quality**
- Have accessibility**
- Not be conditioned by the economic question**
- Don't be conditioned by the culture**

In spite of everything in Africa, 25% of people have access to health.

In Africa the patron saint of health is the community. It is the community that has a role to make. The community has in itself a certain culture and just saying that the culture is not Christian does not make our way to do a good job. Alem's cultural aspect to take into accounts the politics of the country where we are to work.

In African culture the power of the individual is not in itself, isolate. Whoever stops power is the community. In relation to the mental illness conception is that is not in the individual that comes from the outside. It is the others who are responsible for the illness. If in Europe a sick person is responsible for his illness, in Africa is the opposite; the responsibility is for the group, the community. To understand something of conception, it is important to know the illness and his surroundings "for you that is the disease? Where does the problem come from? "

Another question when we talk about health and illness is to know the place of traditional medicine. Here we have to refer the healers. It is important to seek and to know and respect their practices and we are allowed to advise in hygienic measures to where it comes from, in the dignified reception of their patients, in the way they have them in their healers, etc.

In the established relationship with their families it is important to form in some aspects. By ex. There is no chronic illness for African culture. It is necessary to inform and form, the families, to the sick when there are conditions and also to the healers.

Looking at Africa and its real conditions regarding health is important to make an investment in the Quadros Intermédios, as doctors almost not available. The basic conditions of the population in general are of much poverty and little social political stability.

After his presentation Prof. Mampunza invites us to do a group work. To guide our reflection we suggested the following areas: Solution Tracks (group work) What are the solutions to the catastrophic mental health situation?

- that human resources solutions
- That solutions relating to infra-structures
- Community-related solutions
- What solutions related to the sisters-HSC

Solutions

Finished the group work, in the Assembly we share the following solutions:

- Increase the competence of RH that already exist
- Take advantage of psychiatrists who are in retirement
- Institutionalize these encounters
- Create formation sessions for workers
- That there is mobility in the equipment
- Create a dossier-type (booklet of good Practices) where you take the accumulated - Experiences in the follow-up of the patient

Extramural activity

- Create mental health centers for prevention, treatment and recovery in communities
- Involve local leaders
- Open "linkages" in the structures that exist
- Availability for collaboration with NGOs
- Involvement in general hospitals to share hospitality-we have a charism, a way of doing that can contaminate others-developing the Pastoral health care
- Involve family and community in psychosocial reinsertion
- Prevent the chronicity of the sick in the street
- Collaborate with traditional therapists and other religious leaders
- Work with the hospitaller laity
- Arouse vocations with encouragement among the young
- Form social workers
- Working in Network and with the Sanitary Authorities

Epilepsy and Psychiatry

Followed by the work carried out and shared by Prof. Samuel Mampunza to reflect with the group , the relationship between epilepsy and psychiatry. To say that between the two there can be a bond and that epilepsy can be a meeting place between

psychiatrists and neurologists. This is because epilepsy can be associated with psychiatric problems such as depression, anxiety, and psychotic manifestation, bipolar....

- The psychic disturbance is positively increased in the person epileptic in general
- In the patient with epilepsy it is necessary to keep in mind not only the crises but also the quality of life
- There is no epilepsy but Epilepsies
- Support the quality of life, especially the child.

We finished the session with Dr. Mampunza and then we paid a visit to the Archbishop-Cape Coast, of Elmina – Bisp. Matthias Kobena Nketsiah

Day 12th we visited, we dedicated this to know the centers of Dompouse and Foso. Because of the long distances we have left Elmina at 6.30 in the morning.

In Dompouse the sisters waited for us with hope; the children and youth of the Mental Health Day Center, have welcomed us. Then Sr. Florence, Superior and head of the center together with Dr Dzackah have taught us the dependencies of the health center, maternity and the production department of Nutrimix (supplementary food for children with malnutrition) and embalming of water. Before leaving Dompouse, the children have presented us with a traditional dance in which most have wanted to take part.

After our visit to Dompouse, we headed to Asin Fosu, where the congregation has a general hospital – St. Francis Xavier Hospital. On our arrival we were welcomed the sisters, some sick girls, the medical Director and the Chaplain. We have been presented with a beautiful bouquet of flowers. We have celebrated the Eucharist in the chapel of the hospital and we thank the choir that encourages the liturgy.

After eating Dr Sakyi Appiah, Medical Director, has presented the hospital and its operation as well as the challenges they encounter in the exercise of the mission. Next we have visited the hospital's staff and we have all been very impressed with the work being done.

We have returned to Elmina grateful for all the sharing throughout this day. **The liturgy of the 11th and 12th was directed by the Sisters of the Province of Portugal.**

The Sisters of France animated the 13th day the liturgy. The Mass for Father Mickel, the rector of the seminar minor D'Elmina.

Sr. Anabela Superior General animated the theme of the day. Before starting Sr. Anabela made a tour of a group work we had done at the end of the presentation of the work done in every place where we are in Africa. It was about sharing, that follows:

1. Of the reality that we know, thankful for...
2. From everything we saw that challenges I perceive...
3. Other aspects...

We have made a synthesis of our feeling

I. We thank God for the Gift

1. The sisters, Vocations, Hospitaller evangelization in Africa

- Hospitaller vocations in the world

- the sisters who come from Africa
 - Aware that we are passionate women for Jesus
 - The life and value of the first sisters to share their lives in Africa
 - The dynamism that the sisters have in what we do and are
- Etc.

2. Congregation

- The value of consecrated life
 - The fusion and the opening we discovered in Togo – Dapaong
- Etc.

3. The mission

- Diversity at the level of presence and mission
- For the collaboration with the laity, the hospitaller family, the benefactors

4. The African Hospitaller meeting

- Know other realities that exist
 - The experience of a new Pentecost, the language is no longer a barrier
 - The experience of interculturality
 - To be able to listen the richness, to discover our way of hospitality
- Etc.

II. Challenges

- Our life as women consecrated in hospitality.
 - How to maintain the balance in our consecrated life the spiritual dimension, fraternal and Apostolic?
 - Permanent Training
- Etc.

Formation

- Take care of the initial formation
- Give quality formation (tables) to our sisters who have the capacity to do so
- Caring for the Pastoral Health Care and Vocation Ministry

III. Mission and Apostolic Works

- Consolidate what we have, non-tender, prioritize, discern?
- How to respond to the needs of reintegration of the sick person on the street?
- Improve the quality of work we do
- Self-financing of the different Apostolic works

- Keep in mind that it depends on the province of Europe and is lowering the economy

At this point a sister said that it is not good if we say that we transmit the charism, because the one who transmits it is the Holy Spirit. We make it known and we can help the collaborators to discover the charism and the hospitable values.

Other Aspects

- Appraisal of the meeting
- Financed projects: agriculture, manuals, small shops, and animals....

After all Sister Anabela invited us to share in small groups on what we called more attention. What came out of this little sharing...

- There are great challenges but we have to prioritize what is most important
- Dialogue and listening to the projects of the sisters in Africa is important
- The importance of forming ourselves as consecrated women for the future
- When it is not possible to do all we want it is important to concretize the small Things
- Fraternal Life
- The testimony of joy.

After all, sister Anabela began talking about the **process of Restructuration in the Congregation**. Restructuring in the Congregation objectives of the meeting

- Fostering mutual knowledge, interculturality, communion between sisters
- To reflect together on the reality in Africa, within the process of **RESTRUCTURING AND REVITALIZATION** of the Congregation.
- It is important to reflect together and each one of us feels responsible for what we do in the congregation in this meeting because we are in representation of the sisters.

The mother General commented that:

- Reality: We can make forecasts or have desires but we must have the reality to start from it.
- the horizontal relationship should be enhanced, among the countries of Africa not only the vertical relationship with the province
- Take into account the process of restructuring and revitalization of the Congregation
- Feeling as a Congregation is desiring that what happens in some place of the world is also ours: we are a body.
- everything we live must be felt as mandate

After the presentation of Sr. Anabela , she sent us to pray with the Gospel of Luke 10, 1-11. 16-20. We are invited to be disposed to discern with the Lord. Aspects of reflection: Sr. Anabela then has taken the reflections that are in the document of the XX CG of the commentary of this reading of the Gospel of Luke. Sr. Anabela has taken a tour of the

whole process from the year 2007 up to now. We started the afternoon session with a time of Marian prayer that focuses on this time of Advent;

STRUCTURE REORGANIZATION

We have then reflected on the restructuring of the African continent. We have worked in groups taking as a basis for reflection 5 aspects:

1. The possible reorganization in Africa. Justification
2. Aspects to consider in relation to the sisters
3. Aspects to be taken into account in relation to the initial formation
4. Aspects to be taken into account in relation to the Apostolic works
5. other aspects

We return to the hall to share the work of the groups.

Possible reorganization of Africa

- 3 groups have said two delegations (one delegation: Ghana, Togo, Burkina, Liberia; Outra: DRC, Cameroun, Angola, Guinea Equatorial, Mozambique. Another group had made the suggestion to create 2 delegations: one dependent of England and other of France).
- 1 group has the possibility of making a long-term delegation.
- The criteria for this response were the consistence of the presence and the geographical proximity. But in the long run it could constitute a province.
- Another group said that the delegations of 2016-2017 could be made.

Aspects to consider in relation to the sisters

- Reorganizing the realities – promotes the exchange of sisters
- Work experiences in other countries
- Responding to the necessity of the Mission
- Collaboration of some countries with another in the formation • Collaboration in situations of international emergency

Aspects to be taken into account in relation to the initial training

- Proposal of a unique novitiate – inter-provincial-Yaoundé suggested since 2015-2016;
- Reinforce the formation team with 2 or 3 sisters from different provinces;
- An interprovincial juniorate with a team of 3 sisters from different countries –
- The juniors should stay there for 2 to 3 years
- The place of the juniorate: Burkina Faso? Mozambique? Kinshasa? And also someone has spoken of Kenya??????? For the possibility of formation but there is no community.

We ended the day with the sharing of the work, although we have not yet shared everything. During the prayer of Vespers, the **Brothers of St. John of God John Opong**, representing the Provincial Superior based in Liberia joined us. He shared the dinner and recreation with us and still he are with us the following day. He has presided over the Eucharist and been with us at breakfast.

On this day-14th December we continued to share what we had not shared the previous day.

Aspects to be taken into account in relation to the apostolic works

- Promote collaborative networks according to activities – mental health and primary health
- Study/reinforce and consolidate the works we have
- Share skills and experiences between centers (people we see motivated in the mission) Ex. The sick of the street

Sr. Anabela has said that it is good to study, reinforce and consolidate the works that we have because there are many sisters still in formation so we have to consolidate their formation. For two or three years we do not defuse works, to balance our personal time as consecrated. The superior General said, we have to save the fraternal life and the community, because if not the sisters will feel overloaded It is important to take care of the moments of silence, prayer and joy for the sake of fraternity.

Other aspects

Other aspects that we share in our reflection that the sisters have underlined have been:

- in international meetings that have translated texts for other languages. So that those who do not dominate the Spanish can follow.
- Create portfolio of Sustainability for both the community and the works for the progress of the possible African province.

After this we started the proposed theme for today. **The initial formation: formands and formation center.** This topic was planned to be directed by sister Asuncion Riopedre but it has not been made present for her health.

Sr. Anabela has taken what has been said and reflected in the XX General chapter and the XXII Plenary Council in 2014 on the theme and also the suggestions that have been asked and contributed by the formators for this meeting. She underlined:

- The formation as existence of fidelity so that we passionate women, generating communion and Hospitaller compassionate (CG 4)
- The initial formation and the different types of formation... there are itineraries of accompaniment in all the ministries; And that the formators have adequate preparations, theological, spiritual, charismatic and professional updating (CG 5)
- The permanent formation: it is an attitude in everything that I do, I say, discern... it matters that we are mediators of formation for each other. Daily life has a formative value (CG 6)

From the XXII Plenary Council of the whole have emerged questions:

- How to Organize the 5th year of Juniorate and that relationship can be established with the time of Josefinato.
- In this period, the Josefina must be able to review, clarify, discern and decide on her definitive consecration or not; Must have the opportunity to do the integration of Spirituality , fraternity and hospitaller service.

- It needs disposition and will to do so, presence and accompaniment of the formator and a specific plan for this time.

And the formation suggestions of the formands that go from proposals of reorganization of the novitiates and Juniorate in Africa to the proposals of interculturality of the teams and others.

- Have a 6 year juniorate
- Specify the age to start the aspirancy
- Common Criteria
- Continuous processes in the different stages
- Importance of the Community
- Constitute formation teams
- Make some stage in their own country

Proposals for stages by continents

- Africa: 1 novitiate, 1 juniorate, 1 Postulancy
- America: 1 novitiate, 1 juniorate
- Asia: 2 novitiates, 2 Juniorates
- Europe: 1 novitiate, 1 Juniorate and 1 juniorate in Ciempozuelos

Criteria

- That you have formands
- Possibility of fraternal life and Mission
- Possibility of religious and professional formation
- Languages: Spanish and English

Then we started talking about the juniorate. It has been said that it is necessary to take care of the whole formative process to arrive at this stage with maturity, knowledge and constancy for the decision to perpetual profession. Take care of a few moments like renewals of vows or when you move the formator. At the time of renovation the formands must make their assessment of the path and be able to tell their potential and their difficulties and that portfolio has to the front. The formator and the community should help the juniors to concretize their assessment that they can say what if it is difficult and encourages them. It is important that the Formands is in the house of Juniorate from the minimum of 2 to 3 years .

Speaking of the formation stages...

It started talking about the stage of the **reception** that coincides with the Pastoral and vocational animation where you have to apply the criteria of vocational discernment and also integrate here the time called of Aspirancy, where the young may have some accompaniment although they still have strong commitment.

Then we continue with the stage of the **preparations** or the postulancy. This stage should be in a community where there is a formative environment. In this period the young woman must begin the estudio of a language, be it French or English.

When we arrived at the **novitiate** time, I spoke in the importância of creating a continental novitiate where the team is intercultural.

On the **juniorate** it was said that the young woman who leaves the house of the Juniorate must have a formator and be accompanied by her, even if she has a sister of reference in the community where she is.

After all this approach Sr. Anabela has proposed a work of reflection in a group where of everything been discuss, in a special way to the suggestions of the sisters, we put in common the feeling of the group.

To help us reflect, we have been given some presets.

Formation proposals

- Have a 6 year of juniorate
- Specify the age to start the aspirancy
- Common Criteria
- Continuous processes in the different stages
- Importance of the Community
- Constitute formation teams
- Some stage is done in the country of the form, it is possible

Continental proposals

- Africa: 1 novitiate, 1 juniorate, 1 postulancy
- America: 1 novitiate, 1 juniorate
- Asia: 2 novitiates, 2 Juniorados
- Europe: 1 novitiate, 1 juniorate and 1 junior in Ciempozuelos

Criteria

- That you have formed
- Possibility of Fratarna life and mission
- Possibility of religious and professional training
- Languages: English and Spanish

After all this approach Sr. Anabela has proposed a work of reflection in group where, in a special way to the suggestions of the formands, we put in common the feeling of the group.

To help us reflect, we have given some proposals to the level of:

- formation
- Initial formation
- Permanent formation

The work of the group

Formators

- Make a meeting for formators every 2 or 3 years
- Need/Urgency formed sisters (formators)

- Listen to the sisters, allow the sisters to identify themselves
- Exchange, share experiences (unify criteria)
- The formators must be accompanied by the community
- Availability for the ministry (do not give many other jobs to the formators)
- Do not make the formation of formators in time of juniorate, but when they are perpetual

Pastoral of Vocation (welcome)

- Help of the hospitaller family in the coaching of Aspirancy • Continue the commitments of the pastoral
- Accompany/systematic/differentiated
- For young people coming from other congregations to be careful, to discern well (what criteria?)
- The accompaniment of applicants is no more than 2 years
- Involve the family of the young in this pastoral
- More or less 35 years is the limit to enter

Postulancy

- Postulancy time is personalized (explain the process to the young person). But here Sr. Anabela has said that we have to give clarity to the young women, that each must know the path that is doing.
- Unify content in the stage
- Have a program that helps young people who are at the same level before coming to the novitiate
- Content: Human, Christian formation and sensitivity to the patient
- Make this formation of Postulancy in a committed community
- Learn the language of the novitiate
- Learn the language of the novitiate if it is French speaking/learn English before the novitiate

Initiation/Novitiate

- formation Team (3 sisters) of Diversity of the languages
- Helping to Live interculturality
- Make Temporal Profession where the novitiate, was being done. if Thanksgiving mass (simple)
- Nb. If you have to know that yesterday we thought of this point

Juniorate

- Perpetual vows . A simple celebration (dialogue with culture?)
- Do the Perpetual vows where the young woman have grown up
- Do the Perpetual profession in the Parish of origin (the community?)
- The renewal of vows does not have to I change the dates. If you can do the renewal in the Lauds, Eve, the mass (something very simple)

- Two or three years in community of juniorate, then send to a formative community and a formator
- Have contact with the Mistress (visits)
- a Juniorate
- Contact the sister who accompanies
- Who do the information when the junior is in a community?
- Be flexible in the formation
- That the superior and the formator go in the same line
- Maintain criteria/university input/Flexibility study
- Insist on spiritual coaching
- The Mother general said that the criteria are to orient, every thing and it needs discernment

Permanent Formation

- Formation Program
- Celebration of the 25/50 years (celebration, time of revitalization)
- Organization to be able to do permanent formation
- Communities should limit to the province's Program
- Accompany the perpetual vows of (first 10 years)
- Meetings with community leaders
- Formation in Spirituality
- Sessions on Spirituality
- Self-formation
- Formation of the superiors

The morning of the 15th , after the Eucharist and the breakfast we went to visit the **Clinic of Takoradi**. Although it is the property of the diocese and not of the congregation, there the sisters do their management. We started our visit in the Day Center department where the Sisters have a group of sick people. With them they do some activities such as the sports, manual activities-with wood, silver and jewelries... kitchen. The sick come every day – some of their home, others from a shelter. Then we also visit the maternity and consultation departments of children. From the center we went to see the House of the sisters and share a little time with the sisters where, among others, things we could taste the churros with Chocolates!

From there we went back to Elmina. Here we visited the castle of the slaves and travel to the dark corners of our history where we talk about evangelization and at the same time everything that goes against it.

Coming home after the late meal and a rest time we gathered to conclude the first meeting of hospitallers in Africa. After seeing the suggestions of topics of discussion that the sisters have given for the preparations of the meeting we gather together in group to share and choose some that we understand as urgent of definition/concretizacion. All groups will choose the theme of the family: AIDS, relatives/parents elderly or sick... that helps the congregation? It has been spoken in

the unification of criteria of action; How to act in the situation of death, participation in funeral...

In this way the celebrations of the perpetual professions and as they can be not a witness but counter-witness when we allow it to be done great feast and expenses. The Importance of evangelizing the families has been emphasized.

We ended the meeting with a prayer of dispatch-sending the 72-which has given us Sr. Andrea Calvo.

Throughout the meeting we were receiving messages from many communities and sisters who were accompanying the work and ensuring its proximity and closeness.

Emilie Bayecula

Silvia Maria Moreira

Elmina – Ghana 2014