



Farewell to Perico

This is a special editorial, special because it heads a special newsletter. On June 26th, Pedro Massanet, Perico to his friends, died at the age of 77.

Perico was a Majorcan in India. Jesuit and Fede's hardships companion, worked for and with the Adivasis and Dalits of the state of Maharashtra. The NGO Món Adivasi, was born from his dream and enthusiasm to share his vital experience with those at home in Mallorca.

Weird but true. A few years back in a lost town on the outskirts of Mumbai, we could find two traveling companions, wearing white kurta and a smile from ear to ear, talking and arguing. Indians from afar, Catalans when you were closer to heard them speak. Perico and Fede were dialoguing people; dialogue understood in the sense of approaching and trying to understand people different from yourself, who perhaps frighten us, who questions our beliefs. Therefore today we talk about them; and especially about Perico, because at ADA we emphasize intercultural dialogue with Adivasis.

In the search we have done about Perico and his life, friends and family have sent us writings and fragments of his life that, for lack of space in this newsletter, we cannot share in their entirety, but you can find them in our website. For this reason we would like to thank Ana de Felipe, Cherie Demerie, Godfrey D'Lima, Maria Morell, Reyes Rigo, Wendell S.J and Lilà Thomas Andreu. They are the ones who tell us about Perico.

"Perico dressed as the workers in the village did, everybody knew him, he listened to everyone, whenever you needed him any time of the day or night, he was always available"

"When he spoke, he spoke with his piercing blue eyes; spoke with conviction and determination. "

"Our friend Perico was cheerful, vehement in defending his ideas, tireless talker who promoted debate with people of beliefs far from his own".

"He was a deep thinker, philosopher, but pragmatic and in touch with reality. He was a man who acted humbly, did not ask for praise or recognition."

"In a patriarchal culture Perico worked for the emancipation of women with the creation of dairy co-ops led by women. He made history in the world of that time; a world of men"

In this newsletter we want to get closer to his work and also learn about the hospital of Subir, a project sponsored by ADA. In the meantime we do not forget that there are only a few days left before the end of the year so from ADA, inspired by a special Majorcan, we wish you dialogue, respect, a lot of love and joy for this new year.



The MPSM and Perico,



Umrle milk collection centre

went a big way into financing and group loans for lift irrigation systems. If I'm right, it is at this point that Perico made a major contribution. They brought groups of farmers together to accomplish, together, what was beyond the capacity of the individual farmers. This was characteristic of Perico's approach -- He always thought big, he visualized a response that was beyond the present or immediate capacity, believing that invested resources would generate further resources as the work progressed. When the work succeeds, they call it business acumen.

In the late-80's-90s MPSM had started moving westward over the ridge of the Deccan Plateau and down into the Adivasi community

Over the many years at MPSM Perico made the MPSM ideology and way of working very much his own. Perico joined MPSM almost straight after ordination, I think just six months at St. Peter's Church in Bandra.

Unlike in other Missions, like Talasari, where the Jesuits focused on Education, as the the primary strategic intervention for liberation of the Adivasi community, MPSM was born in the context of severe drought and famine (early 1960s, again 1972) and responding to sustenance needs was the primary objective. So from the very beginning, MPSM focused on sustenance and economic stability through optimization of the resources the farming community had at hand.

In the 1960's there was no rain and no food - but there was ground water and land. So MPSM worked at leveling land and boring wells so increased cultivation meant more food, improved sustenance. These programs were already underway at the point at which Perico entered the Mandal.

By the 1970's the Government had built a couple of small/ mid-sized strategic dams in the area. Sufficient land had been leveled, the challenge was now to bring water from the Government's dams to the farmers' fields. This is the point at which MPSM

in the hills. This is when the watershed works began. In the context of the Adivasi community in the hills, the cultivate plots bore a direct relationship to the higher forested slopes, therefore the watershed had to be serviced as a whole; farmland could not be isolated. Perico's contribution at this stage was largely in the creation and organizing of funding for these projects through contacts back in Spain - *Caritas Spain, Manos Unidas, La Caixa* - were some of the major projects that Perico initiated. Besides these, there were two big projects with National Bank for Agricultural and Rural Development (NABARD).

By 2000, MPSM started looking at Organic Farming. Cattle manure was the main ingredient in organic farming, so to encourage this Perico started the MPSM Dairy. MPSM gave loans to farmers to buy and rear cows and provided logistical support to collect and sell the milk (supplementary income for farmers' families). Perico was already in his sixties by this time, but he would be up at 5:00 in the morning, and personally go out to collect the milk. The collection routine was repeated again at 6:00 in the evening (the cows were milked twice a day). Systems were slowly put in place, but for the first two years, Perico was the "bull" that drew the cart.

The Umrle collection point (see photo) was particularly dear to Perico. The high caste people were not ready to give him a room for the collection centre. So Perico star-

Perico and the MPSM

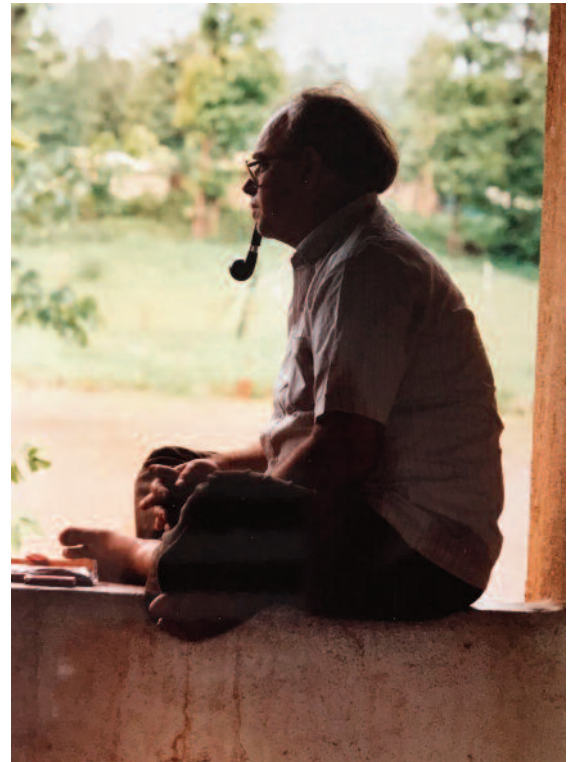
ted the Collection centre in the Dalit quarter of the village. This forced the high caste people, who wanted to be part of the dairy, to enter the low caste (dalit) area of the village -- a small caste revolution!

This is the point at which I entered MPSM. In the course of that year I slowly took over the watershed and forest programs and Perico focused fully on the Dairy. At the peak of the MPSM Dairy, milk from ten Village centres was transported to three Collection Units, fully equipped with coolers, generators and mechanized records of fat content of milk from each individual farmer. At it's peak, MPSM Dairy forwarded 8500 litres of milk everyday, to larger players. When MPSM Dairy began, Dindori Taluka (the main administrative block in which the Dairy operated) had a daily production of 2500 litres on milk and one Government-run dairy unit. Within 4 years of the MPSM Dairy, milk production in Dindori had gone up to 50,000/- litres a day, with at least four big dairy players involved. To say that MPSM was a catalyst in this process would be a fair statement.

" Perico always thought big "

In his last years in MPSM, the Dairy was Perico's life. He shifted his residence to Dindori to better monitor the Dairy Office and the collection centres in the villages. After the first two initial rough years, the village groups were linked to Vasundhara (a big Dairy player from neighbouring Gujarat), and slowly the steady returns from the sale of milk began to pay dividends. After the Lift Irrigation, this was the second big economic initiative of MPSM in which Perico had a major role to play (entirely responsible for -- would be more accurate!)

As a footnote: after Perico returned to Spain, I started the process of setting up the Dairy to run independently from MPSM. Local leadership slowly took charge of the ten village groups; a woman's group lead by Mrs. Sangeeta Argade, MPSM's former accountant, and Perico's right-hand in the office, took charge of the Dindori Office. The Dairy today has a central fund of over Rs.60,00,000/- and continues to give loans to farmers, individually and to the village groups.



MPSM from the very beginning had set up a boarding for farmers children at Nashik. This was later shifted to Ambatha, and the boarding for girls added. Friends and family of Perico from Majorca have most generously supported these boardings over the years.

Around 2000 Perico had this dream of schools, a network of schools. He started the first one at Shingarpada, but a number of factors worked against him. For one, the Government put a freeze on all new schools, which lasted for 5 or 6 years, and eventually we had to close it down under threat of imprisonment and a fine of Rs.10,00,000/- Back in 1982, when MPSM felt the need to start a school at Ambatha (in addition to the boarding that was already running), the Jesuit Provincial entrusted the school to a separate Jesuit community so that MPSM would not be tied down by an institutional burden, and be free to make more charismatic developmental and agricultural interventions in further interior areas.

Perico seems to have missed out on this, and thereby remained an unfinished dream.

Love and prayers,

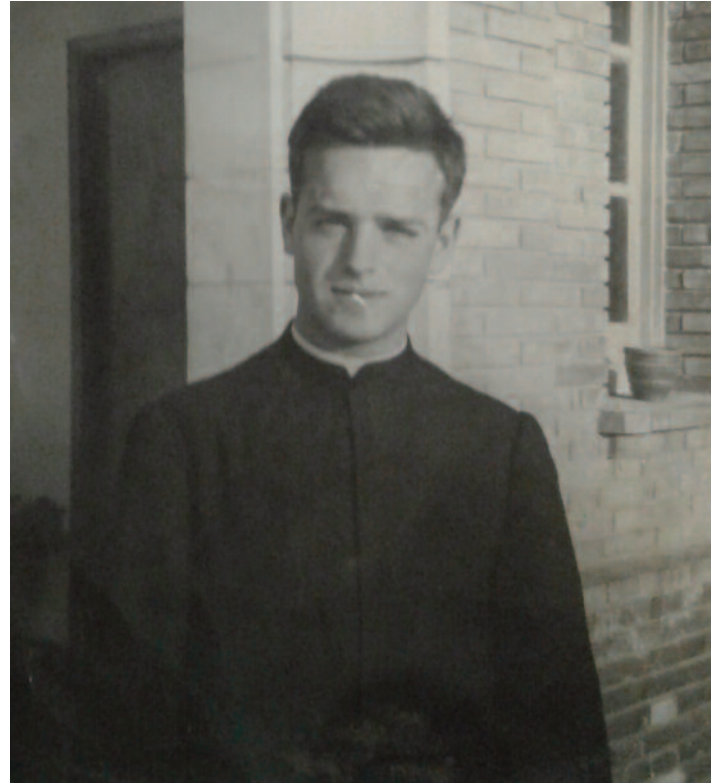
Wendell sj.



Perico Massanet through

Pedro Massanet was a dear cousin, like everyone in his family. His father was my godfather and his mother was a unique, extraordinarily welcoming person. She had 11 children and when you went to see her, at any time you were welcomed, as if she had nothing else to do; so you always came out of that house feeling better than when you got in. Eleven children and all very different... But well, we'll take a look at Pedro.

Here we call him Perico. He was always a nice and dynamic guy, very fond of the sports. I don't know if he was a good student, but as far as I know he never repeated any course. I could tell a bunch of anecdotes about him, but my memory falters me a little. He was very resourceful and he always found a way to get what he wanted. I remember he really liked football, but he had a problem: waking up in the mornings. So he found a solution: at bedtime he tied a rope to this foot sticking it out the window facing the street. His friends would wake him up by pulling the rope and within a minute he would get dressed and go out to play.



One thing is certain Pedro did never miss an opportunity to say that he wanted to be "missionary of India". I could not picture him in India, such a nice boy, so popular and enjoying everything coming his way; he was a little leader growing up. As soon as he finished high school (he went to a Jesuit school) he followed every step to enter the novitiate and did the pertinent formation to become a missionary. I couldn't believe it, such a healthy boy and so excited about everything around him; lose him to be a Jesuit. He had it all to be a happy man. I seem to remember that until the last day he was at home enjoying himself as if he didn't ever have to leave. He finished the novitiate and we saw very little of him. He came to Majorca to say goodbye to family friends. Many of us were sorry about his decision: it was leaving everything behind! Certainly for many including myself it was a very hard blow, however as he was so happy and determined we did not dare to say anything. I believe we all shed tears, including him. He invited us to go to India, predicting that we would like it very much.

I did not dare to visit him, always looking for excuses. He would come, go; always in the same mood, as if he had never gone away. He always insisted that I go see India, that I could stay at his home.

I had been retired for a few years now and thought it was time for me to go to India, and so I did. When I saw him there, the first thing that caught my eye was that he had the same qualities as his mother, just as generous and cheerful as she was. It was a profound experience and then I understood his desire to be a missionary. I could also see what I had already been told, that to help someone you have to do it as if you were one of them. In India I have seen many projects led by very good people, but only Perico did it as one of them. Perico dressed like the village workers, everyone knew him, he cared for everyone, at any time of the day or night if they needed him, he was available. He stopped doing whatever he was doing in order to help whomever needed help. In this way he was the same as his mother: his availability, his acceptance and welcome towards everyone. If this happened at nap time, he would not take it and was happy about it!

Perico is an example; we often know of volunteers, who help others; however it is not common to find such dedication, with that kind joy, energy and dedication.

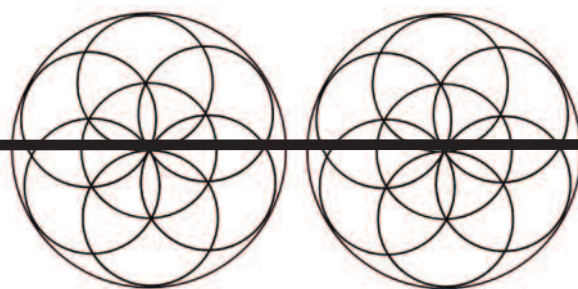
the eyes of Maria Morell

Newsletter 39
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I want to thank with all my heart the opportunity had a cousin like Perico, so authentic, so sincere and dedicated to others, to the neediest, but above all with a total dedication until becoming like them.

Finally, I want to tell you all that thanks to Perico, India and Tilloli*, I am still alive and in good spirits at 82 years old.

**Tilloli is a village of the Nashik District, where "Els Amics de Tilloli" a Majorcan NGO promotes a comprehensive education project for girls and young people*



PETER MASSANET SJ A Farewell

Peter of the MPSM
Was a legend of his time
With funds and plans so full of life
He worked far past his prime
And though he roared when so bestirred
He'd come back calm and kind
To grab a shoulder shake a hand
No rancor kept in mind
He tried in every single way
To lift a farmer's hope
From water, soil and greening hills
To loans so they would cope
He wanted schools for rural poor
A dream that flared and fired

But times have nearly put to rest
Such tasks as once inspired
On his great enterprise we know
We don't have stuff to battle
Or maybe times don't make demands
Besides some childish prattle
For legends come and legends go
As Christ Our Lord lived long ago
Peter's journey is complete
May we some day in heaven meet

Godfrey D'Lima, SJ
MPSM, June 26, 2019

Hospital Divya Chaya,

In this newsletter we want to present an exceptional project, with which we have collaborated since 2018: the Divya Chaya Hospital promoted by the Carmelite Sisters of Charity. The Divya Chaya Hospital is located in the village of Subir, in the Dangs district of the Gujarat district.

The Dangs district has a population of 226,769 inhabitants in an area of 1,764 km²; it is the least populated Gujarat district and poorest of all India. It is a mountainous and forest region, about 900 meters altitude and inhabited mainly by Adivasis of the tribes of the Koknas, Bhils, Warlis and the Gamits. Throughout the district there is only the Ahwa hospital, 100 km away from Subir, and 9 dysfunctional primary care centers, due to the lack of equipment and specialized personnel.

We spoke to Mary John, Hospital Administrator, to learn about this project further.

Since when have the Carmelite Sisters been in Subir?

The Sisters landed in Subir 19 years ago, in 2000, to collaborate with the Jesuits, who already offered educational and pastoral services.

However, during the previous four decades, the Sisters already offered a service of mobile clinics and women's groups on the Ahwa and Pimpri missions (missions closer to Subir). At that time Subir was a very insignificant village in the Ahwa municipality.

Initially the Sisters created a boarding school, where he also taught courses for self-employment, as for example of patronage. They also collaborated with the Jesuits pastoral work. So from the beginning the Sisters had the vision of a integral development for the inhabitants of the Dangs. When they analyzed the situation they realized of the absence of health services, with the exception of Ahwa, hospital that offers minimal services.

The whole picture changed comple-

tely in 2014 when a doctor came to the mission to raise. From then on people began to appear in the clinic with different diseases, sometimes banal, but sometimes also severe. We became aware of the

appropriate treatment.

So we can get an idea, what are the staff working at the hospital?

The team consists of a gynecologist, 7 nurses (one of them is a radiology technician), 5 nurse assistants, 3 secretaries, 2 guards, 1 lab technician, 2 janitors and one pharmacist.

What services do they offer?

We have 32 beds, distributed between three floors, an

emergency service and an intensive care unit. In addition, we have office clinic visits, prenatal, postnatal and obstetrics consultation service, an immunization program for children and women, education rural programs through mobile clinics and training for health workers and assistants.

Small surgeries are also performed, as curettages, sutures and drainage of abscesses.

need to increase our services and move from a simple external clinic consultation to provide care and a more complete treatment. Thanks to the help of many generous people we expanded our infrastructure and created a floor, laboratory, ultrasound and radiology service.

Today, patients with chronic diseases such as diabetes, heart disease, hypertension, etc. and women and girls, receive appro-



Taller sobre diabetes

before and after

What was your activity last year?

In 2018 we took care of 24,110 people, 60% were women and 85% were under 45. In the entire Dangs district there is no other gynecologist or ultrasound technician so women have their controls with us.

Women are especially vulnerable to health issues, marrying at very young ages, having multiple pregnancies and often suffer from a nutrition deficiency. 90% of the patients are poor, and consequently they receive free care.

Could you tell us what they are the most frequent pathologies you see?

Approximately 30% of our visits are for respiratory infections and 20% for digestive illness. This is due to lack of hygiene, absence of warm clothes and lack of drinking water for cooking and living. In addition, they usually have very poor diets.

What is the situation with diseases such as malaria, tuberculosis or leprosy?

They are currently an exception. During 2018 we only treated 16 cases of tuberculosis, 7 of leprosy and 12 of malaria. However, in almost 900 patients the reason for their visit was fever without a clear origin.

Which are your next year's objectives?

The main objectives are to prevent anemia in young girls, reduce ma-

ternal and infant mortality, provide transportation for the referrals to hospitals and, finally, to improve health care to the more marginalized, elderly and the forgotten people.

Approximately 15% of your budget is dedicated to refer people to other hospitals. Can you tell us what does it entails?

Yes. One aspect of the ADA subsidized project is the referral services, since there is no public

“ the Sisters had the vision of a integral development for the inhabitants of the Dangs ”

transport system. In fact, all throughout 327 patients have been derived, either because they were in a critical situation or because they needed very specific surgeries.

Usually we send them to Subir or Valsad (120-150 Km away), but in some cases they have to be taken to a third hospital. Families do not have the money to pay transportation or the specialized services needed.

Access to a public hospital is free, but often the treatments are inadequate or negligent and not all kind of surgeries can be performed, so patients have to be referred to private hospitals. The treatment cost can be very high, which is why we help them partially with the payment and also in their negotiation with that hospital.

What is the geriatric care?

In 2018 we took care of 772 people (3% of the total) of less than 60 years of age and we still have a long way to go. Through the women groups we raise awareness about

elder care and we also go to the villages to offer them free medical and nutritional care. When they get older they suffer from cataracts and blindness, so we work on their detection and then they are referred to a free eye hospital.

Often when the elderly get sick, no one wants to taken to the hospital, for the cost involved; So they are considered a burden, for the family and the community.

Finally, we would like to know what are the challenges and current difficulties

Mainly the lack of doctors and technicians who want to work here, since this is a very remote location. In addition the patients have great difficulty to get to the hospital and immigration of the inhabitants of the region to sugar cane plantations, vineyards or neighbor cities to work is increasing and more frequent.

Thank you very much for your collaboration, Mary John!

PAST

FEMINISM in India!!

Indian women and specially from Kerala, continue to fight!

The temple of Kerala of Sabarimala does not allow women between 10 to 50 years of age (menstruation age) to enter; they say that this protects the celibacy of Ayyappan, a deity revered in the temple. However, in September 2018, the Supreme Court of India ordered that all people, without gender or age restriction, could enter the temple. Order only followed last January first when two women, in the midst of a protest, managed to get in.

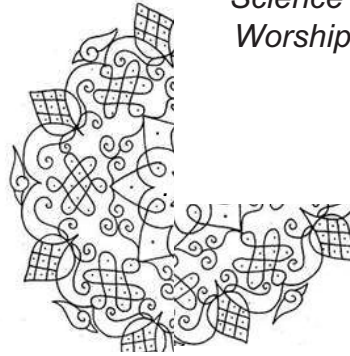
Today the issue has returned to the judicial stage and the verdict can open the Pandora's box of other situations in which women are forbidden access to their respective religious centers.

We will follow this situation closely!



SEVEN SOCIAL SINS

*Politicians without principles
Wealth without work
Pleasure without conscience
Knowledge without character
Trade without morality
Science without humanity
Worship without sacrifice*



*Mahatma Gandhi
Young India 22-10-1925*

First year of SADA

-Macario Fernandes's report. Mumbai-

The first months of SADA have been busy with meetings. We have constituted a Managing Committee of 7 persons with the aim to resolve and to agree about the basic formalities such as the statutes, work methodology; creation of an Email list sopena.ada.india@gmail.com and a WhatsApp group to strengthen the links between our meetings, as physical meetings are held once a month. In addition we created SADA's PAN - Permanent Accounting Number, a Charter of Membership and listing of potential projects & programs that could and would be supported by SADA. Finally, we already have our website (www.sada-india.org)!

It has been an intense work throughout the year. Last June we got the registration certificate obtained from the Charities Commissioner and therefore we started working in collaboration with ADA, for the reconstruction of a tribal school from Gnanmata Primary School at Karazgaon. In July local donations began and since September we have been organising awareness campaigns in different parishes, and so far 80 new members were enrolled.

On 25th of January we had a memorial church mass being the occasion of Fr. Sopena's 2nd anniversary passing away. On 10th March '19, also in memory of Fr. Sopena, a Rights Awareness event at Penn, Raigad District, was organised. In April a collaboration initiative sponsoring a Tribal Project of Jivhalla Assumption Social Center, Vasai, at Rajodi village by Dominic Savio's ex-students / alumni was held. At the event 350 sarees were distributed to the tribal women of 23 self-help groups, 75 school bags to tribal students and lunch for nearly 400 was offered.

In April we also presented the Financial Accounting and the Annual Report for the period ending March '19. We finalised the process to obtain the 80G exemption certificate for availing Tax benefits to donors.

For the next year (April 19 to March 2020) we have our first budget, without 80G expects to be Rs 250,000 (Euro 3,250); with 80G expected to be Rs 750,000 (Euro 10,000). Our budget is going to be used to finance a project in Tara, Panvel (about 80 kms from Mumbai) of Rs 120,000 (Euro 1,600). Another project on Supplementary Education for migratory tribal's children will be considered, subject to more funds being collected.

We will continue to strengthen our compromise with the Adivasis from Maharashtra!

Happy Holidays!