

AWARENESS

www.survive-miva.org Getting others back on the road to self-help

Missionary Vehicle Association - UK Registered Charity No. 268745



FREE The twice-yearly magazine of SURVIVE-MIVA - JULY - DECEMBER 2020 - ISSUE 68

CARING FOR THE MOST VULNERABLE

Good Samaritan Health Centre, Katikamu, Uganda

Good Samaritan Health Centre was established in 1978 by the then parish priest of Katikamu parish, together with the local Christian community, with the aim of assisting the rural poor by providing quality primary healthcare to the sick. Today, it serves a population of about 20,000 people, with just four medical staff and three support staff.

Sr Rosemary Kainga, of the Sisters of the Cross of Chavanod, who run the Centre, wrote in to tell us: *"We currently provide the following services to the community: out-patient service and in-patient care, antenatal and maternity services, laboratory testing services, dental services, child and adult immunisation, and HIV/AIDS testing and counseling. We also are able to carry out some minor surgical operations, albeit on limited basis."*

Sr Rosemary then went on to describe some of the problems they face, and the circumstances in which they work, saying:

"The Centre serves people from poor rural communities who have all been affected by the pandemic of HIV, which has a high prevalence here, as do the rates of malnutrition and easily preventable diseases."

The under-fives account for 30 % and females 64.7% of the patients. Anaemia and malnutrition aggravate the poor health situation and the widespread lack of knowledge on basic hygiene, combined with low economic standards, enhances the unchecked propagation of infectious diseases. Malnourished people are more prone to diseases, severe complications or death. It is extremely difficult to break this cycle under our living conditions."

It is against this background that our help was requested in the form of the ambulance pictured, as no means of transport was available to help the Sisters in their efforts to meet the challenges they face each day.

They provided us with a detailed plan of action, including:

- Referral of pregnant mothers and other critical cases to hospitals
- Health education outreach visits for improved hygiene measures
- Immunisation campaigns in the community to reduce the common killer diseases
- Sensitising the community against the transmission of deadly viruses
- *'Conducting mobile clinics for our neighbours at Zirowwe parish which lacks any healthcare provision'*

"It is with profound joy that we extend our appreciation and prayers to all who helped us," was the message we received once the vehicle was in service, entirely thanks to your generosity. *"Previously, over half of our patients visiting the centre for service came from outside the catchment area, mostly children and pregnant mothers. It happened several times, when expectant mothers were found with complications and cases required referral to a hospital, that these ended in deaths due to the delays in transportation, but now everything has changed."*

We are eternally grateful to all the generous people from whom the money was raised. May the good Lord reward you abundantly."



Sister Rosemary arranged for the vehicle interior to be blessed - even the engine!



Read on to see how your support is providing practical, everyday mobility to our beneficiaries overseas, and how your contributions bring hope to so many...

Who's who at...

SURVIVE-MIVA

John Flaherty,
Speaker, Glasgow



This month, one of the real 'pioneers' of the Association was approached for a short profile, and, as he has done for decades now, duly responded to our call: "I joined SURVIVE-MIVA in 1978, aged 30. I had often said a prayer from a missionary appeal at Mass, around 1970, which concluded

"Please give me the grace and privilege to participate in the spreading of your Kingdom throughout the world". The answer to that prayer was the opportunity given to help SURVIVE-MIVA's work in the spreading of the Kingdom and I have since concluded every appeal with that prayer.

I am truly grateful for all of the wonderful Priests, Sisters and everyone I have met in my continuing journey with the charity. I thank God for those who give their lives to Missionary work, and to all who deliver healthcare in the world's poorest communities. In this time of great international distress caused by the coronavirus, may God keep safe all who care for the sick, all over the world."

Patron:
Most Rev Malcolm McMahon OP, Archbishop of Liverpool

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Simon Foran

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Sue Valentine

SURVIVE-MIVA is a Catholic Lay Association and a Registered Charity (No.268745) founded in Liverpool in 1974. We exist to provide funding for essential transport for health outreach work in isolated rural areas, and for the Church's pastoral care in places of difficult access.

We have some 50 lay Speakers based across Britain who make appeals for funds in Catholic parishes via short lectern talks about those we do our best to help in a very practical way.

We are grateful to the Bishops of England, Wales, and Scotland for their support in our endeavours as the only UK-based charity to fund exclusively for transport.

For more information on our work and a booklet with details of all grants made in 2019, contact us at

5 Park Vale Road, Aintree, Liverpool, L9 2DG.

Tel: 0151 523 3878 **E-mail:** info@survive-miva.org

Visit us at: www.survive-miva.org

WHERE THE 'NEW NORMAL' IS JUST ROUTINE

Dear Readers,

Welcome to a special edition of our magazine, I hope that you and yours are safe and well.

At the time of writing, when we find ourselves surrounded by doubt and continued uncertainty in so many areas of life, at SURVIVE-MIVA we too are finding it difficult to plan for the future, so as to see how best we can continue our role in providing grants for essential transport for health outreach work and pastoral care, given that our major source of funds for those grants - parish appeals - was brought to the most abrupt halt when churches everywhere closed overnight.

It is impossible for me to gauge how long it will take for us to recover from the consequences of this, but I do know for sure that if we are able to salvage some of the funds and time lost to the effects of this dreadful situation, it will be in no small measure down to your continued help in our time of unexpected and sudden need.

We have never been the sort of organisation that bombards its supporters (or those folk whose addresses they have somehow obtained) with constant begging letters, annoying phone calls, and unsolicited requests for money, and, despite the current circumstances, that hasn't changed.

In fact, a lot of people have told me over the years that they support our cause precisely because of its singular, straightforward, and practical aim - and because we never abuse their generosity nor willingness to help *when they can*, without us being overbearing about it. That's never been our way.

Forgive me then, if I now approach you via our magazine to make a special appeal for your financial support. We have already, whatever their duration, lost several tens of thousands of pounds as a direct result of church closures.

We need to re-group and do our best to recuperate to be able to carry on, which is why I am making this plea on behalf of our charity as a whole, of course, but principally on behalf of those we wish to help - those whose stories are rarely heard outside these pages - the same pages which must now replace the voices of our volunteers across the land who have not been able to speak to you directly at Mass.

In the midst of this standstill, I have read and heard several times now that this virus is a 'great leveller' or 'equaliser', and that it doesn't discriminate, but somehow affects us all the same. Well, I have to say that this has left me puzzled, and I am not entirely sure what people mean by it.



All images in this edition provided by those you have made mobile.



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Certainly, a virus cannot distinguish between rich and poor, say, but I wonder in what sense it affects and will continue to affect us all in any way 'equally' - on an international level at least. There do seem to be different rates of infection and mortality from country to country here in Europe, which is one thing, but in the developing world, or 'Global South', we are yet to get a clear picture.

What we *can* say is that there, where that half of the world's population who lack the most basic healthcare is concentrated, is where the *potential* for catastrophic consequences is very clear - for a variety of reasons our beneficiaries have *always* had to deal with - but which are not necessarily applicable to us, given that many of our successful 'coping strategies' are not transferable to their everyday circumstances.

Take isolation and social distancing, for example. However effective this may be as a barrier to transmission here, it won't happen in habitually bustling markets where locals buy small amounts of fresh produce for daily needs, as they have neither the disposable income nor the fridge-freezers needed to buy and store in bulk. They have to make essential journeys each and every day.

Additionally, they often live in unavoidably close contact with their neighbours, both in shanties and villages where small living spaces accommodate large families linked via narrow pathways, and unless they go out regularly, they are in no position to feed their extended family members - young and old - with the proceeds of their *daily-paid* labour.

In turn, access to food leads us to consider nutrition. It is striking how often we read of poor nutrition being a constant in what our beneficiaries tell us about their work, year in, year out. Malnutrition is linked to low resistance to the common (but preventable) killer diseases like diarrhoea, malaria, pneumonia, TB, and measles. It causes weak collective immune systems, and the consequent susceptibility to health complications in chronic, untreated conditions then leads to high levels of widespread but avoidable mortality.

Along with nutritional problems, almost all the Sisters who write in to us mention their struggles with a pre-existing lack of basic hygiene in the communities they serve - not easy to remedy without clean water, soap, and anti-bacterial products at hand - even with access to personal protective equipment, when available. In Africa and India, the availability of ventilators and specialised intensive care is so low as to be negligible in demographic terms.

All in all, this doesn't seem to be a very equal starting point from which to face the onset of a pandemic. The Church has always faced a huge challenge in 'ordinary' times both to take healthcare to the poor, not least in terms of outreach clinics and testing for diseases where the population is largely rural, and where its priests and catechists act as the pastoral 'key workers' who ensure that the faithful are ministered to, however irregularly.

What some are calling the 'new normal' here has for them always been, well, their 'normal' normal...

Ironically, it seems to me that what *does* make us equal might lie more in what we here have come to realise in the past months.

In common with all those you have read about in these pages over the years, we now, like them, have no regular access to Mass, nor indeed to the Sacraments, with Baptism, Marriage, Reconciliation and Holy Communion all being put on hold. We have also suffered the shock realisation that like them, we *have no guaranteed security in health matters*, and what's more, that our own health itself depends on that of others living thousands of miles away from us.

Only recently, perhaps, have we come to appreciate, admire, and give new value to the dedication, skills, and bravery of our health workers, realising that theirs is not a only a (generally poorly-paid) profession, but a real vocation; a steadfast commitment to others which pastoral, health and care workers feel equally - wherever in the world they are called to serve.

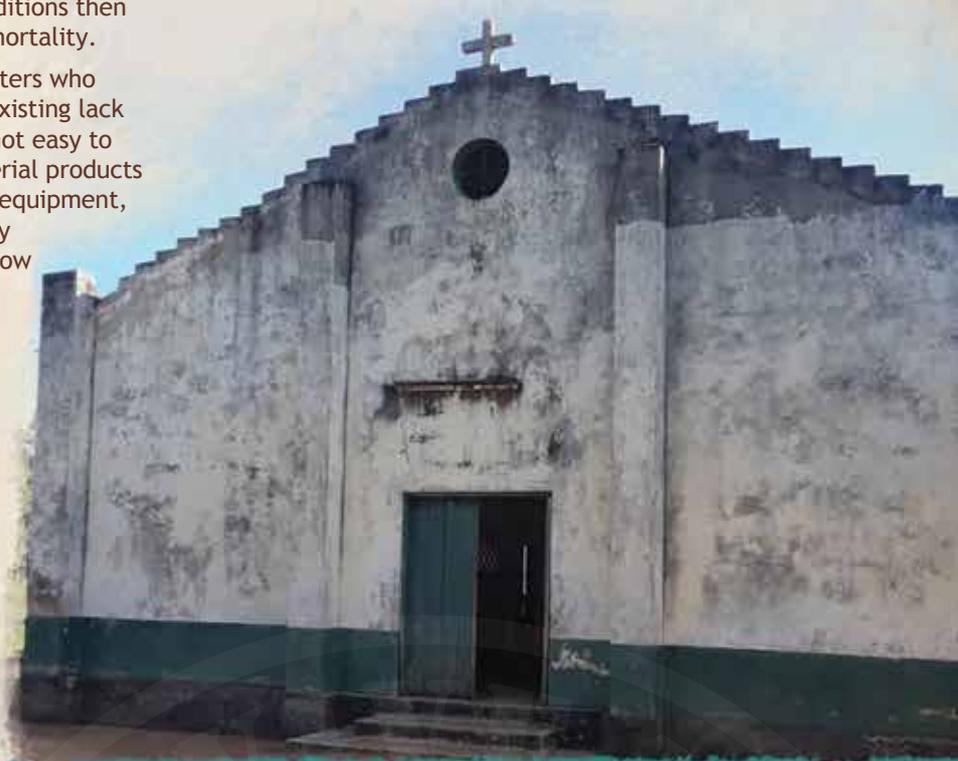
In renewing my own call for your help at these times more than ever, I would like to end with the words of someone who has just benefitted from your previous donations, Sr Gallusiana, of whom you can read more presently. She shows us that we are also united in and by our prayers:

"As we appreciate your generosity and sacrifice for our sake, we hereby pledge our humble prayers for your sake and for the sake of the donors and mission of SURVIVE-MIVA in the United Kingdom, and wish you God's choicest blessings.

Moreover, we join believers all over the world to implore Almighty God to extend His healing hand upon the victims of the COVID-19 pandemic and curb its further outbreak.

Amen."

Simon Patrick Foran,
Director.





NEWS FROM OVERSEAS

Each issue we do our best to keep you up-to-date with the progress being made by those you have supported. There are no easy or quick solutions to the problems our beneficiaries face each day, but we know that being mobile does enable them to tackle jobs they would otherwise have great difficulties doing. Here is an update on just some of the work being carried out:

UGANDA

St Andrew's Parish, Diocese of Soroti

Fr. Michael Omaria, ordained just two years ago, is full of plans for his parish and its community, and is also a recent beneficiary of your financial support. He tells us: *"I was ordained on the 11th August, 2018 and posted to the newest parish of the Diocese here in in Obalanga. We are sixty kilometres from Soroti town, and have six zones with thirty outstations managed by two catechists each to help take care of the spiritual needs of the people."*

Providing such care is by no means a straightforward task, as can be imagined from what Fr Michael goes on to tell us: *"St. Andrew's as we have it today has tasted the bitter pain of insurgencies and natural calamities like floods. In 2003 it was the epicentre of the atrocities of the Lord's Resistance Army (LRA), with a lot of killings and destruction of people's property, inter-tribal cattle raiding, and added to this, the discovery of a mass grave of three hundred and sixty-five people has left many of our parishioners traumatised. While the people are still recovering and resettling, they practice subsistence agriculture and cattle-keeping, although for this season the dry spell has hit the food crops very hard, meaning that many have gone hungry, surviving on one meal a day. As a direct result of lives lost in the conflict, many families are run by the women and children, of which the pastoral team has a lot to do in educating the community so as to rehabilitate them, especially psychologically, and to equip them with family management roles.*

The uncertainties of life and turmoil created has left people with very little income to support their families and the parish programmes. The pastoral activities that I carry out are of primary evangelization, and include among others school and health apostolate, the building of Basic Christian Communities, Sunday prayers and celebration of the Sacraments, and instruction of those new to the Faith.

Kindly keep us in your prayers, especially as



we try to make an effort to do the will of God and making sacraments available for the people. That we may give a shepherd's care to the flock that is entrusted us; to watch over them, not simply as a

duty but gladly as God wants. With all the above challenges, I am requesting assistance in the form of a means of transport that is a motor bike. I pray and hope that you can consider my request positively."

A grant of £3,600 provided the motorbike pictured, to which we immediately received a message of gratitude and appreciation, as Father Michael wrote: *"We would like to assure you and your loved ones of our regular prayer and support, especially in our daily prayers and Masses.*

We humbly ask God to grant you joy, peace, and good health."



Getting others back on the road to self-help

OVER
45
YEARS'
SERVICE



INDIA

The Sisters of St Anne of Madras,

“Prayerful greetings from Sr. Jacqueline Mary SSAM, the Superior General of Society of Sisters St. Anne of Madras. Our Society was raised to Pontifical status on 6th, December, 1979 by Pope John Paul II. The Generalate is located in Madavaram in Chennai at present, with 126 houses in 38 Dioceses. Our Congregation has spread its wings to Andaman in the Nicobar Islands, Jharkhand, Meghalaya and West Bengal to uplift the lives of the poor sectors, the ‘Dalits’ and ‘Tribals’ who live there. Today, there are a number of challenges that perpetuate, sadly, the marginalisation of certain segments of the population, and we try to address these issues through various specific services.”

Sister Jacqueline then made an appeal to us for a block grant to provide a simple, easy-to-manage vehicle for the twenty-three different places in which the Congregation has a working presence and need to expand: *“Our Sisters working in the following mission centres find it very difficult to continue their Social, Pastoral, Educational and Health ministry’s without proper transportation facilities. They require mopeds, which are easy to ride and maintain, in order to develop further their ministry in a more effective manner, specifically in these Dioceses:*

Assisi Nagar in Dindigul Diocese, Thondamanthurai, Kumbakonam, Kumilanguzhi, and Varadarajenpet in Kumbakonam Diocese, Kattukuppam, Viluppuram in the Archdiocese of Pondicherry and Cuddalore, Muttom in Kottar Diocese, Ongur in Chingleput Diocese, Palyamkottai and Punalvasal in Thanjavur Diocese, Kurumilangudi in Sivagangai Diocese, and Wadi in Bellary Diocese - all of these in South India...”

As if this weren’t geographically and demographically widespread enough, your support has given the same boost to these missions too: *“...Barasat, Boitakhana, and Balichok in the Archdiocese of Kolkata, Belpahari, Dudhan, and Rajgram in the Diocese of Dumka, Jaidoh and Maroid in the Diocese of Nongstoin, Molat in Darjeeling, and Burdwan in the Diocese of Asansol - all in North India.”*

At a cost of just 650 pounds each, a block grant was duly made to the Sisters for each community, immediately widening the scope of their work, and directly affecting tens of thousands of people considered ‘low’ caste, and only sparsely catered for by official government agencies.

Sr Jacqueline gave us an enthusiastic update, once the mopeds were in service, saying:

“The Sisters in the mission centres continue their healing ministry effectively and have made an instant impact among the people. People now follow preventive measures and go for immediate treatment when they fall into any sickness, which was previously not the case. Those in the operational villages have improved their knowledge on various communicable and non-communicable diseases, and follow preventive methods to stop spreading them too. Proper care is given to the new and expectant mothers. The Sisters make home visits regularly, and accompany and pray for the sick, who they often find to be in their final days. Our Sisters in the mission centres have actively taken up women and child developmental programmes in the target villages, and they regularly organise various health and hygiene programmes there.

They are now able to go the interior slums and motivate the people to keep themselves and their surroundings neat and free of stagnant water. They have created awareness to the rural masses on Dengue fever, which is a constant threat to life here, and tried and tested traditional methods are taught to the public to prevent its spread. In addition, the Sisters go to the substations regularly and have promoted new women’s self-help groups and motivated them to take up self-employment programmes. Many of the women in the target villages now have access to a regular source of income as they are involved in income generation programmes.”

Sister Jacqueline is one of the latest of so many who, though far away, keep us all in her thoughts and prayers.

“We, the Sisters of St. Anne Madras, from our bottom of our hearts, thank SURVIVE-MIVA for the timely financial support. Your support is always a special to us and our Sisters are now able to go to the villages regularly for the social, pastoral and healing activities as they have now their mopeds. We always keep you and your supporters in our prayers.”



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TANZANIA

Benedictine Sisters of St Agnes Chipole, Songea

"I belong to the African Benedictine Sisters of St. Agnes Chipole, located in Songea Rural District in the Ruvuma Region of Southern Tanzania, and I am writing to request financial assistance to purchase a motorcycle. This vehicle is urgently needed for facilitating the pastoral ministry carried out by the nuns in the villages surrounding our convent.

In her pastoral mission, our Religious Congregation has to carry out various pastoral activities in 16 Outstations of Magagura and Lusonga parishes, which are located at a distance ranging from 6km to 48km from our Convent. In these Outstations our pastoral activities include teaching catechesis, visiting the sick and the elderly, conducting seminars to different groups including women, youths, married couples, and widows, organizing assistance for orphans, and counselling services.

We have to hold frequent awareness training of parents and young people in order to address the problems of early marriages and pregnancies in very young girls, and female genital mutilation. But we have as well the task of educating the families on issues pertaining to child-labour, school dropouts and continuing to raise the awareness of the young people and adults on the prevalence of the HIV/AIDS pandemic in their region.

In the outstations we also work ardently to promote Small Christian Communities which are very effective pastoral groups. We foster ecumenical and interreligious dialogue, the latter being particularly important with our Moslem sisters and brothers whose number is quite significant.

Nonetheless, our pastoral work in the Outstations and the schools is greatly hampered by the absence of a reliable means of transport. We have to spend many hours walking to and from these pastoral fields. We hardly manage to visit all the stations and schools as regularly as we would plan and wish to.

We are convinced that in order to carry out these pastoral activities effectively, we need to have a motorcycle that can enable us to reach out even to the people who live in the farthest villages. Such a motorcycle is best suited to the muddy and dusty roads that we have here.

We the Sisters will take turns riding it to the various pastoral fields. I would be most grateful if my request would be considered and granted.

*Yours sincerely,
Sr. Gallusiana, OSB"*



At SURVIVE-MIVA we have always said that it is the local people, who speak the local languages and know their own people and culture, who are best placed to find solutions to the challenges they face together. We ourselves are encouraged in our work here when we receive requests such as this from Sr Gallusiana, who, it is plain to see, is so committed,

but simply lacks a suitable means of reaching out further to those who are waiting; a means the Sisters themselves decided on, and which, we can be sure, is best suited both to their needs, and, *ipso facto*, to those of the poor and needy they serve. A grant of £3,100 has now provided it.



Getting others back on the road to self-help

A FEW FROM THE QUEUE

In this section of the magazine, we normally give a brief outline of requests pending, for which we aim to provide a suitable means of transport so that the important work of those who benefit from your donations can be carried out more effectively - and reach even more people.

Here are some examples:

INDIA

'Little Flower' Dispensary is located in a small village of 800 people in Tamil Nadu, and is run by the Sisters of St Anne, an indigenous Congregation founded in 1857. They have requested a pickup to at last set up mobile clinics in the twenty villages which surround them but are too distant to reach on foot. They cater to some 70,000 visits annually, mostly from patients with treatable diseases which are left too long before they receive any medical attention, often with long-term consequences.

TANZANIA

Eletra Heka Health Centre, run by the Diocese of Singida Health Department, has contacted us for funds to buy a 'people carrier' type vehicle to take the Centre's nurses out to the sixteen villages they have in their catchment area. If mobile, they will be able to bring urgent cases such as prolonged or obstructed labour into the Centre for emergency care, and also dispense trusted (as opposed to fake) medicines to those in need, and vaccinate the under-fives in situ.

Meanwhile, from Irumba Parish in Bunda Diocese, we have also received a request for a block grant for 85 bicycles for the Catechists, who, unpaid, dedicate their time to making pastoral visits to the dozens of rural outstations where most of their fellow parishioners live, but who are isolated and rarely get the opportunity to celebrate Mass. The Catechists lead them in prayer, take Holy Communion to the sick and elderly, conduct funeral services, and give comfort to the bereaved.

They are an essential link in maintaining a living presence of the Church where a hard-pressed priest cannot visit with any regularity due to the distances involved, and have proven to be a life-line in keeping the parish community together, in spite of their difficulties.

UGANDA

The Parish Priest of Our Lady of Good Counsel would need a grant of £3,800 to equip the parish with transport of its own. Dating from 1983, the parish has ten Small Christian Communities, but there are others located in hard to reach places via rough tracks. Good progress has been made in terms of weekly pastoral care in some, but this would become much more equal if an off-road motorbike were at Father's disposal. He is ready and eager to do God's work.

Thanks to you, our readers, for years now, we have been able to say in closing this part of the magazine that those featured in the previous issue have all been funded 'between editions', so to speak.

In this special issue, we find ourselves in real need of your help, much more than ever in our 46-year history, so that we can still say the same, and on your behalf continue this unbroken cycle of essential, practical aid.

Please help if you can.





END OF THE ROAD?

We hope you found this issue of 'Awareness' informative, and you have enjoyed reading about those your donations help. We also hope that we have managed to illustrate just how important mobility is for those who share their lives with the poor. We are the only UK-based Catholic charity which funds exclusively for all different modes of transport. Making a donation will help ensure this is not the end of the road for the aspirations of so many people.

CAN YOU HELP?

If you would like further information/support for any of the suggestions given below, then tick the appropriate box & return to SURVIVE-MIVA together with your contact details.

- Make a one-off donation (and, if possible, 'Gift Aid' it) by:-
 - Using the form below;
 - Donating online from our website: www.survive-miva.org
- Make regular donations by Standing Order.
- Leave a legacy to the Association in your Will.
- Represent us as a volunteer Speaker making appeals in parishes in your area.
- Add my contact details to your mailing list to receive the 'Awareness' magazine twice a year.



I wish to donate the sum of £ to SURVIVE-MIVA (Reg. Charity No. 268745).

By cheque postal order CAF voucher made payable to 'SURVIVE-MIVA' *(please tick appropriate box)*

Or, please debit my: Mastercard Visa Maestro Delta Charity Card

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NB: Please let us know if your name, address, or tax status changes, or if you would like to cancel this declaration, so that we can update our records.