

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 2022 - ISSUE 72

STARTING FROM A FIRM BASE

Good Shepherd Parish, Butundwe, Diocese of Geita, Tanzania

Butundwe is to be found near the southwest shore of Lake Victoria, and is a remote area where Fr John Bosco Lwenge has been Parish Priest of Good Shepherd since his ordination in 2017. He says: *"I have 25 outstations to cover in the surrounding villages, where I am helped by lay catechists. Their work has so far been very successful, but there are more places in which we would like to have a regular presence among the people and include them too. Between us, so far, we have created 90 small Christian Communities, the furthest being about 32 kilometres from the parish headquarters. The local population live from either fishing or tending to small scale plots of land used for subsistence crops. They are cut off from the other people and places around them, and get to know little of what a vibrant life we have in Butundwe itself, where there is an established, firm sense of community, and where people help each other with their problems, sharing the challenges that they all face."*

Providing practical, tangible support to those such as Fr Lwenge and his team of dedicated helpers has long been part of the unique remit of our Association, but we have always

acknowledged that we can respond to others' specific needs only because of your kindness. Fr Lwenge expressed his plans for the expanding future of Good Shepherd Parish, all of which depend on a means of getting not just from 'a' to 'b', but to 'c' and 'd' too!



"My aim is to provide a bicycle for each of the catechists and parish workers so that they can be more effective in their vital work. They preside over liturgical services in the absence of a priest on Sundays, but also hold a fundamental position in our pastoral undertakings. They teach the young and the adults, and prepare them for the Sacrament of Initiation, and also visit the sick and needy of the area. They fulfil these and other duties time and again, in the most difficult circumstances - and go on foot to carry them out."

A grant of £4,430 has now provided a bicycle for each catechist at a cost of just over £63 each. Local volunteers helped assemble them, and the successes that have happened in Butundwe now have a chance of being repeated further afield.



OVER
48
YEARS'
SERVICE

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

Alan Edwards

Speaker and Trustee,



"When I heard Tony, visiting our parish in urban Cheshire from SURVIVE-MIVA back in 1985, I felt an urge to respond to his request for volunteer speakers.

I was impressed by the combination of the lack of needless bureaucracy (lower administrative costs) together with the great clarity of purpose behind the existence of this charity founded by lay Catholics only eleven years previously in 1974.

As a lover of the English language I had always been fascinated by the manner in which a few well chosen words can produce such an outpouring of the natural generosity of our congregations and a sense of identification with our needy brethren overseas.

Together with my wife over the years we have visited many churches in making these appeals which have revealed to us the vibrancy which typically imbues our parishes and the obvious bond which exists between the people and their clergy.

Even now I find that a slight attack of the 'collywobbles' invariably tends to invade my thoughts just prior to giving my first appeal. However, these soon melt away in the warmth of the welcome from everyone I meet. Long may this vital work continue."

Patron:

Most Rev Malcolm
McMahon OP,
Archbishop of Liverpool

Finance Officer:

Margaret Jackson

Director:

Simon Foran

Appeals Organiser:

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.

GOING THAT EXTRA MILE

Dear Readers,

Welcome to the latest update from our office here in Aintree, I hope you are all in fine fettle.

On three (or is it four?) occasions when I have been putting this edition together, the doorbell has rung and I have 'abandoned keyboard' and gone downstairs to take in parcels for our next door neighbours. This is fine and dandy by us, as they are good people and keep an eye on things when we are not here - our office is a terraced house in a row of just five.

It did get me thinking though, about how common it is to have all sorts of things delivered to our front doors these days. We have always had deliveries of office supplies, for example, but now, it seems, anything goes - from shoes and socks to tables and chairs, and knives and forks to food and drink - in short, virtually anything that is for sale online can be plonked at our feet - with no effort from us.

After one such trip downstairs, my mind started wandering a bit as I looked at the different labels and stickers on the packaging I was holding, and, for no particular reason, I began trying to recreate the journey that whatever was in the box I'd been given must have made, so as to finally end up in my hands here in the suburbs.

Depending where you start, this could be made up of many stages, involving air freight, a container in the docks perhaps, then onwards to lorries and trains, spreading out to regional then local delivery centres, off and on forklifts, and finally on to the 'white van man' who loads up and completes the chain.

It is this final lap that is known by those who specialise in the science of distribution, as 'the last mile' - the end point in the whole process of manufacturing and delivery of goods and services.

As I returned to my keyboard and screen, my thoughts turned back to our beneficiaries, as I continued going through some of the images they have sent me of late. For most of them of course, there is no 'last mile', as the network and communication infrastructure runs out before it reaches them.

Those who make up three quarters of the world's poor (those living on \$1.25 a day or less), are precisely those who live off the beaten track, in rural areas similar to those you see in these pages, and to whom few people cater in terms of the delivery of services. Children in the last mile are twice as likely not to attend school as those in urban areas, and over one and a half times more likely to die before their fifth birthday, more often than not due to preventable diseases. They lack access to healthcare and sanitation, their communities are rarely invested in, and, where the tarmac road ends, for those with no last mile to speak of, so do many of the opportunities urban-dwellers can benefit from.

This does not mean that the city streets are paved with gold, of course, although the perceived advantages of city life are still part of the 'rural exodus', and a reason why almost one in three Peruvians, for example, lives in the

WE URGENTLY NEED YOUR HELP

*Could you join our group of
volunteer Speakers?*

Contact us at 5 Park Vale Road, Aintree, Liverpool, L9 2DG.

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

or visit us online www.survive-miva.org



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those you have made mobile.

capital - a lot of them in settlements and conditions hardly better than those they left behind.

Rural areas are usually the worst affected by the classic, recurrent themes or motifs of how many of us here view the developing world, with our images and impressions of there being nought but corrupt elites, kleptomania amongst those in government, mismanagement of natural and national resources, continual lack of investment where it's most needed, conflict, disaster...the list of negative pictures and associations seems limitless, and so all-encompassing that it excludes everything else that is going on, day in, day out. Whole societies are portrayed as consisting of powerless victims, unable to help themselves. So much so, and so embedded in our consciousness are these views, that over twenty years ago now, Tony Blair was able (in)famously to refer to the entire continent of Africa as "a scar on the conscience of the world."

Not a lot of encouragement there then...especially for those who contact us asking for support in what they are already doing, and wish to get on with and improve on. Traditional economics has always told us that wealth is created by producing goods and services that others want to buy, but how can ordinary folk do so when six out of ten of the population of sub-Saharan Africa live beyond the last mile, ignored and cut off from markets?

It's high time, methinks, to shift the focus away from all the relentless negativity we are served up with, again and again, and shine a light on the good that is being carried out. Our beneficiaries are ideally placed to help us do just this, and are excellent sources of positivity. They show a sense of compassion and determination that makes them true ambassadors of honesty and accountability, hard work, creativity, resourcefulness, and sacrifice - the very antonyms of all the familiar, tiresome tropes mentioned earlier.

Take the catechists in Butundwe, for example, shown on our front page. Their work is concentrated on and in their own communities. They work alongside those new to the Faith, and the children are encouraged to be baptised and make their First Holy Communion and Confirmation, just as we do. They teach in schools where a more formal education is available, and stand in for parish priests when the latter are travelling to other places of worship to celebrate Mass in their rota of chapel or outstation visits. In short, they hatch, match and despatch, and build cohesion and reliability into the presence of the 'Church of the last mile'.

This is the result of hard work. They follow either a one- or two-year course of training - not a weekend retreat or two - and cover not only subjects such as Church history, liturgy, lay apostolate and social morals, and the methodology and teachings of the Church (as you might expect), but they are also taught valuable life skills they can then pass on to others.

These include farming techniques useful to subsistence farmers to produce increased yields of more varied, rotated crops, and business studies for small enterprises. Vocational skills such as tailoring and catering can help their parishioners earn an independent living, or begin small savings of their own as opposed to living hand to mouth. None of this is in any sense an 'add-on' to their lives, but a real vocation. They attend refresher courses in their holidays once they have worked for five years, and have to participate in 'practicals', as well as standard classroom teaching, in which they rehearse and are

judged on celebrating Sunday Liturgy without the presence of a priest, as is expected of them at the end of their course.

Something as simple as a bicycle has a fundamental part to play in this, not just because you can travel four times as fast and as far on a bike as you can on foot, but with mobility, catechists can become the real eyes and ears of the Church, and resolve problems and tensions, as well as record progress and the many small victories they witness in times of hardship.

Moving on to four wheels, on our centre pages we focus on the impact the Church's health work can have in and beyond the last mile, and this, for SURVIVE-MIVA, is where it all began back in the seventies. Originally, the Association in its infancy concentrated its efforts on support for health outreach work alone, and although now we have the added element of pastoral support, this is still where our major grants are targeted.

You can see from what Sr Owusu tells us over the page, that especially in the last mile zone where she and her co-workers labour, there is a sense of progress being made, of things getting done, of change for the better beginning to come about, of mortality being reduced, of there being a greater sense of security in times of medical emergencies. The enthusiasm and boost to morale amongst her young staff that the provision of a means of transport can represent is easily imagined - even from our distant viewpoint in the UK.

The Church has always had a central role to play in the provision of primary healthcare and education and vocational training, and not just in Africa. Regular readers will no doubt recall the many outreach vehicles we have funded (and continue to fund) in rural India too. In addition to being severely under-funded, the healthcare that exists in 'last mile' rural areas is exacerbated by the injustices of the caste system, where Dalit people, considered 'low' in the hierarchy, are held in such contempt that they have to leave the city limits at dusk, further distancing them and their dwellings from the hub of distribution.

The work of those you support, just some of which is represented here, goes on all year round, and is quiet testimony to the commitment of those involved to prove that all is not negative. They are always prepared to go the extra mile, and in supporting us so that they can do so in a practical, tangible way, you too are walking that mile with them.

Let us continue the journey together!

God bless,

Simon Patrick Foran

Director.



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NEWS FROM OVERSEAS

In this issue, we want to continue our twice-yearly update by devoting the centre pages to just one grant. The project at Esaase illustrates so much of the ethos of grassroots support, home-grown professionalism, and community-centred commitment to others that is precisely the type of work in which we on our side of the donor/recipient relationship wish to invest your financial support. As such, we hope you agree that it is “money well spent”.

GHANA

Mother of God Health Centre, Esaase Bontefufuo, Diocese of Obuasi, Ashanti Region

“I am Sister Mary Owusu Frimpong, a health worker, and I belong to the Congregation of the Sisters of St Louis in Ghana. I am in charge of Mother of God Health Centre, and I wish to apply for a 4-wheel pickup vehicle to solve the problems of transportation at the Health Centre for the delivery of healthcare for the people of Esaase and the local area. I am making this request because of the poor nature of the roads leading to the Health Centre from the communities where we carry out our health outreach programmes.”

Sr Owusu, [meaning ‘strong-willed’ or ‘determined’, aptly enough] goes on to tell us more: *“The Centre was established in 1990 and lies within a typical farming community with a population of about 13,500, surrounded by eight other rural communities. It was initially established to help pregnant women in the community and its environs to have safe delivery, and to provide healthcare*

services to sick people, particularly the children and the elderly. Strategically, the Centre is located to serve the communities, especially the poorer people, and to provide valuable quality services through outreach programmes spreading out from the Centre itself.

Most of the populace work on a small scale, cultivating plantain, cassava, and maize for home consumption, although there is a lot of illegal mining activity that goes on in and around Esaase. Obuasi was at one time home to one of the ten largest gold mines in the world, and Esaase in particular is a place where a lot of girls get pregnant because of poverty and the influx of transitory labour working in the mining activities which goes on there. The whole mining industry here has been controversial for years, and is thought to be one source of the contamination to be found in our rivers.

Other than that, the community has three 3 basic schools and just one senior High school. There is no market and there are no recreational facilities in the community. The distance between our project location in Esaase to the nearest referral Centre is 18.5 kilometres.” [11.5 miles]

Sister then points out some of the common health challenges faced by those living in the last mile and beyond:

“Esaase Bontefufuo is located in the rainforest where the rainfall patterns are seasonal. The rainy season is roughly from March to October with the peak occurring in July to August. It is at these times when water-borne diseases such as severe malaria and diarrhoea spread rapidly. This in turn is due in part to standing water gathering in pools and puddles, in which mosquito larvae rapidly thrive and reproduce, and this, combined with a lack of sanitation and access to potable water, then produces widespread stomach infections.



Getting others back on the road to self-help



Other common ailments which become serious if not treated include anaemia, fevers and infected wounds from reptile bites, lacerations and fractures from accidents working the land, as well as respiratory and urinary tract infections, typhoid fever, and gastritis and skin infection.”

The connection between health and the availability of transport is made clear from what Sister tells us next:

“The location of Mother of God Health Centre is where transportation has always been problematic for both the patients and the staff. There are very few vehicles plying the road and there are fewer at night and during the rainy season. Where there is an emergency referral case such as a complicated delivery, a severely sick child, frequent accident and emergency injuries, or the sudden collapse of a patient, then because of the deplorable road network, such critical conditions are delayed and sometimes patients are at the mercy of a motor cycle ride to the referral Centre. Other times, the men in the community would have to carry the sick person to wherever a vehicle can be found. In the case of a complicated labour, women can lose a lot of blood and lose her life, that of the baby, or both.”

Where the distribution chain from urban supplier to rural consumer comes to a halt is where the pavement and tarmac turn to beaten earth and dust or mud, and it is precisely at this breaking point that people like Sr Owusu and the teams she trains take over to bridge the gap.

“A form of transport is vital for all sorts of needs to be met. Without reliable connections, we cannot stock up on essential medicines and other products from the city and bring them to our facility.

We are constantly aware that there is a long waiting period for new and expectant mothers to be seen by staff of the Health Centre for child health activities at the village outreach centres, mainly because the difficulty in getting a vehicle is leading to an ever higher rate of home deliveries and its complications. If we can have a consistent and regular presence among them, we can provide timely preventive and emergency obstetric care to both pregnant mothers and women in labour.”

Sister and her young and enthusiastic staff have the skills and growing experience to be able to prevent complications and unnecessary maternal and infant mortality.

They can provide prompt and smooth referral services to critically ill patients if they have the means to set out on the ‘first mile’ of the eleven or so that separate them from the referral centre.

Sister Owusu also wrote of one advantage the presence of a vehicle would bring with it, an aspect that would not perhaps spring as readily to mind when considering the practical bonuses outlined above. She says: “There is an unwillingness

on the part of some health workers and other staff to accept postings to facilities such as ours, in great part because of the poor nature of the road and transportation challenges we face. Many would prefer to stay in the larger towns which have better infrastructure and life is more straightforward. A vehicle, with all it would make possible, would be a tangible sign of trust from outside, and of the will to invest in people like us here where we live and work. It would be a reason to stay, and would help us retain and motivate our young but competent staff who are sent here to work, as they would see how things can be made better.”

Sister ended her request for the (£32,000) pickup by saying: “I would therefore be grateful if our request for a 4-wheel vehicle is granted to enable us carry out our work as health providers in response to the third point of the sustainable development goals, which is ‘good health and well-being’ for the people of Esaase Bontefufuo and its surrounding communities of Ghana.”

Thanks to you, our supporters, their work goes on, now more effectively than ever.





INDIA

Arogyamatha (Our Lady of Health) Parish, Balepally, Khammam

Fr Ramesh Babu PP is a recent beneficiary of a motorcycle grant, and writes: *"The parish is situated in the eastern part of Telangana, in south central India, and Balepally is one of the most under-developed mandals in the district. The parish is surrounded by thick forest and the area is drought prone. More than three quarters of the people are poorly-paid daily workers, although the cultivable land is very little. The parish is almost 27 years old. There are 316 families in the main villages, and 1,200 families spread out in 9 mission centres, who are very faithful to the Faith, in spite of the fact that they are deprived of health, education and other basic facilities.*

People of this area are very much in need of regular instruction to deepen and strengthen their Faith. Hence I am trying my level best and putting all my efforts to reach them as regularly as possible. But the main hurdle I face in dispensing my duties regularly is the means of conveyance, due to which I am not able to attend my duties regularly and meet their spiritual needs.

Hence, to solve this problem, a two-wheeler motor cycle will be of great help to my mission work."

India has a huge motorcycle industry, and due to economies of scale, a £1,000 grant was able to provide the machine pictured.



TANZANIA

Old Maswa Parish, Bariadi, Simiyu, Diocese of Shinyanga

Shinyanga has a total of just 36 parishes, Old Maswa being one of them, and is to be found in the north west of the country. Fr Paul Kitaly PP writes: *"The parish dates from 1962, and so is an established base, but currently has 14 outstations whose number we wish to increase, as there are 82 small Christian Communities which also need to be visited and nurtured.*



I have to teach in the local schools, both primary and secondary, and my work involves visiting the sick, the elderly, and the disabled. The economic situation of the majority of the people of the parish is poor, and the roads are very rough and in many places only passable with a motorbike. Due to their economic and geographical status, parishioners cannot afford the cost to purchase a motorbike but could support the running costs, and so we are asking you to help us with the task of evangelisation and human development in this area of poor infrastructure, but of growing Faith." Since Fr Paul wrote the above, we have passed on a £4,000 grant to enable this task to be consolidated and brought forward.



Getting others back on the road to self-help

ALWAYS ON THE MOVE...

OVER
48
YEARS'
SERVICE

In common with previous issues, in this edition of our magazine, the initiatives featured below all have the same basic, defining characteristics, and involve projects and plans which are about as small scale and localised as can be. We wish to continue to play our targeted part in supporting the indigenous Church's health and pastoral work overseas, whilst keeping things as clear-cut and simple as possible.

This means that the health camps and outreach journeys carried out are designed exclusively for the benefit of others by those who live in the same community as their people, and who speak their language. Once more, and as always, we are grateful for any help you can continue to give to support a variety of dedicated 'key' workers, some of whom are quoted here:

Here are some examples:

PARISH WORK IN INDIA:

"Our Diocese is carved out of three States, Tamil Nadu, Kerala, and Karnataka. As a result, inter-linguistic marriages are common and people from these different States meet together for a variety of purposes. There are six deaneries in the Diocese, and in each people differ because of language, culture, and societal customs, so we can say proudly that Ootacamund is an icon for national integration and respect for colour, creed and ethnicity."

Fr Arockia Shantha.

"We are based in the Nilgiris ('Blue Mountains') district, which is an area of hills and valleys which are thickly forested, and where many people work in the tea plantations. Travel from one place to another is difficult as the area has not been developed in terms of infrastructure. Our parish consists of fifteen villages in the forest, and we have 1,700 Catholic families whose needs I attend to as best I can. I take Holy Communion every first week of the month to about 80 sick people, and every Friday, in the evening when people return from work, I go to conduct prayer meetings in the 58 'anbams' or small Christian communities we have established."

Fr Grandly Francis

IN AFRICA:

"The nature of the roads within Karamoja is very poor, and has made pastoral work very demanding; even in the dry season, travel is a challenge, not least because of government inattention to the development of the region and its communications."

Currently, activities like baptism, the anointing of the sick, and burials are often not carried out because the parish has no means of reaching the people; sometimes I traverse many kilometres to get to the outstations on foot to celebrate the Sacraments. The availability of a motorcycle would increase contact and help deepen the Faith and commitments of the local people. Our campaign for grassroots evangelisation would be greatly more effective."

The little I have managed to achieve is yielding positive results so far, and many Christians come for prayers and to help others in need in the community, but so much more is needed."

Fr Hilary Ikechukwu

HEALTH WORK IN AFRICA:

"St. Francis Hospital Nyenga is a rural community hospital located 80km east of Kampala, the hospital serves Buikwe District and people from parts of the neighbouring districts of Kayunga, Jinja, Buvuma, and Mukono. The hospital was founded in 1932 as a leprosy hospital by a nurse who was also a nun of the Franciscan Missionary Sisters for Africa. The hospital was later turned over to the Roman Catholic Diocese of Lugazi, whereupon it began to treat other diseases. The hospital is the teaching hospital for the St. Francis Nyenga School of Nursing, and is still managed by the Little Sisters of St. Francis, a local Congregation founded by the Franciscan Missionary Sisters. The hospital serves people from poor rural communities who are characterised by the following health problems: anaemia, the epidemic of HIV/AIDS - many people are both affected & infected, and a high prevalence of malnutrition and preventable diseases. The people lack nutritional support and knowledge for production and consumption of balanced diet, which awareness campaigns could remedy."

Sr. Dr. Sylvia Nassosi



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END OF THE ROAD?

OVER
48
YEARS'
SERVICE

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 work so hard for others. 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? *You can contribute to our work in any of the following ways:*

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For more information on what we do please visit us at www.survive-miva.org

Our goal is to provide you with as much information as possible about what we do, and make browsing and supporting us much easier. Let us know what you think - we will be very grateful for your feedback and suggestions for improvements.