

# AWARENESS

[www.survive-miva.org](http://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 - **JANUARY - JUNE 2024 - ISSUE 75**

## MODERATE AND COST EFFECTIVE

### Diocese of Konongo, Ashanti Region, Ghana

This time last year, in issue 73, we included a request from Fr Emmanuel Barwuah, who wrote: "Most of the roads here could only be accessed by tractors or off-road motorbikes. Our Diocese is one of just twenty in Ghana, and itself covers over 11,000 square kilometres [4,300 square miles], or one tenth of the total area of the country. We know that without transport it is very difficult to implement our pastoral plans, and in some more remote areas, for now it is impossible to make progress in anything but the most limited way. Our moderate, cost-effective aim is not to have a four-wheeler stationed at every parish, as we know this is unsustainable and beyond our reach. Instead, we want to equip the five furthest parishes with a motorbike, each costing just 2,300 pounds Sterling.

In this manner, the frequency of visits to the outstations can be more regular, and we can assess people's needs at

first hand. We can better plan our programmes of leadership formation and development education, and the administration of the Sacraments will receive a great boost. The people are basically poor farmers engaged in subsistence farming, and although the Church has been in the country for the past one hundred years, the influence of Catholicism in many parts is minimal. This is in great part due to lack of contact."

Fr Emmanuel is realistic and practical in his approach to the challenges the Church faces in his region, and his own words bear witness to this. Time has moved on since we first heard from him, as you can see from the photos, and thanks to your help, progress is indeed being made: "I wish to register my sincerest appreciation to you and your very generous donors for your kind consideration of this important project. Our daily prayers are always with you."



**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

## Liam Redmond OSF

Trustee, Liverpool



Liam has recently joined the Trustees' Committee, and writes: *"I am a professed member of the Secular Franciscan Order at St Anthony of Padua fraternity in Liverpool. I work as a Roman Catholic hospital chaplain in the Royal Liverpool, Broadgreen, Liverpool Heart and Chest, and Liverpool Clatterbridge hospitals. In my spare time I love cycling."*

As a chaplain, Liam spends a lot of time in wards and other parts of the hospitals, visiting people who are too ill to move from their beds, and travels between different sites to distribute Holy Communion, although he works with patients, staff and families who may be of any faith or none. People who are ill or who have a family member who is ill may have spiritual or emotional needs regardless of this.

Moving from place to place to support access to health and pastoral care is, of course, precisely what our Association is all about, and we are delighted to have Liam bring his skills and experience to the table. Welcome!

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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 35 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.

## 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](mailto:info@survive-miva.org)

or visit us online [www.survive-miva.org](http://www.survive-miva.org)

# WHEN I FIND MYSELF IN TIMES OF TROUBLE...

Welcome, one and all, to what I suppose might be considered something of a landmark issue, if only because of the number - 75. The next 12 months will also see us reach another milestone, as December 14th 2024 is the fiftieth anniversary of our establishment as Registered Charity number 268745. To be honest, I am not one make a fuss over such things, but I do want to make sure it doesn't go un-noticed. There'll be more of that to come though.

Over the years, we have provided grants for over 7,000 forms of transport, and one of the very latest - in common with our very first - is for a four-wheeler for health outreach work in a very rural area of difficult access. As I write, our Association is about to make the grant to purchase it via bank-to bank transfer, but the process has been far from straightforward, due entirely to recent events in Manipur, India, which are beyond our control.

It seems that whenever one piece of bad news fades from our screens, another tragedy or conflict of whatever nature soon replaces it in the running order, although some are rarely highlighted. A quick search reveals that according to the Peace Research Institute of Oslo, in 2022 there were 55 active conflicts taking place in 38 different countries, many of which never make the international news headlines, such as those in Burkina Faso, Mali, Burma, Yemen, and Somalia. At over 100,000, for example, the Ethiopian region of Tigray saw more deaths in 2022 than were recorded at the time in the Russia/ Ukraine war, then at an estimated 81,000. A further *eighty-two* non-state or internal conflicts were causing destruction and population dispersal elsewhere, within the borders of the same country.

On a much lesser scale, another internal conflict is affecting the town of Koirengei, (amongst many others), in the Diocese of Imphal, part of the Indian State of Manipur ('land of the jewel'). This is the location of the Catholic Medical Centre for which we have had to strike a delicate balance in order on the one hand to provide our urgently needed support, and on the other, to do so with the confidence that we wouldn't unwittingly be making things worse. Such are the intricacies of overseas intervention when times are unsettled.

It is, of course, important for us to be mindful of factors and consequences that do not immediately spring to mind when the unexpected occurs. The circumstances which have arisen around our grant to this medical centre are highly unusual for us, and require careful consideration.

We have always made clear that we are not a disaster nor emergency-oriented charity, and that we have no offices or staff overseas to monitor or evaluate such rapidly changing events.

Nonetheless, we have 'other people's ears' very close to the ground, which at times becomes an invaluable asset, and so it has proved once again with this grant.



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



Since May of 2023, when the most recent period of inter-ethnic violence in Manipur began, we have been biding our time, waiting for the local situation to become clearer. Fr Khumlo Tangshel, our contact at the Centre in Koirengei, has been able to send us some of the background to the clashes that have been taking place.

The two main protagonists are the majority Meiteis, a group who make up more than half of the 3.3 million population. Approximately 40% of those remaining consist of the Kuki and Naga peoples, the predominant minority group, although other scheduled tribes and castes exist. It is between the Meiteis and Kukis that tensions have boiled over. Their differences have been a cause of discord for decades, and centre largely on access to land and its ownership, and the relative official status conferred on one or the other of the groups by the central government, which increases their influence on local society, on how it is run, and on who has the greater say over the distribution of resources.

Meiteis are majority Hindu, and live in the valley of Imphal, whereas the Kukis, mainly Christians, are based in the surrounding hills and highlands, although we are told that the current disputes are more ethnic than religious in nature. Before committing resources to fund the vehicle requested, it was clear from what Fr Tangshel informed us that in terms of the grant, we needed certain reassurances, and so we asked him firstly if it was in fact possible for him to receive the transfer and purchase the vehicle, if it was safe for him to do so, and most importantly, if it was safe for him and his fellow health workers to carry out their planned outreach work. His reply was encouraging, and it seems the situation has in some ways improved since his earlier messages:

*"I would like to inform you that the situation in Manipur in general continues to remain in the same condition between the Meitei community and Kuki Zo communities. In Imphal City, however, the situation is improving gradually and returning to normalcy. The markets are open every day from 5 am to 6 pm. Students are able to go to school daily, and offices are open. Curfew is imposed at night in Imphal City."*

Other questions still required answers:

*"The Naga communities remain neutral and don't side with Kuki Zo tribes or Meitei community. Therefore, the Nagas can travel to any places in Manipur without any fear. The Government of Manipur has permitted individuals and organisations to subscribe the internet with strict rules and undertakings. The Catholic Medical Centre is able to use the internet now."*

Part of our concern was this very question of communication. These days, almost all of it comes and goes via e-mail, which of course requires an internet connection of some sort:

*"All the banks in Manipur are functioning normally as usual. There is no issue in receiving international money. We can purchase the Bolero Pick-Up here in Imphal. All the Agencies dealing with vehicles are open."*

Although things were falling into place, the overriding concern remained, and so we were heartened to read this:

*"With regard to the safety aspect, me and my staff and doctors belong to Naga communities and would have no problem in visiting any villages in Manipur. There is no risk in our work. We have recently conducted a successful*

*free health camp at Kholian which is in a Kuki Zo dominated region. I have attached some photos [see below] for your reference."*

I have written before in these pages that a great advantage we have, although we are tiny in comparison with other charities, is that we can take advantage of the universal Church by way of its extensive reach and grassroots presence. In Imphal, we see another example of this; local people working for the common good of their community, skilled professionals who have an intimate understanding of the realities, good and bad, of those among whom they live and whose language and culture they themselves belong to, or are intimately familiar with. Our role may be considered 'overseas intervention', but only in a very limited way, via the simple provision of a form of shared transport, something that will be put to good use immediately, and play a crucial role in improving healthcare, every day. We know our place, and leave the rest to those who know best.

Despite our initial concerns with this grant, Fr Tengshel and his colleagues have shown once more what we have long known - that we can continue to rely on the local Church to do what it has always done - provide basic education in schools, healthcare in small medical centres, and pastoral support in daily life. And long may it continue, *'in saecula saeculorum.'*

Such an expression, for those of my vintage, elicits an automatic inner response, of course - a simple Hebrew word shared by Jews, Christians, and Muslims alike - *'Amen'*.

Or in English, *'Let it be.'*

God bless you for your continued trust and faith in us, but most of all, in our 'ears'.

Simon Patrick Foran

Director







# NEWS FROM OVERSEAS

Regular readers will know by now that in each issue we do our best to keep you up to date with the progress being made by those you have supported. Whilst we recognise that there are no easy or quick solutions to the problems our beneficiaries face each day, we do know that being mobile does enable them to tackle jobs they would otherwise have great difficulties doing.

Over the decades, we have consistently provided backing for health and pastoral outreach projects - a mix of well over seven thousand modes of transport all in all - including 4x4 pickups, motorbikes, scooters, auto-rickshaws (sometimes known as 'tuk-tuks'), plenty of bicycles, and the occasional outboard motor, with or without a boat or small launch attached. We aim to provide a practical means for people with skills and experience to share what they have with the people in isolated places around them, and so here we present one of the latest 'investments' made possible by your generosity:

## INDIA

### Nirmala Health Centre, Baganpara, Diocese of Tezpur, Assam

From Tamil Nadu or Andhra Pradesh, the States from which we receive by far the most requests for help, to reach Assam, (by volume the world's largest tea-growing region), would take a sixty-five hour road trip along almost the whole length of the east coast of India - having turned inland and skirted round the top of Bangladesh. It is from there that our next update reaches us:

*"Greetings from Sister Presentation Pereira, FS.*

*Our clinic in Baganpara is over 75 kms from Guwahati in the interior area of Nalbari district, and everyday life here can count on only a minimum of transport facilities. The population of Baganpara is predominantly Adivasis ['original inhabitants'], most of whom are Catholics, with a few Assamese scattered among them.*

*We Fatima Sisters are actively involved in all kinds of work in the area. The Adivasis are strengthened in the faith, encouraged to pursue education and taught health and hygiene. There are regular programmes for catechising the youth and imparting value education, adult education, social awareness and leadership training for empowerment. There is also a modest parish school for the poor children of the area, where two of our Sisters are teaching. There is a separate Health Care Centre - Nirmala Health Care Centre - built within the campus. This Centre is run by the fully trained nurses very effectively, and in the majority of*

*cases succeeds in meeting the health needs of the people of Baganpara, and the villages in the immediate vicinity.*

*Since there is no hospital close by, the seriously ill patients have to be taken to the hospital, which is 50 kms away, and sometimes even to Guwahati, over 90 km distant. This is impossible without a vehicle, and it is prohibitively expensive to hire one.*

*There are more than a dozen villages in the Baganpara parish. Of these, our Sisters try to visit almost all the villages as best they can, where they conduct programmes as*



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mentioned above and reach out to these villages for the health needs through mobile clinics. These are carried out only via local and inadequate transport which is very unreliable. We need our own dedicated vehicle for an effective healing ministry both in Baganpara itself, and its surrounding villages.”

Sister Pereira was very specific in her objectives, and the Sisters’ work covers many varied but fundamental aspects of primary health care. Their aims include.

- To provide timely medical services and first aid to the sick
- To create health awareness and open up access for health care support.
- To provide ante-natal and post-natal care
- To provide a reliable ambulance service for the people at times of emergency.

Our Association was able to provide a grant of £12,800, which made the purchase of a sturdy vehicle a reality:

“With this grant, we procured a brand new vehicle for our Centre, and are now using it for our healing ministry. We are regularly visiting the villages and conducting health clinics and camps for the people in the remote villages at present. The health status of the people in our operational areas has improved tremendously, and in a comparatively short span of time, which shows how important a conveyance is for work in areas like ours. The people are very happy with our services, and this is all possible because of the support; we received from SURVIVE-MIVA.



Sister continues:

“In emergencies, women with birth and labour pain can be safely shifted to the town or city Hospitals with the help of our vehicle. The vehicle is also very useful to transport the people who met with accidents, which are common

occurrences here as driving is very erratic. Serious cases that need to be admitted for surgery such as heart cases are taken to the Intensive Care Unit, and terminally ill patients are also taken to larger institutions.



We can now report that we have regular, free mobile clinics in the remote villages where there is no connectivity of roads and in places where no Government Primary Health Center facilities are conducted. Also, free cataract operations for the eye for the poor patients are made possible because they are transported by our vehicle to and from the Hospital.

The list goes on: “There are also TB patients who are undergoing DOT treatment and are admitted for a better diet and for rest to Mother Teresa’s TB centres, which are situated in the towns and cities.” [The most effective strategy to ensure adherence to treatment is directly observed therapy -DOT- meaning that a health care worker or another designated person watches the TB patient swallow each dose of the prescribed drugs]. “We make our transport available to them, as well as to patients who need to be taken to physiotherapy centres. Other patients who are treated in our health centre, and then as outpatients, can be followed up with home visit programmes for regular blood pressure checkups, and the administration of any necessary injections. The Sisters also go to the cities to purchase the medicine for the dispensary and for use in village mobile clinics.”

All in all, a comprehensive addition to the provision of healthcare in an area of need, and placed in the hands of caring and skilled professionals. A highly effective use of the funds you generously provide, we hope you agree.



[www.survive-miva.org](http://www.survive-miva.org)





# UGANDA

## Diocese of Kotido

Fr. Wilfred Okello of Kotido Diocese works at Immaculate Heart of Mary Catholic Parish in Morulem, a sub-county of northern Uganda, with 60 villages in all.

He writes: "Currently, with my brother priest, we are serving a population of over fifty thousand people of all walks of life all scattered in the areas of our jurisdiction. This has come about because of the new phenomenon of the settlers who have come in from the surrounding regions of Teso, Lango and Acholi. Our furthest mission station is close to fifty seven km away from the Parish house, and on very unpredictable rough and muddy road surfaces, especially during the rainy season. This has proved one of our most serious pastoral challenges.



*It is on this account that I make my request, with the consent of my Bishop, for financial assistance for the purchase of a brand New Honda XL125 motorcycle, which is readily available from stock here in Uganda, and can be maintained in terms of the availability of spares. I am strongly convinced that through your assistance, we shall be able to avail ourselves to different communities easily. I know that even with our meagre resources, we will be able to duly service and license the motorcycle.*

*I will be very grateful for the assistance you can offer towards the above project."*

Some months later, after a £4,200 grant had been put to good use, Fr Wilfred got back in touch: "I am very delighted to inform your office that the grant for the project ref; 158/010/14178 arrived and the purchase of the New Motorcycle Honda XL 125 has been made and it has been registered under the Registered Trustees of Kotido Diocese.

*I want to assure you that our new means of transport will make us readily available to the faithful, and will serve the purpose for which the grant was given. I really apologize for the delays in reporting. Registration and delivery consumed quite some time after the order was made.*

*Here are some pictures of the blessing of the new motorcycle and details for the registration of the motorcycle. Thank you very much for the support and I pray that God continues blessing all your efforts towards the contribution to the work of evangelization."*



Getting others back on the road to self-help



# ALWAYS ON THE MOVE...



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:

## HEALTH AWARENESS AND RECONCILIATION IN NIGERIA

"Our aim as missionaries is to reach out to those in remote areas, of whatever tribe. Our 14-bed hospital is located in one of the Ezillo villages, part of Abakaliki Diocese, in the south east, but we carry out health camps in the Ezza villages too, who are often in conflict with the others. In this way, the different tribes can see that the Church cares for all her people. We know from our Parish Priest that often Ezza people are in need of help but that they do not dare come over here. With the vehicle, we can reach them, and give expectant mothers their tetanus tetraoxide vaccine, and the children can have treatment for worms and anaemia. We intend to go on all market days, since it is when most of the villagers appear. Sundays are not too good, as not many of them are yet Catholics. Due to their traditional religions, they attribute illness to curses or bad luck, so we wish to create awareness among them of the medical reasons."

Sr Elizabeth Oluchi, of the Clarissan Missionary Sisters of the Blessed Sacrament

## 'TWO LEGS GOOD, TWO WHEELS BETTER' IN KENYA

"This is a semi-arid region, with only three of the outstations located in anything like what may be considered agriculturally productive. 80% of our parishioners are pastoralists who move with their animals according to conditions. For the past two consecutive seasons the rains have failed and large numbers of animals have been lost, which has hit them hard economically." As well as his outstations - up to 20 kilometres away - Fr Peter had to make visits to seven Secondary and seven rural Primary schools on foot. "It was our hope and wish that you would consider our humble request so that we can be more able to serve the people of God effectively. We are greatly boosted by your help. God bless the work of your hands."

Fr Peter Gitonga, Diocese of Merv

## RESTORING DIGNITY IN SOUTH AFRICA

"We operate on three fronts, our Home Based Care (HBC) programme, the Peer Educators scheme, and the OVC or Orphans and Vulnerable Children outreach programme, sponsored by the South African Catholic Bishops' Conference. The HBC is run mainly by volunteers who look after patients in their own areas, and our Sister-in-charge is responsible for distributing Anti-Retro-Viral medicines to almost three hundred patients each month. The Peer Educators are all youngsters who visit four schools and community centres to teach students about HIV transmission and TB, but with transport want to reach another sixteen primary schools and seven secondaries. We have four hundred orphans registered in the OVC programme, and the vehicle means we can keep in regular touch with them, as some live in very remote areas, even by our standards in Kwa Zulu Natal. It provides a wonderful means to bring hope and compassion to the people we minister and want to minister to. In our area, with 90% poverty and a 48% HIV+ level, we are a pocket of deprivation within the modern South Africa. We want to contribute to restoring health and dignity to our people, and assure them of a better future."

Sr Madeleine Rouille O.S.A.

Could you join our group of volunteer Speakers? **WE URGENTLY NEED YOUR HELP**



[www.survive-miva.org](http://www.survive-miva.org)

# 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 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](http://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.