

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 2023 - ISSUE 74

MANY HANDS MAKE LIGHT WORK

*St. Francis Hospital, Nyenga,
Diocese of Lugazi, Uganda*

A rural community hospital located 80km east of Kampala, the hospital was originally founded by the Franciscan Missionary Sisters for Africa to treat leprosy patients, although it was later turned over to the Roman Catholic Diocese of Lugazi, whereupon it began to treat other diseases. The hospital is now the teaching hospital for the St. Francis Nyenga School of Nursing, and managed by the Little Sisters of St. Francis, a local Congregation set up in the 20th century by their missionary predecessors.

With a 100 bed capacity, the hospital employs a total of 103 staff, and provides preventive, promotive, curative and supportive services through its various departments. Sr Dr Sylvia Nassozi tells us: *"The hospital serves people from poor rural communities who are characterised by health problems such as anaemia, the epidemic of HIV/AIDS, with many people both affected and infected with the virus, and there is a high prevalence of malnutrition and preventable diseases. People lack nutritional support, and the knowledge of how to produce and consume a balanced diet."*



In her request to us, Sr Sylvia emphasised the need for an appropriate means of transport which can help the hospital fulfil its role, both for outreach programmes and for staff training. More specifically, the vehicle pictured, made possible by a £28,000 grant, has meant that the following initiatives are now well underway:

- The referral of HIV-critical cases to larger hospitals
- The implementation of health education outreach visits in villages
- Immunisation campaigns to reduce the incidence of common killer diseases
- Mobile HIV/AIDS clinics in villages that lack any lower-level health units

● The collection of vital medicines and their safe transport from Kampala. Sr Sylvia has asked us to pass on her gratitude: *"May the good Lord reward you abundantly for this amazing donation."*



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

Christopher Moss

Web Designer



"I am a digital designer and front end developer with over 15 years' industry experience. A business director and one half of husband and wife partnership, Couple Design - www.coupledesign.co.uk.

I specialise in the design and development of bespoke Wordpress websites that combine considered user experience and creative flair."

Working alongside Karen on many issues of Awareness gave Chris a headstart when it came to working on the website. Chris applied his user experience knowledge when designing and developing the new bespoke SURVIVE-MIVA website to ensure visitors can navigate around the site easily and are able to find all the information they need. Encouraging online donations and access to copies of Awareness is now a quick click of a button with the website also looking and feeling like it belongs to the SURVIVE-MIVA branding.

It's also reassuring to know that we have Chris at hand and can call on him for repairs or updates and ongoing improvements to the site when the need arises, and we are grateful to him for his expertise.

Patron:
Most Rev Malcolm
McMahon OP,
Archbishop of Liverpool

Appeals Organiser:
Sue Valentine

Finance Officer:
Margaret Jackson

Director:
Simon Foran

Appeals Administrator:
Geraldine Roberts-Stone

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.

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

THE GRAND SCHEME OF THINGS

Dear Readers,

Welcome to our twice-yearly magazine, in which we bring you our updates from overseas, and hope once again to inform you as best we can about some of the people and places that have been beneficiaries of the grants you have made possible.

In our previous issue, I wrote in this column about future proofing, and our efforts here on the home front in the UK to renew our IT systems to bring us up to date. For this issue, I thought it might be of interest to pass on the gen on matters *overseas*, to act as a supplement to the news we get from our 'end users'. I realised when I was looking recently at our Constitution, in advance of our AGM, that next year we will have been registered as a Charity for 50 years, which made me wonder what, (if anything), has changed overseas in the interim, and how has this affected us, if indeed it has.

In the 1950s, as a backdrop to how things were before we arrived on the scene, the large aid or voluntary agencies, many of which had not long been set up themselves, did not have a major part to play in international development. Their job was seen as an extension of the Red Cross (which had been founded nearly a hundred years earlier), i.e. intervention in times of natural disasters, and the provision of relief to victims and survivors. Increasingly, however, throughout the seventies and eighties, when we were first formed, the NGOs' or Voluntary agencies' role had changed and become more important.

Formerly, foreign aid projects as such arose in the wake of the Marshall plan, here in Europe. Aid from the US, combined with technical assistance, funded European restoration (importantly, of that which had by and large *previously existed* - they did not start from scratch), and the great statesmen and visionaries of the time advocated similar policies as a remedy for the 'underdeveloped' countries. This proved to be a facile, one-dimensional approach, though its paternalistic simplicity was initially attractive to many; we are the 'haves', they are the 'have-nots', and so logically, what worked for *us* will be good for 'them'.

This institutionalised attitude in fact led to the creation of concentrated centres of investment being defined as 'development'. Nearly always limited to capital cities, the overall national picture was patchy and more often than not contained vast, typically rural, areas of great neglect.

That was then, and not a lot has changed, as you, our readers, already know. In time, concentrated wealth led to the growth of shanty towns around mega cities, and institutions themselves became the point of reference, with 'the poor' having to travel to gain any access to their services. Clearly on the receiving end, they were expected to behave according to the expectations of those who planned and budgeted for them.



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



It was the *imported* planners and administrators who had the answers, in an approach which valued rationality, efficiency, and alien management techniques. Funded and staffed by the West, or cadres of elites trained in the centres of learning of the West, large institutions arose to govern this, and hospitals, research institutes, agricultural colleges, model villages, demonstration farms, and all manner of mega pilot schemes were set up (later to become a major cause of un-repayable Third World debt), from which development would somehow radiate from those who were largely ignorant of, or at least did not share or give any value to the native languages and culture.

The local languages were considered unfathomable, the art unsophisticated (except, tellingly, in the eyes of Picasso, who 'borrowed' it to found Cubism), and the traditional uses of plant and herbal medicines ineffective. The fact that so many of our pharmacies today are full of synthetic, laboratory copies of 'active ingredients' used for centuries in the tropical rainforest is testament to a vast body of expertise being ignored or even disdained during those years. The focus and point of reference was still the industrialised West, in whose image others must follow.

As the methods of delivering aid changed, the voluntary agencies impact grew. They often had workers who lived in the rural areas, in places the educated elites in the cities would never venture. Many had originated there, spoke the language/s, and were highly motivated - by a sense of service, not self-interest. They could communicate with the poor best because they shared their problems and circumstances.

It is precisely these factors, of course, that have long been the *sine qua non* of Catholic Missionary endeavours. In the absence of the State, the poor have always look to them for provision of basic services, and know that they are trustworthy. That has never changed.

Not only that, but such has been the positive impact the Church has had via its missionary programmes, that today in Africa and in India, for example, autonomous, indigenous infrastructures and administrative procedures are to a great extent run by African and Indian priests, Sisters, and lay staff working alongside African and Indian Bishops. Exactly the same is true in other parts of the former missionary lands across the Global South. As one recently returned missionary Sister told me, "*it is more and more the case that fewer western (i.e. northern hemisphere) religious are going on mission ... today, most are from the developing world.*"

Bringing things up-to-date, the relationship between the rich and poor has now become one of partnership.

'They' are not helpless, nor is our life in the developed West, with its drugs, crime, corruption, materialism, family break-ups and violence the finished product all should necessarily aspire to. Just as we are all 'in it together', so too can we work together for the benefit of all God's people, who should be allowed to manage their own national resources, be they coffee beans or diamond mines.

And so to *our* role in the great scheme of things. Essentially, we ourselves have not changed.

We try to bridge the gap between skilled Church workers and the rural poor, still left in isolation. Whereas fifty years ago, the beneficiaries of our grants were in the main British and Irish missionaries, nowadays the requests we receive are overwhelmingly from indigenous Congregations, often founded by European Bishops or Orders in the 20th century.

One very noticeable change in the drop in European Orders working overseas which has affected the indigenous Church, and brought new challenges, is a consequence of such withdrawal - the reduction in ready access to funding. Often, Bishops lack the Mission Office backup European Congregations had, including budgets drawn up with finance brought in from outside the host country. Replacement contacts with Rome may be fewer and less easy to establish, fresh networks have to be identified, and substitute resources sought anew.

In turn, the demands we face here, with our own level of fundraising difficult to maintain post-covid, and with the country in a financial and energy crisis not seen, according to the OECD, since the seventies, when we began, all mean that our role is as important as ever - and it shows.

Kenya's economy is the largest and most developed in eastern and central Africa, but it was from there that one (Kenyan) Bishop wrote to me just last month, emphasising my point: "*As the Holy Father has frequently insisted, it is in the areas of mission activity that we all need to partner together to reach out to those who have not yet heard the Word of God. This is the very reason I reach out to you.*"

Despite the many advances made over the decades, and the more than seven thousand small 'victories' we have had in our efforts to connect the isolated and cut off, we are still just as much in demand - if not more so - as we continue working with respect and in companionship with our partners - those you read about here.

You will always have our joint gratitude, and our shared prayers of thanksgiving, here and abroad, for your support.

God bless,

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

Seva Rural Development Society, Manali New Town, Chennai

The 'SRDS' is run by the Seva (a Sanskrit word meaning 'selfless service') Missionary Sisters of Mary, working mainly for the socio-economic and community health development of women and children of remote villages and suburban areas of North Chennai.

The Mission of the SRDS is the eradication of illiteracy, poverty, and the promotion of women and children via education and improved access to healthcare facilities. The Sisters of SMSM cover more than 35 villages, most of them affected areas by natural calamities like drought or floods, through their socio-economic and healthcare programmes.

Sr Arasi Vanak SMSM, our contact in Manali, says: "Our main focus has been on enabling women to maintain holistic health, and achieve wellbeing through awareness of daily hygiene and healthcare, the promotion of gender equality, freedom from ailments, and reproductive organs care. SRDS' overall approach has been to motivate, educate and organise women from poor and marginalised communities to stand up for their rights and become agents of social change.

Over the years, our work has included guiding men, adolescents and young people towards the goal of promoting wellbeing and sexual and reproductive health, and giving more care among the most rundown group of those considered belonging to low caste communities.



We are engaged in conducting different awareness programs on health, creating awareness on the significance of education and promoting girls education, providing self-employment income generating training, micro credit services for women and youth, along with regular medical camps."

Sr Arasi also provided a detailed description of what challenges those belonging to her Order face as they get organised within the local community. "Every child who is above the age of 5 has the right to education, but many children are denied their education due to poverty and unemployment for their parents. The children who study in our non-formal study centres we have managed to set up are children of semi-bonded labourer parents who are Dalits [considered 'low' caste'] and landless. As the parents leave their native villages for work, the children are also forced to accompany them since no one is left at home to look after them. Due to this reason they have to discontinue their studies and help their parents in their work or stay back home in order to look after the younger ones. We have just four small centres where they are gathered and given education according to their age."

Getting others back on the road to self-help



Sister continues: “Tamil Nadu is today the most urbanised state in India with 48.40% of the population living in urban areas. However, the urban slum population in the 2011 census is 2.9 million, which is 15.61% of the total urban population of the State of Tamil Nadu. In practice, this means that more than 30% of Chennai’s population lives in slums, where healthcare issues such as infant and maternal mortality rates, TB, cervical cancers, breast cancer, and high levels of HIV/AIDS still persist among the people. 80% of the women folk in suburban areas go for the daily wages, as they are the breadwinners of the family.

Agriculture is the occupation of the men folk. Most of the target villages where our latest project will be implemented are located on the outskirts of North Chennai. Here, people used to be self-sufficient with a high standard of agricultural produce and a healthy atmosphere without any type of pollution. Now, these target areas are recorded as the most polluted areas due to the expansion of the city and the proliferation of container yards.

The worst part of this ‘development’ has been that historic agricultural land is being sold off to be replaced by the construction of more industries, blocks of flats, and highways that bring more lorries and degradation. Unlike other mega cities, Chennai represents a different pollution challenge. Its annual average pollution levels, though lower than other mega cities, still vary between moderate to critical. Without the sea breeze in this coastal city, the peaks could have been much worse.”

Sr Arasi does not operate without action, reflection, and reaction. She illustrated this in her initial request for our support: “A medical survey was conducted by SRDS field workers in our target villages. It was soon found that residents of the operational area do not have access to basic health facilities. There are no dispensaries in any of the operational areas. The Primary Health Centre (PHC) is more than 10 kms away from most of the target population, making the services of the PHC unreachable to most of the area selected, and what health facilities do exist are substandard.

Local transportation such as private and public vehicle facilities are irregular and cannot be relied on to reach out to the distant villages. Just as we face problems to implement planned activities in the target villages, so too, people feel unsure as to the timing of our sporadic visits. We need to improve on this and become more dependable since in some of the communities they already have closed minds about women, who don’t have the exposure to develop their self-worth and become involved in decision making at home and in the community at large. Only our consolidated presence can change this.”

Sister ended by reminding us how practical our role can be in situations such as hers: “Though we have enough desires and willingness, due to lack of financial support we are not able to reach out to the people fully. Therefore we ask your assistance to purchase a vehicle so that the people in rural areas will have more exposure to know the present circumstances of the world, in order to challenge the situations in which they live.”

After a £13,000 grant was transferred, Sister wrote back: “I am extremely happy for the great support and generosity of SURVIVE-MIVA. Thanks to you we bought a vehicle for God’s mission in India. I have no words to express my heart full of gratitude for your service for the poorest of the poor people. I would like to express my sincere thanks from the depth of my heart along with my Congregation Sisters for your response to my humble request.”





UGANDA

St Mary's Parish, Kazingo, Diocese of Fort Portal

"Greetings from Fort Portal diocese in Uganda, my name is Fr. Edward Winyi, parish priest of St. Mary's Catholic parish Kazingo, which is a fairly newly created parish. It was opened on 17th March 2019, carved from Virika cathedral parish by His Lordship Bishop Robert Muhiirwa, who appointed me as its first pastor.

Kazingo parish is located at the foot of Mt Rwenzori, which is a block mountain in the western part of Uganda. The reason for opening this parish was to extend spiritual activities closer to the people in this remote area of the diocese. As the first pastor of this younger parish, I am finding many problems, among which is a lack of transport for the catechists. They travel on foot walking long distances from their home to the parish headquarters for meetings, seminars, retreats and other spiritual programmes at the parish. This has caused a great delay in the running of the pastoral activity of the parish. The Christians are still involved in the work of building the priest's house and constructing the parish church, therefore, they cannot do anything to help their catechists with a means of transport.

The parish has got 60 catechists who carry out the work of evangelization in the parish, if you are to assist us we would need the equivalent of 15000,000 Uganda shillings for buying 60 bicycles to facilitate the pastoral activities in the parish. Each bicycle costs 71.4 Euros.

As part of the local contribution, the parish will be in position to provide a means of transport for bicycles from the warehouse to the parish, and facilitate the work of assembling them safely. We can also assist the catechists to keep them in good working conditions and provide low cost spares like brakes and inner tubes and puncture kits.

I hope my request will meet your kind positive response."
Once more, we were able to respond positively, thanks entirely to your kindness.



TANZANIA

St Joseph's Parish, Njugilo

Fr Benedicto Mwamlima was ordained in July of 2019, and contacted us for support to provide bicycles for the catechists of his parish, as seen in the photo. When he first contacted us, he wrote: "We are located in a remote area, and have only been established for three years, so everything is new and needs consolidation. We currently have ten outstations but are planning to expand, and they are about 15 to 25 kilometres apart. Since we opened, we have been training Catechists, who assist me each day, travelling on foot, which greatly hinders their effectiveness.



We need to provide adequate access to the Sacraments to the people, and maintain weekly visits to the small Christian village communities. Despite the current strains, the Catechists teach in the local primary and secondary school, as well as enhancing the teaching of the Faith to those who aspire to receive the Sacraments when the time is right. If each Catechist could be assisted with a bicycle, not only would it increase their contact with the communities around the main parish, but also, they would be greatly encouraged in spirit, and we would have a means of showing our appreciation of the sacrifices they have already made, and make daily."

It's worth remembering that you can travel four times faster and further on a bike than you can on foot!

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:

PASTORAL SUPPORT IN UGANDA

"I am currently working within the diocese at Immaculate Heart of Mary Catholic Parish in Morulem, some 180 miles north of the capital Kampala. My priesthood ordination was on the 17th November, 2018 by His Lordship Guiseppe Filippi, our Bishop.

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 resulted because of the new phenomenon of the settlers who have come in from the surrounding regions of Teso, Lango and Acholi.

Our most extreme mission station is close to fifty seven kilometres away from the Parish house yet on very unpredictable rough and muddy road surfaces especially during the rainy season. This has proved one of our most serious pastoral challenges among others.

Fr. Wilfred Okello of Kotido Diocese

HEALTH AND DEVELOPMENT WORK IN INDIA

"Our hospital is the only hospital serving in the eastern part of Ranchi. Mostly poor people come to our hospital who cannot afford to go to other big private hospitals in Ranchi city. They are well aware of the fact they do not get quality service in the Government hospital in the city though well equipped and having good and qualified doctors.

Our hospital was started in January 2019 so it is in its infancy stage so we have bare minimum facilities by which we are trying to give good and quality service. We have also attached to it the Nursing school and old age home. There is lack of basic amenities like road, electricity, water facilities and so on.

The people and families have yet to learn the need and importance of the concept "prevention is better than cure". They still do not understand the relation between hygiene and health. We feel the need to reach out to them and bring awareness. We plan to visit families and villages and hold health camps. But we are unable to do so because the villages are spread far and wide."

Sr. Jacinta Kerketta, SJ, Archdiocese of Ranchi

ET POUR LES FRANCOPHONES:

"La jeunesse du District signifie que l'on commence l'implantation de la foi. Cela ne signifie pas que les missionnaires n'ont rien fait auparavant, mais les visites des prêtres étaient très rares. Il n'y avait que des visites rapides et rares. Actuellement, il nous incombe de visiter périodiquement les 16 postes ainsi que les écoles catholiques. Des organisations par des Mouvements au sein de l'Action Catholique sont aussi fréquentes telles les récollections, exercices spirituels, formations, autres les visites ordinaires. Notre pastorale ne se limite pas seulement à l'évangélisation proprement dite et les ministères mais incluant également le développement humain. La population a besoin de développement intégral qui touche à la fois sa vie de foi et de sa vie concrète. Nos efforts vont de même sur la préservation de l'environnement, la promotion de la justice sociale, la promotion féminine, l'éducation et l'alphabétisation. Il faut donc des déplacements très fréquents des prêtres pour toutes ces activités."

Fr Antoine Randrianarivo, Diocese of Ambositra, Madagascar

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



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:

- Ask us to send you a Standing Order form to make a small regular payment
- Donate via bank transfer:
PLEASE USE YOUR POSTCODE as your reference.
Sort Code 08-92-99 Account Number: 65628977
- Donate online by visiting www.survive-miva.org
- Remember us in your Will by leaving a legacy
- Represent us by becoming a volunteer and giving a short talk in parishes in your area - contact us for information and full guidance on this.
- Add my contact details to your mailing list to receive the 'Awareness' magazine - just twice a year.

DONATION FORM AND GIFT AID DECLARATION

Please detach this page if needed and send to SURVIVE-MIVA, 5 Park Vale Road, Aintree, L9 2DG

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

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.