

Healing & Development

2014 Edition

MEDICAL
MISSIONARIES
of MARY



MMM

*Rooted and founded
in love.*

Bringing the Good News
to the Whole World

Working with the Lenca people of Honduras



Waiting at a clinic in Uganda



Sack gardening in South Sudan



An MMM Associate in Uganda helps to improve food security.



Volume 74 – 2014

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin, today MMMs number about four hundred Sisters, who come from nineteen different countries. A growing number of men and women from sixteen countries are Associates. The three words in the Congregation's title carry the inspiration that gives us energy to become engaged in healing some of the world's pain.

Medical: "Be with those who suffer, the oppressed, and those on the margin of life. Heal the sick, excluding no one... Let your particular concern be the care of mother and child."
MMM Constitutions

Missionaries: "You are missionaries... Work with all people of good will. Join resources with them especially in the field of health, so as to bring about a world of justice and peace, where true human development is fostered, and human dignity and rights are respected."
MMM Constitutions

Mary: "Ponder in your hearts the mystery of the Visitation. Be inspired by Mary's selfless love, her simplicity and faith, as she goes in haste to answer a human need, bringing with her the light that is life."
MMM Constitutions

Our Motto:

Rooted and Founded in Love (Eph.3,17)

PHOTO CREDITS

Sr. Nuala Horgan, Sr. Cecily Bourdillon, Sr. Elizabeth Naggayi, Sr. Patricia Lynch, Sr. Maria Jose da Silva, Moira Brehony, Sr. Bernadette Henaghan, Charles Matovu, Sr. Stella Nwoye, Sr. Kay Lawlor, Sr. Sheila Campbell.

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Table of Contents

Leader's Letter		3
FEATURE	Walking together to Bring Life	4
ANGOLA	Renewing covenants of love: MMM Associates	6
BRAZIL	Present through listening in Salvador	7
HONDURAS	Seeds have been sown in Marcala	8
KENYA	"Evangelization is done on one's knees." Pope Francis Desiring to be instruments of healing	9 9
MALAWI	Leaving a part of us in Chipini	10
NIGERIA	Bringing new life in Itam	11
Republic of BENIN	Assured of a welcome in Zaffé	12
Republic of SOUTH SUDAN	Beginnings in Wau	13
JUBILEES	Celebrating 50 Years of commitment as MMMs	14
RWANDA	Providing improved health care in Kirambi	16
TANZANIA	New venture in Faraja Community-based Health Centre (CBHC), Singida	17
UGANDA	Encouraging self-reliance in Makondo	18
FINANCE	How we support a worldwide mission	19
THE USA	Our new house in Malden, MA	20
ASSOCIATES	Away from the desk and down to earth RAM experience in Virginia	21 21
ENGLAND	An opportunity to say "Thank you"	22
SUPPORTERS	Together we can do so much	23
IRELAND	A variety of works at our Motherhouse A very special celebration	24 25
	MMM NEWS AND AWARDS	26

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Tel: +353-1-2887180 • Fax: +353-1-2834626
E-mail: mmm@iol.ie
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Leader's Letter



Dear Friends,

Once again, I am very pleased to introduce the latest edition of our MMM Yearbook, *Healing and Development*. We hope you will enjoy reading the stories from around the world where our Sisters, MMM Associates and co-workers are living and working, from places where many of our sisters and brothers are held captive by poverty, fear, and violence.

The theme for this 2014 Yearbook is "Bringing the Good News to the Whole World." We will put you in touch with the younger members of the Congregation as they engage full time in their

studies in Kenya to equip them to serve where they are sent, in areas of great need. We also rejoiced with the oldest member of the Congregation, Sister Marie Conlon, who celebrated her 100th Birthday on 13 August in Ireland.

A feature article shows how many people can work together to provide resources essential to life.

You can read about the new ministries we are researching in Malden, MA, USA; the development of the new laboratory in Rwanda; a listening project in Brazil; and about Mission Awareness in England.

We have included the experience of withdrawing from two valued ministries. Our MMM Sisters in Chipini, Malawi in Central Africa and in Marcala, Honduras, Central America have handed them over to the local people. This frees our Sisters to explore new needs in both of these countries where our MMM Healing Charism is greatly needed.

There are also several articles by and about our MMM Associates in Uganda, Tanzania, Angola, and the USA, where they give expression to the MMM Healing Charism. The Associate Movement continues to grow, as shown by their commitment and increasing numbers.

This year we have included a special insert, showing the countries where we work. This was the result of a suggestion by one of our readers. You can also see where our MMMs come from and where our Associates are found.

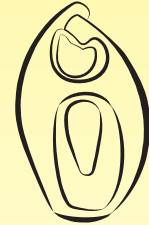
You are part of this great work of bringing the Good News to a world that desperately needs it. Thank you for your prayers and your financial and material support. You are remembered daily in the prayer of each of our MMM communities around the world.

May the God of Peace shower blessings of Peace on our world.

Sister Siobhán

Sr. Siobhan Corkery, MMM
Congregational Leader

MEDICAL MISSIONARIES of MARY



MMM

*Rooted and founded
in love.*



St. Thérèse of Lisieux

Patroness of the Missions

Saint Thérèse wanted very much to be sent on mission, to Vietnam.

Prevented by poor health from making that journey, she offered her prayers and sufferings for missionaries around the world.

"What I want from religious is that they wake up the world by being real witnesses to a counter-cultural way of life."

Pope Francis, USG, November 2013

Working Together to Bring Life



The river bed: source of water for part of the year



A handmade water storage tank



A hand-dug water hole: often the only source of water in the dry season



The local terrain: village representative decided how to access water in the most appropriate way

Doctor Eamonn Brehony is an MMM Associate based in Tanzania. He provided us with a wonderful example of what can be achieved when partners and communities work together. The following information is taken from his report.

MMMs provide basic health services in Nangwa, a remote area of Tanzania, in Hanang District [MMM e-newsletter October 2013]. While many villages in the district have clean water sources, access has been an ongoing issue for Matangarimo village. Various solutions had been tried without success.

In the 1960s the Government tried to build a dam. In 2004 the district water department built up this dam with soil and the first rains washed it away in two hours. In 2011, villagers raised money for a feasibility survey for a borehole. The report showed there was underground water in two locations but at a depth of two hundred metres. It did not look at any other sources of water and nothing happened.

An example of what can be achieved when several partners work together is the Water Harvesting Programme at Matangarimo. It was implemented by the MMMs at Nangwa Health Centre with the Mbulu Diocesan Development Office Water Department and the Hanang District Council Water Department.

A complex issue

In the village, women and female children fetch water. It is used for cooking, drinking, hygiene, watering livestock, and other domestic purposes. In the wet season most villagers get water in seasonal river beds; in the dry season they fetch it from one sub-village. Those who have donkeys can fetch water every second day, with each donkey carrying forty litres. It takes most people six to eight hours to return with water. Those without a donkey have to carry water on their heads. Women often have to leave children at home and they spend these hours without food. Sometimes they go at night, with risks of attack by hyenas and snakes. They can be threatened by young men affected by alcohol and drugs.

Lack of access to clean water affects village health. Water-borne diseases and skin conditions are common because people cannot maintain good hygiene. Without water they cannot wash their clothes frequently.

The amount of time spent fetching water is a particular issue in the primary school. Because of the demand it can take a long time for a shallow hole to fill again, so one can wait up to three hours to get enough water.

Women say that lack of water is affecting village development. They are not able to build permanent houses. They spend so much time collecting water that they cannot attend other activities, e.g. joining village committees. Many women do not have enough time for farming.

The primary school: children were spending long hours fetching water.



Finding a solution

The aim of the current Water Harvesting Programme is to help the community to collect rainwater to provide clean and accessible water. To begin, MMM, with Mbulu Diocesan Water Department and the Hanang District Council Water Department, did a needs' assessment. The villagers asked to learn about harvesting rainwater, especially using sand dams*. Representatives had visited nearby villages to learn how they operated water pump schemes. They reported, "We see that these pumping schemes are not possible for Matangarimo. We feel that sand dams are much more appropriate and cheaper to set up and run."

The water engineer also found a big rock with potential for rainwater harvesting in the sub-village of Uyumo. Flat rocks are cemented around the edge of the large rock to direct water into a catchment tank at the lowest end. Water that runs off the rock is diverted and collected into tanks. Up to 300,000 litres per year can be harvested.

Working together

With support from the Irish Embassy in Dar es Salaam, a team including the District Water Engineer and two staff from Mbulu Diocesan Water Department visited rainwater harvesting systems in Kenya. A programme was drawn up to support each of the five sub-villages to have a harvesting project - four for sand dams and one for a rock catchment system.

Sand dams in two sub-villages, Soera and Uyumo, have been completed with the enthusiastic cooperation of the villagers. The beneficiaries are 720 villagers in 124 households. Initially the people will just dig into the sand to get water.

It is anticipated that after three years, water and sand will back up to about five hundred metres from the dams. In Soera it is already backed up over one hundred metres. As the sand builds up, more water is stored and eventually the water seeps out of the sand. Then a hand-dug well will be built so people can pump up the water. It is estimated that the capacity for Uyumo sand dam will be 12,800,000 litres and for Soera it will be 11,661,000 litres.

A long-term solution

The villagers started using the water in July, when all other sources dried up. It will be their main water source from July till November. Sand dams appear to be the best option because:

- They are very cheap to construct so poor communities can afford them.
- As they mature their capacity increases.
- They require little maintenance so chances of sustainability increase.
- Every effort will be made to ensure that each sub-village will have at least one source of harvested rainwater.

MMM is funding the sand dams and the District Council will fund the rock catchment project. Because many have worked together, the people of Matangarimo will experience the benefits of better health and development.

Viewing the completed dam



Great community participation in building the dam



There is plenty of water behind the dam.



Water building up behind the Matangarimo dam

*A sand dam is a reinforced concrete wall, or similar structure, built one to five metres high across a seasonal sand river. When it rains the dam captures soil-laden water behind it. The sand sinks to the bottom and the silt remains suspended in the water. Research on Kenyan dams shows that only 1 to 3% of rainwater is retained behind any individual dam. The remainder continues its natural flow towards the sea. Eventually the dams fill with sand. Up to 40% of the volume behind the dam is water stored between the sand particles. Source: Excellent Development

“Every Christian is challenged, here and now, to be actively engaged in evangelization; indeed, anyone who has truly experienced God’s saving love does not need much time or lengthy training to go out and proclaim that love.” *Evangelii Gaudium*



Sisters Anigbogu, from Nigeria; Brigid Archbold, from Ireland; and Laurinda Bundo, from Angola, served together in Angola. Sister Angela is now on our MMM Congregational Leadership Team.



Sisters Stella and Brigid with the Associates



Angolan Associates renew their covenants in the presence of Sister Brigid Archbold.

Renewing covenants of love: MMM Associates

MMM’s first arrived in Angola in 1953, in response to a request by Father Bernard Keane, CSSP, for Sisters trained in midwifery. He was working in Chiulo and had seen many maternal deaths.

Sisters Joseph Moynagh, Majella McKernan, and Dominic Flynn were assigned to this new venture. At first the government authorities said that the Sisters could not go to Chiulo because of the isolation. Father Keane replied, “If the Sisters cannot come to Chiulo then I will tell them not to come to Angola!” The government relented. The pioneers travelled by boat from Lisbon, Portugal to Namibe, Angola; by train to Lubango; and finally by lorry – 260 km on a mud road to Chiulo.

We handed over Chiulo in 2002 and are now based in Huambo and Viana, Luanda. We have shared our commitment to mission with staff and other local people. Some have felt a call to live the MMM charism of healing at a deeper level.

There are now twenty-seven MMM Associates in Angola. Sister Stella Nwoye, based in Huambo, wrote about the last Associate Assembly.

“The AMMMs meet yearly in Cumato, Cunene Province, and renew their covenants. On 19 September 2013, Sister Brigid Archbold and I set out from Huambo. We stayed in Lubango with Enedina Josefa, AMMM. She is a liaison between the Associates and Sister Laurinda Bundo, their mentor.

“The next day we left for Cumato with Mrs. Josefa. We stopped in Chiulo so I could see where MMM started and Sister Brigid could see her first mission in Angola again. The staff were thrilled to see her. In the afternoon we arrived in Cuamato and joined the other Associates already gathered. Twenty-three were present at the opening Mass and four arrived later. Two were unable to come because of sickness and problems with cattle due to the drought.

“The next morning, Sister Brigid gave a history of MMM and the Associates sang Eph 3:14-19 – ‘Rooted and Founded in Love’ - in the Cuamato language.

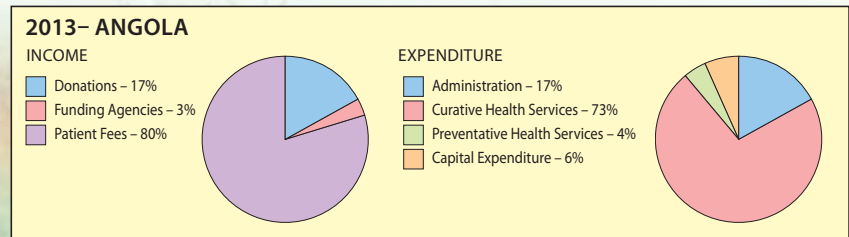
“When MMMs first arrived in the country, they did not know Portuguese so Father Keane arranged for two girls to help. One was Associate Maria da Cruz. She spoke about meeting Mother Mary when she visited Angola in 1958. The other girl was Maria Rosaria, whose husband, Wenceslaus, is also an AMMM. I felt what a privilege to have been with our Foundress, a great woman who sought God in all things and in all people.

“Odette da Costa, AMMM, read reports from the Lubango, Chiulo and Cumato groups. I marvelled at their sense of responsibility, faith, and love for MMM and the people of God. They give special attention to our Foundation Day and Mother Mary’s birthday. They are involved in prayer. They visit the sick and prisoners.

“At Sunday Mass with the local congregation Sister Brigid received the covenant renewals of nine AMMMs. Their joy was reflected in the singing of the Magnificat. I was challenged by these women, all asking what more they can do. May the God of the journey keep them.”

“At Sunday Mass with the local congregation Sister Brigid received the covenant renewals of nine AMMMs. Their joy was reflected in the singing of the Magnificat. I was challenged by these women, all asking what more they can do. May the God of the journey keep them.”

Angola has 27 AMMMs.





Brazil

“An evangelizing community gets involved by word and deed in people’s daily lives; it bridges distances, it is willing to abase itself if necessary, and it embraces human life, touching the suffering flesh of Christ in others.” *Evangelii Gaudium*

Present through listening in Salvador

In 2011, MMM opened the House of Consolation (*Projeto Consolação*) to accompany those bereaved by violence. In these families living in a socially deprived area, one or more children have been assassinated. Sister Sheila Campbell, from Northern Ireland, shared how staff in *Projeto Consolação* applied the skills they learned in the project’s main work to other areas of pastoral ministry.

“Over the past four years the team in the Consolation Project, Salvador, has gained many skills. The Project reaches out to families who have had members assassinated. These are usually young sons, either caught up in the drug traffic, or suspected by the police of drug involvement and summarily executed. We also have cases of domestic violence and just stray bullets because the local gangs are heavily armed and the police presence is minimal.

“In listening to mothers pour out their grief or struggle to come to terms with the finality of it all, the team members have become skilled in Active Listening. This is a therapeutic approach used with families. It is sensitive, respectful and positive. In pastoral terms it is recognising Christ’s presence in the other and just being with them as they go through the mourning process without advice-giving or judgement. To evangelize is to listen as well as preach!

“When we have skills we pass them along. So we have been organising workshops on Active Listening for neighbouring parishes. We focus mainly on the parish groups that are involved in home visits: health, pastoral ministry, family ministry, Legion of Mary, and Eucharistic ministers. Parishioners have greatly appreciated these workshops, in both the poorer parishes where we live and in neighbouring middle-class parishes.”



Sister Nilza helps with the workshop.



Sisters Sheila and Nilza dos Santos and participants proudly display their certificates. Nilza is now in our house of studies in Nairobi.



Participants learn listening skills using role play.

Real listening is hard work!

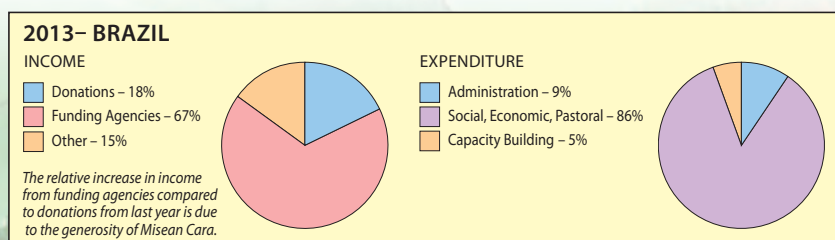
“One man, a lawyer, said to me, ‘It is hard to listen. I usually make up my mind early and just tell people what they have to do!’ At the workshops all the participants are active. There is some input, but there is also a lot of hands-on experience with listening and feed-back on progress. People often say, ‘I know it all in theory, but when I sit down with someone I forget everything!’ The workshops help participants to put the listening skills into practice, simply and naturally.

“We often link an input on human rights with this workshop. Human rights violations are common, not only in the area of public safety, but also in health, education, living conditions and the environment. It is good to stimulate reflection on our responsibilities as Christians to ‘go the extra mile’ so that these rights are guaranteed.

“Evangelizing is passing on the Good News. In the midst of great suffering and pain, we have developed a way of being with families in their grief. We pass on the Good News that those who suffer are not alone, that God is with them in a very special way.”



Project Consolation: protesting against violence



Brazil has 12 AMMMs.

Honduras

"Be inspired by Mary's selfless love, her simplicity and faith, as she goes in haste to answer a human need, bringing with her the light that is life." *MMM Constitutions*



Sister Cleide visits a woman at home.



Sisters Bernadette, Rita, and Cleide at a development workshop



A women's group builds self-esteem



Young people's drawings are used for teaching.

Seeds have been sown in Marcala

As MMMs, we must sometimes ask if we can "leave certain ministries to others [to] better expend our forces for the missions"¹. Since 1999 we have been working in Marcala, an isolated mountain community. Facing issues of consolidation, we have decided to move on to another area. Sisters Cleide da Silva and Bernadette Heneghan spoke of their experiences in solidarity with the indigenous Lenca people.

"The Lenca suffer from marked economic and educational inequality and poor access to services. Many problems are gender-based.

"We developed an integrated health and development project. The aims include raising awareness through capacity-building and providing information on health education, human development and human rights. These build self-esteem and encourage women and children to break negative cycles of behavior. We work through support groups in activities with women, children and teenagers and collaborate with other groups involved in women's and children's issues.

"Women's groups provide a safe environment for participants to explore themes on health, share stories and support each other. We set up a school programme, using health education to develop the children's creative and participative skills and build their self-esteem. Participants in teenagers' groups explore various themes, learn new skills and provide peer support. We visit each group monthly and have an annual day-long workshop where members meet and learn from others."

Signs of growth

"There has been a very definite change of attitude among those participating in the programme. The social administrator of Saint Michael's Parish says, 'Women now feel a sense of self-esteem and are more conscious of themselves as people.'

"Many women say that before the groups they did not speak outside the house, sometimes not even within the home. Now they speak at meetings. Attitudes at home have changed. In the past, domestic violence was seen as normal and they suffered in silence. They say, 'Now we talk about it. We know it is not normal or acceptable behavior.'

"Most children now finish primary education and many complete three years of secondary education in the Teacher at Home Programme. In the past many girls only completed third grade. One group said they were ashamed to talk in front of the boys before but now talk as much as the boys do! Teachers comment that children are performing much better in school, with positive changes in their behavior and hygiene.

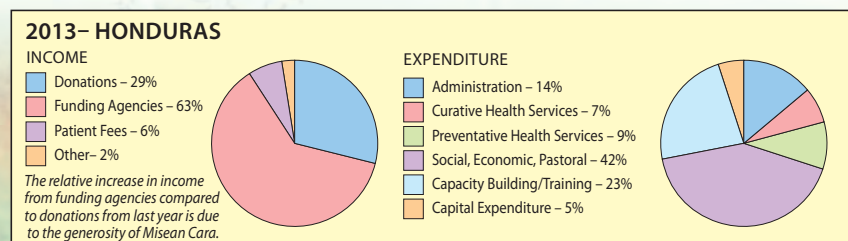
"Children in the project made drawings of how violence in the home affects them. We used these drawings as a teaching tool with the women's groups.

"An increasing number of girls in the groups delay getting pregnant until they are twenty. Traditionally girls became pregnant between fourteen and sixteen years of age.

"The time has come for MMM to withdraw from Marcala. Though leave-taking is hard, we take heart from the words of one of our women's groups. 'We will never go back to the way we were.'"

¹ Decree on Missionary Activity of the Church (40)

Honduras has 8 AMMMs.





Kenya

“Your prayer, your service, your study, in fact your whole life, all are dedicated towards the fulfilment of Christ’s healing mission: that the world ‘May have life and have it in all its fullness.’” *MMM Constitutions*

“Evangelization is done on one’s knees.”

Pope Francis

“I am Sister Nilza dos Santos from Brazil, in our House of Studies in Nairobi. I am in my last year of a three-year BA course in Sustainable Human Development.

When I started my studies, I had anxieties about the future and the challenges of academic life. One statement from our MMM Constitutions resounded in my heart: “Your prayer, your service, your study, in fact your whole life, all are dedicated towards the fulfilment of Christ’s healing mission: that the world ‘may have life and have it in all its fullness.’ I did not fully understand why my studies and all should be dedicated to Christ’s healing mission. With time I am learning to trust even when I don’t understand.

“When I joined MMM a few years ago, I thought mission was going out to the neediest and restoring life. This is one definition, but I didn’t fully understand its implications. I thought that in joining a missionary congregation, I only needed to carry a portion of zeal and a desire to love those on the margins of society, being a sister to the oppressed and a friend to the oppressor. My missionary journey took new paths, and I also felt I needed to ‘sit on the chair of knowledge’ to be more effective. This has been my life for the last two years.

“Now I am ready to sit on the other chair and continue my studies in the school of life. Pope Francis tells us, ‘Evangelization is done on one’s knees. Without a constant relationship with God, the mission becomes a job.’ I prefer going out to meet people, transforming and being transformed. The challenge comes when I get things done *for* God and not *with* God; things done *for* the poor and not *with* them. Then I suppose that Pope Francis is right. The call to me, and perhaps us as missionaries, is to evangelize on our knees *and* with our feet, being able to sit on the chair of knowledge *and* life. Only then will the studies have meaning and evangelization be realized through us.”



Sister Nilza dos Santos will soon be putting her studies into practice.

Desiring to be instruments of healing

Chibuzo Joy Aloka, from Nigeria, is also based at our House of Studies in Nairobi. She told us how her studies are preparing her for further life on mission.

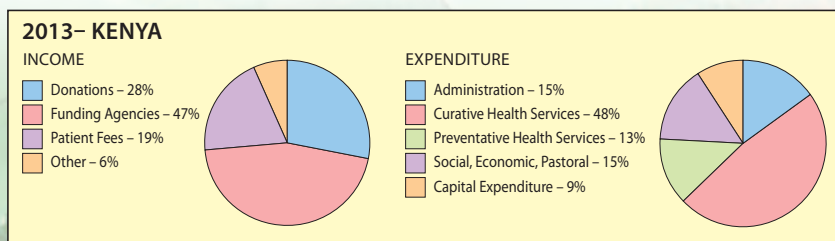
“Before joining the Medical Missionaries of Mary in 2006, I studied Applied Microbiology. During my first assignments after profession I worked in medical laboratories at MMM missions in Nigeria. I came to Nairobi in 2012.

“I am now studying Sustainable Human Development in Tangaza University College. This course has offered me opportunities of working more closely with young people. It has brought me much closer to the real situation of the poor. It has awakened in me a desire to do more. I have become aware of the need to direct efforts towards the transformation of hearts and people’s ways of thinking to achieve sustainable human development rather than focus on structures. These experiences have fortified me to facilitate healing of broken hearts and society.

“I have grown in my ability to work and relate with people in a more compassionate and understanding way. Striving daily to live and relate with people, with the consciousness of some broken backgrounds, enables me to reach out to them in love and help them to be more open. Life as an MMM continues to be the response to the experience of God’s love and an invitation to place my entire life in God’s hands. I desire to be an instrument of healing, salvation and hope to our world.”



Sister Chibuzo Aloka: desiring to be an instrument of healing for our world.



Kenya has 4 AMMMs.



Malawi

“One thing we, as MMM must never do, is lose our Missionary vocation.”
Mother Mary, 1953

Leaving a part of us in Chipini

In May 2014, after twenty-five years of service, the Medical Missionaries of Mary left Chipini, Malawi. Sisters Cecily Bourdillon and Victoria Ogu summarized our story in the Shire River Valley.



A staff member monitors a child's weight at a child welfare clinic. Mothers also receive health education.

“Chipini is located in a remote area. Access is via twenty kilometers of mud road, often impassable in the rainy season. Maize is the staple food, with small areas for cash crops such as sugarcane, tobacco and cotton. With three to five months of rain in the year, people struggled to grow sufficient food and malnutrition was common, especially among the children. Isolation and poor roads hindered trading of cash crops.

“Comboni Missionaries cared for the parish. They provided food and financial support but there was no health facility. They transported the seriously ill and women in labour to Mlambe Mission Hospital, thirty-five kilometers away. The priests appealed to Bishop Chamgwera of Zomba for health care. The Ministry of Health approved building a health centre and local people helped with construction. Perugia Diocese in Italy gave funding. In the meantime MMM was invited to run the health centre and in 1989, Sisters Margaret Reynolds, Mary Ellen Sambuco and Lucia Lynch arrived.

“Chipini Health Centre (CHC) was opened in 1990 with a maternity unit, antenatal clinics, an outpatients department, and wards for short-stay patients.

“Over the twenty-five years, MMMs oversaw expansion of services. The Primary Health Care Programme began for children five years old and under. Government-trained Health Surveillance Assistants supervise these clinics and run programmes for communicable disease prevention. With severe drought and famine in 1992, a feeding programme was initiated and a nutrition unit was built.

“Sisters and staff responded when HIV became evident. In 1992, volunteers were trained to care for dying patients and for the many orphans from AIDS. The programme paid secondary school fees for over one hundred children per year. From these, twenty teachers were trained for Chipini. Later, CHC staff and seventy home-based care volunteers were trained in palliative care. Weekly palliative care clinics were established, with 266 patients receiving treatment. HIV counselling and testing was started in 2004, followed by antiretroviral therapy in 2005 and prevention of mother-to-child transmission.

“Another drought and famine in 2002 led to the agriculture programme funded by Trocaire Ireland to address child malnutrition and food security. After five years many farmers had been trained in improved farming methods. Farmers proudly displayed granaries full of food.

“For missionaries, there comes a time to move on. As MMMs, we also faced the need for consolidation and decided to hand back Chipini Health Centre to Zomba Diocese. On 4 May 2014, the diocese and Chipini Parish celebrated the Eucharist to ritualize the handing over. The parishioners showered gifts and thanks upon the Sisters. Representatives of the diocese received a lighted candle, the handover notes, and the clinic keys. They expressed their appreciation for the contribution to health care and development that the MMMs had made in the area.

“We left Chipini knowing that the staff, upholding values important to MMM and pursuing the mission of the health centre, would continue to provide health care for their people.”

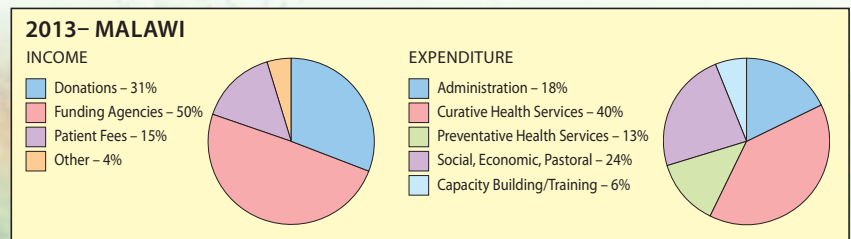


Trocaire staff inspecting crops: people have worked hard for a good harvest.



Sister Doctor Cecily and a staff member cross a river to reach a clinic.

Malawi has 2 AMMMs.





Nigeria

“Heal the sick, excluding no one. Constantly strive to promote the wholeness of all peoples and of their milieu.” *MMM Constitutions*

Bringing new life in Itam

The Nigeria Federal Ministry of Health estimates that between 400,000 to 800,000 women in the country are living with vesico-vaginal fistula (VVF) and that every year about 20,000 women develop the condition.

A fistula is a hole between the birth canal and the bladder or rectum (RVF), usually caused by obstructed labour. A woman cannot control her urine, and sometimes her bowel contents. She is rejected by her husband and community and the baby is unlikely to survive.

Pioneered by Sister Doctor Ann Ward, for many years MMM provided services for women with VVF at Anua, Nigeria. In 1984, MMM opened the Pope John Paul II Family Life Centre/VVF Hospital, dedicated to fistula repair, at Itam. Later, Sister Doctor Mary Molloy worked there and Doctor Upuji continued on a part-time basis. Several camps were then held to utilize the facilities.

In Uganda, Sister Doctor Maura Lynch, MMM, pioneered VVF surgery at Kitovu Hospital. She visited Itam in 2013 to assess the possibility of restarting the camps for fistula surgery with visiting surgeons. In preparation, MMM Sisters Fidelia Adigo and Judith Uduh visited the VVF programme in Kitovu and received training in pre and post-operative care. Support was provided by organizations such as AfriCara and The Gay and Keith Talbot Trust.

Sister Fidelia, matron at Itam, reported on the most recent camp, held in May 2014.

“We sent letters announcing the dates to churches, local government headquarters, health centres, and general hospitals. The Akwa Ibom State Broadcasting Cooperation announced it on radio and television. We planned a launching ceremony with the Commissioner for Health.

“The camp began with the arrival of fistula surgeons Dr. Lengmang, from Jos, and Professor Adeoye, from Abakaliki. Dr. Upuji prepared for their arrival.

“Registration started on 24 April, followed by laboratory investigations. A total of sixty-one women registered; of these, five could not come. There were forty-three operations: thirty-six for VVF repair and two for combined VVF/RVF repair. Five other operations were for ureteral re-implantation, urethroplasty, and closure of a colostomy. There were eight referrals for more complicated operations.

“Just one example of the difference this service made was that of a woman who developed a VVF in 1992, while only in her teens. She heard about this camp over the radio. She had a repair operation and her joy is inexpressible. We share in her joy and give thanks to so many who made it possible.

“We are grateful to the surgeons, anaesthetist and our staff. We thank Her Excellency Mrs. Akpabio, wife of the Executive Governor of Akwa Ibom State; Exxon Mobil; the Hospital Management Board, Akwa Ibom State; Dr. Bassey, Honourable Commissioner for Health, Akwa Ibom State; Dr. Mrs. Archibong, Director Medical Services, Ministry of Health, Akwa Ibom State; Sisters’ Care Club of Uyo, Akwa Ibom State; Akwa Ibom Broadcasting Corporation; and those who supplied drugs and materials. Our Area Leader, Sr. Ekaete Ekop, with our MMM Congregation, have been the backbone of this programme.

“Our heartfelt gratitude goes to our donors in Europe and America who have supported us in this service to marginalised women. We ask for God’s blessings on you all.”



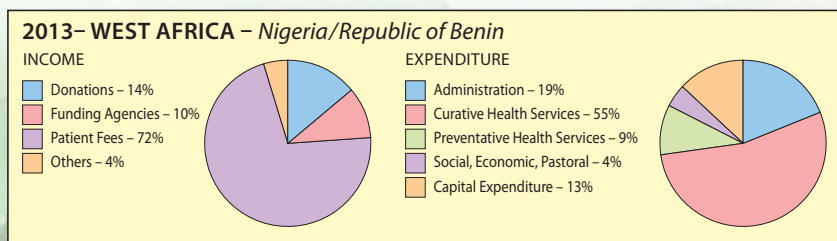
Staff preparing for an operation at a recent camp



A nurse gives patient education in the outpatients.



A fistula repair operation in progress



Nigeria has 12 AMMMs.

“Let us be realists, but without losing our joy, our boldness and our hope-filled commitment. Let us not allow ourselves to be robbed of missionary vigour!”
Evangelii Gaudium

Assured of a welcome in Zaffé

Sister Henrietta Onughara, MMM, is administrator of the clinic that MMMs run in the Benin Republic. She wrote about some of the challenges and rewards in providing basic health care in this rural area.



Sister Henrietta Onughara is administrator at Zaffé Health Centre.

“Zaffé is small village about two hundred kilometres from Cotonou, the commercial centre of the country. The major road from Cotonou is in bad condition, necessitating the use of a diversion, which makes travelling difficult. The primary health care centre is located in the village, about a kilometre from the tarred road.

“We began services here in response to a mandate from an MMM Chapter to start a new mission in another West African country. There were invitations by Father Jean Marie Guillaume, SMA and Monsignor Antoine Ganyé, local ordinary of the diocese, to provide medical work and women’s animation. There was need for accessible and affordable treatment for the people of Zaffé and the surrounding villages. They were mostly farmers and other low income earners.

“In keeping with MMM priorities, we have a women’s development program. We also have maternity services and vaccination clinics, with a dispensary, pharmacy, laboratory, and ultrasound scanning. Our outreach services include health education in schools, churches and village squares. Liliane Fonds, based in the Netherlands, supports us in care for the physically challenged from birth to twenty-five years. This is important in encouraging openness about disabilities and support for families.

“While MMMs are involved in the administration of the primary health care programme, we work closely with local government health centres. For example, our staff work with government staff on vaccination days. We also receive free HIV testing kits for pregnant mothers.

“We face a number of challenges. There is a high staff turnover. Most qualified health care professionals prefer the benefits of working in the cities and there is sometimes lack of staff commitment. Learning French, the official language of the country, is not sufficient. Most people who come to us do not understand French. We need to learn the local language for effective ministry. Some people think they should receive free medical services, claiming that the land was donated by their fathers! They throw away their treatment cards. Some people refuse to have injections, believing that these create an entry for evil spirits. There is abuse of antibiotics by medicine vendors.

“We have seen progress, too. Two young women are now being trained as nurse aids to be of service in the community. It is part of our contribution to human development. Most children under one year have been vaccinated. Most people use the medications we provide. Last year there were 3,873 OPD visits; 2,503 maternity and child welfare visits; and we gave 7,008 immunizations.

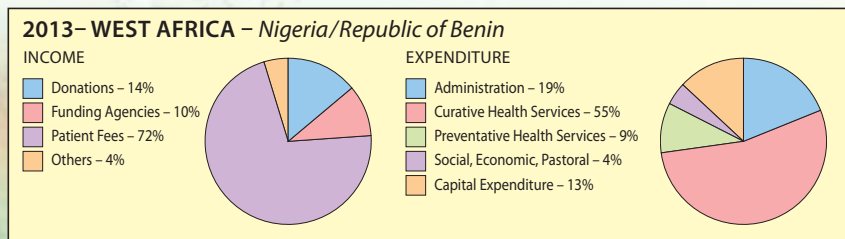
“Through our work we proclaim that we are united in one God. We welcome people of different races, tribes and religions to our health centre. As Pope Francis said, ‘The Church must be a place of mercy freely given, where everyone can feel welcomed, loved...and encouraged to live the good life of the Gospel’ (*Evangelii Gaudium* 114).”



Poor roads make access to health care difficult.



A staff member at work in the laboratory





“Each Christian and every community must discern the path that the Lord points out, but all of us are asked to obey his call to go forth from our own comfort zone in order to reach all the ‘peripheries’ in need of the light of the Gospel.” *Evangelii Gaudium*

Beginnings in Wau

Sister Chinyere Iwunze, from Nigeria, told us about the progress made in Wau over the past year. Despite the fighting and unrest not far away, the people of Eastern Bank have begun to implement their action plan.

Clean water and better nutrition.

“With the help of the Malta Mission Fund, two boreholes were drilled and hand pumps constructed. Two more boreholes are being drilled. Water-user committees were formed and eleven hand pump mechanics completed a five-day training programme. The mechanics are responsible for repairing broken hand pumps at Eastern Bank. The Eastern Bank communities now have more access to clean water.

“The people began sack gardening and kitchen gardening. These benefitted 503 people in 69 households. They had no idea what *sukuma wiki* (similar to kale) and green pepper were, but now they are enjoying these vegetables. Some are selling their surplus and some shared their produce with Sister Odette, who works with them.”

Basic health education

“We covered nine divisions of Eastern Bank for health education on:

- Prevention of diarrhea and treatment using oral rehydration therapy
- Antenatal and postnatal care and breastfeeding
- Nutrition
- HIV/AIDS awareness
- Malaria: We distributed 700 insecticide-treated nets, specifically to pregnant women and children under five years
- Personal and environmental hygiene
- Immunization
- Drug and substance abuse

“During health education, we discovered that drugs made from plants were being used to treat diarrhoea, sometimes with success. The people told us that they withheld water from people with diarrhoea. This led to many deaths. We appreciated their willingness to reveal this information.

“We started the expanded programme of immunization (EPI), working with the Ministry of Health. The *rakouba* (round hut) on our land is now complete. It will be used for health education, vaccinations, and nutrition demonstrations.

“We attended cluster meetings on humanitarian issues, protection, child protection, gender-based violence, water supply, sanitation and hygiene (WASH), health and nutrition, social services and human development. We met with other NGOs to share ideas and avoid duplication. We met with the Eastern Bank chief and sub-chiefs and with the Acting Diocesan Development Coordinator.

“Though much has been accomplished, we faced many challenges: flooding, lack of transport; high expectations because of dependency developed over the war years; lack of a sense of time and cancellation of meetings; and poor mobilization for health education.

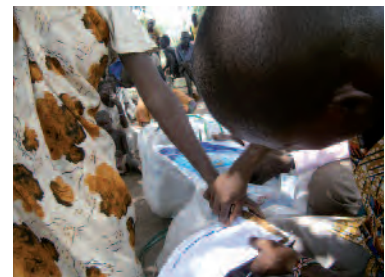
“We are encouraged by our conviction that we are called to serve God’s people. We appreciate the prayerful support, phone calls, e-mails and visits from our MMM family. The changes we have made in the lives of the people energize us. We are encouraged by their appreciation and trust. Meeting partners from different NGOs assures us that we are not alone on this journey. Finally, we are unable to carry out this work without our supporters and we cannot thank them enough.”



A woman operates one of the drilled hand pumps.



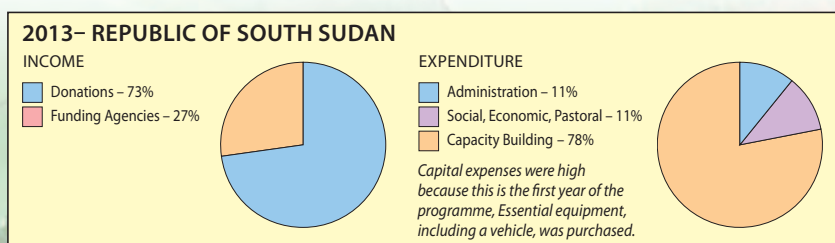
A sack gardening beneficiary enjoys his green peppers.



A woman makes her thumb print before receiving a mosquito net.



Sister Chinyere Iwunze vaccinates a child in one of the centres.



CELEBRATING 50 YEARS

of commitment as MEDICAL MISSIONARIES OF MARY



Sisters renew their vows at the Jubilee Mass at the Motherhouse.



Sister Maureen Brennan:

Sister Maureen was born in Dublin. After joining MMM, she studied medicine. She was assigned first to Kenya and then to Malawi, where she spent two years. After a further two years in Nigeria, she completed studies in obstetrics and gynaecology. After a brief time in

Uganda, she returned to Nigeria, where she spent the next twenty years. There Maureen initiated a programme for training traditional midwives that was instrumental in reducing maternal and infant mortality. Since returning to Ireland, she has been involved in providing medical services for asylum seekers and refugees.



Sister Sheila Cotter:

Sister Sheila was born in Cork and worked for Cork County Council for several years before joining MMM. She then trained as a laboratory technician. She was assigned to Nigeria, where she spent ten years. Sheila

also spent some time doing mission awareness work in the USA and in Ireland. Returning to Ireland she worked in the laboratory in Drogheda, as a home nursing aide, as a hospice volunteer, and spent several years in the MMM Communications Department. She now lives in Dublin and does volunteer work.

Sister Mairead Carroll:

Sister Mairead was born in Kiltimagh, County Mayo and worked as a pharmacist before joining MMM. Her first assignment was to Leon, Spain. She then spent ten years as a pharmacist in Tanzania and for a time in Uganda. She also worked in the pharmacy in Drogheda. Mairead later trained in clinical pastoral education and was involved in pastoral care in the hospital in Drogheda for twelve years. For several years she was a volunteer in a homeless centre in Dublin. She now lives in Drogheda.



Sister Gemma Massey: Sister Gemma was born in Dublin and worked as a secretary before joining MMM. Later she trained as a nurse-midwife and spent fifteen years in Kenya. She was also nursing sister-in-charge at our nursing facility in Drogheda and served in MMM leadership and did secretarial work. Gemma trained in clinical pastoral education and spent five years as a hospital chaplain in Ireland. She continues to provide pastoral care in a nursing home.



Sister Pauline Connolly: Sister Pauline was born in Dublin and trained in domestic science before joining MMM. She then trained as a nurse-midwife. Her first mission assignment was to Nigeria, where she spent fifteen years. She then went to Kenya for nine years and worked in community health. After some time in Ireland she was assigned to Brazil where she spent eight years, again in community-based health. She now

lives in Dublin and works in the MMM Communications Department, where she provides an important link with supporters and Sisters.



Sister Maura Magner: Sister Maura was born in Rathkeale, County Limerick. Before joining MMM she trained as a nurse-midwife, specialized in ENT, and worked in Canada. Her first mission assignment was to Nigeria, where she served for more than twenty years. She also worked in Uganda for three years. She did mission awareness work in Ireland and England for more than fifteen years and was also involved in parish pastoral work. She now lives in Drogheda.



Sister Agnes Manifold: Sister Agnes was born in Dublin and trained as a secretary before joining MMM. After profession she worked for several years in office work, in catering, and in the Apostolic Nunciature. Her first mission assignment was to Uganda. She then obtained a pilot's license and served as a pilot, secretary, and bursar in Kenya before being assigned to mission awareness work in Ireland. She returned to Kenya, where she spent eleven years in pastoral work. She also worked in Nigeria and has spent many years in pastoral ministry in Kilmacow, Mell, and Artane in Ireland.

Sister Doreen McEvoy: Sister Doreen is from Dublin and trained as a nurse before joining MMM. She later qualified as a clinical nursing teacher and spent several years in Tanzania as a tutor and in guiding women in their early years in MMM. Doreen later served for many years in MMM leadership in a number of roles. She trained in clinical pastoral education and worked in pastoral ministry as well in the Merchant's Key Project. She continues to assist with our nursing facility in Drogheda.



Sister Aine McKee: Sister Aine was born in Dublin and worked in the civil service before joining MMM. She first trained as a radiographer and used these skills for eight years on mission in Tanzania. She then trained in dress designing and on return to Tanzania, organized sewing classes for local women as well working in the x-ray department. Aine also worked as a radiographer in Drogheda and for fifteen years was bursar in Ireland for the Region and Area. She now has several commitments as a volunteer in Dublin.

Sister M. Trinitas McMullan:

Sister Trinitas was born in Belfast and trained as a nurse-midwife before joining MMM. After profession she was assigned to Nigeria, where she spent over thirty-five years. She was matron in several hospitals administered by MMM and also served in MMM leadership. Since returning to Ireland she has worked for many years in the clinic and in other duties in the Motherhouse.

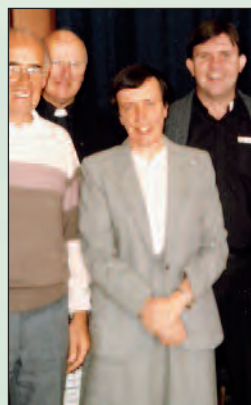


Sister M. Edna O'Gorman: Sister Edna was born in Thurles, County Tipperary. After joining MMM she trained as a nurse-midwife. She served for twenty years in Kenya, including three years as Medical Coordinator for the Diocese of Lodwar. On returning to Ireland Edna was financial administrator of our nursing facility in Drogheda for ten years. She is currently maintenance manager at our Motherhouse.



Sister M. Carla Simmons: Sister Carla was born in Detroit, Michigan, USA. She trained in occupational therapy and Montessori teaching. Her first assignment was to Nigeria, where she spent eight years. She then completed medical studies, specializing in family practice, and worked for three years in Clinchco, Virginia, USA. After experience in hospice care, Carla went to Kitovu, Uganda, where she worked for five years in our hospital. She then began palliative care in the Kitovu Mobile Outreach Programme, which has brought pain relief to people with AIDS and cancer for over ten years. Carla has also served in MMM leadership.

Sister Isabelle Smyth: Sister Isabelle was born in Waterford, Ireland and worked as a secretary before joining MMM. After two years as a secretary in the hospital in Drogheda, she studied philosophy. She was assigned to Tanzania where she was medical administrator in Makiungu. She then served in MMM leadership for several years before being assigned to Brazil. There she worked in pastoral ministry for seven years and did editorial work. Since returning to Ireland she has worked in communications and training and has been responsible for initiating a number of MMM publications. She is currently based in Dublin and is writer-in-residence and is involved in anti-trafficking work.



Sister M. Edel Tanner: Sister Edel was born in Dublin. After joining MMM she trained as a nurse-midwife and was assigned to Brazil. She spent almost thirty years there as a nursing supervisor and also served as local bursar. On returning to Ireland she was nursing coordinator at Saint Patrick's, Kiltegan before being assigned to Rosedale Residential Home in Kilmacow. She spent six years there as a nurse and later administrator. Edel also nursed in our house in Clonmel, Ireland and our infirmary in Drogheda. She currently lives in Dublin and does voluntary work at a nursing home.

Sister Genevieve van Waesberghe:

Sister Geneviève was born in Mellet, Belgium and studied medicine after joining MMM. Her first assignment was to Tanzania, where she spent sixteen years in medical duties and in MMM leadership. She then served in leadership for six years in Ireland. Her next assignment was to Rwanda, where she worked in HIV and trauma counselling programmes. She trained in Capacitar, which teaches wellness practices that lead to healing and wholeness. Geneviève is now based in Tanzania, where she is a Capacitar trainer in Africa and serves on the MMM Heritage Commission.



“Though it is true that this mission demands great generosity on our part, it would be wrong to see it as a heroic individual undertaking, for it is first and foremost the Lord’s work, surpassing anything which we can see and understand.” *Evangelii Gaudium*



Sr. Secunda Secundi hands over to Sr. Elizabeth Naggayi as matron at Kirambi Health Centre. Sr. Secunda is now on mission in Tanzania.

Providing improved health care in Kirambi

In 2014, thanks to generous supporters, a much-needed renovated and upgraded laboratory was provided at Kirambi Health Centre. Sister Elizabeth Naggayi, from Uganda, now matron at the health centre, wrote about this exciting development.

“Medical Missionaries of Mary first came to Rwanda in June 1994. For two years we were involved in relief work in the Cyanika and Butare areas. In view of the need for more ongoing services, we decided to establish a more permanent presence in the country. Sisters returned in October 1996, this time to Kirambi. We took over the running of Kirambi Health Centre in May 1997.

“The health centre is situated in a remote area of the Catholic Diocese of Gikongoro, in the Southern Province of Rwanda. It serves two cellules, Kirambi and Kabirizi, in Nyagisozi Sector, Nyanza District, with a population of approximately fifteen thousand.

“We have a daily outpatient clinic, child welfare, antenatal and postnatal care, maternal delivery, and nutrition monitoring. HIV-related services include counseling and testing, prevention of mother-to-child transmission, provision of antiretroviral drugs, and psycho-social support. We offer family planning, eye care, and psychiatric care. We work closely with community health workers and have a large social ministry.

“We also have a busy laboratory that provides routine blood, stool, urine, and sputum tests. It was built in 1972 by the Diocese of Gikongoro, with locally available materials. It has deteriorated over the years, especially during the two

yearly rainy seasons. Finally the roof began to leak. During the rainy season in October 2013, the leak was so bad that the floor and the working area became wet and slippery. The solar power system was affected, which hindered the work of the two laboratory technicians and disrupted patient services.



A laboratory technician at work



Technician collects and tests blood sample

“Faced with this problem, Sister Secunda Kimario, MMM, who was then matron, along with Sister Angela Katalyeba and the management team, took on the long process of writing a project proposal for funding. Moira Brehony, AMMM, our liaison officer with Misesan Cara, submitted the proposal to Misesan Cara in Ireland and it was accepted.

“In the renovation of the laboratory, the walls were extended, the roof elevated, new iron sheets added, and ventilation improved by adding a window. There is a new hand-washing facility. The room for sputum testing was renovated and separated from the main laboratory, as required by the Rwanda Ministry of Health.

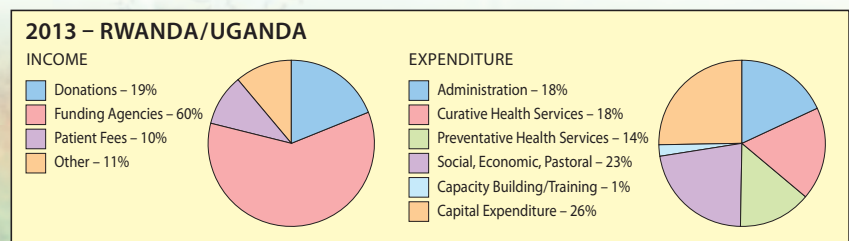
“By June 2014 we had a more hygienic laboratory, with a comfortable working environment. Tests are now available all year round. The completion of the project is very timely because Kirambi is currently suffering from an outbreak of malaria. The laboratory is being fully utilized and the local people appreciate having such a service in their rural area.

“We are very grateful to all of you who have supported Kirambi Health Centre in so many ways, helping us to carry on the Lord’s work.”



A staff member takes blood from a child.

Rwanda has 3 AMMMs.





Tanzania

“Only the person who feels happiness in seeking the good of others, in desiring their happiness, can be a missionary.” *Evangelii Gaudium*

New venture in Faraja Community-based Health Centre (CBHC), Singida

Sister Catherine O’Grady, from Ireland, described a new initiative for people to become self-supporting.

In 2012 we had a visit from Barbara Wolfart, artist-donor to Faraja CBHC. She was delighted with the new building that made it possible to care for people living with HIV/AIDS and palliative care clients. With the staff and some clients she looked at our needs and the best way to use the building. She met with many grandparents struggling to make ends meet while caring for school-going children whose parents had died from AIDS.

When Barbara returned to Germany, she dreamed of having an income-generating activity for the women who were the orphans’ primary care givers. She thought of making high-quality bags using local materials: coffee sacking and cloth (vitenge). A market would be found for them in Germany and the proceeds sent back to Faraja. They would pay for the women’s sewing work, for a supervisor, and for new materials. The women would be trained to use a sewing machine, either hand or electric.

Barbara came to Singida with her son to start the project. A small group of women, the neediest at the time, was selected by Faraja. Only one had some knowledge of sewing. Barbara had sent money to have tables made for cutting the material. She came with a new sewing machine, threads, needles, sacking and measuring tapes bought in Arusha. She bought local cloth with various colours and designs in Singida town. The top floor of Faraja was prepared for the project.

Sharing practical skills

For a week Barbara worked with the women, showing them how to cut out the materials. One of the Faraja staff translated into Swahili. The group worked well together and had many laughs as they learned to use the foot machine and later, an electric sewing machine. The excitement was palpable when the first bags were completed and money given to the women. Barbara and her son carried forty finished bags back to Germany. The work was then supervised by Faraja staff.

Barbara prepared flyers in Germany and sold the bags on-line and at her home. The proceeds were sent to Faraja and the women were paid for the work. Barbara then asked for bags to be made for Christmas and ninety were prepared. A small tax deduction was made because a sample had to be taken to the tax office in Singida. The bags were parcelled and sent to Germany. The women were delighted to have an income for Christmas to support their families.

What is the plan for the future? Our hope is that Barbara and her friends can continue to sell Faraja-made bags, not only in Germany but also in other countries. The women have learned new skills and can continue to sew bags and clothes for the family. One woman was able to send her child to school, paying the fees and buying the necessary uniforms and books. Another was looking after her mother who had a stroke and was bedridden. She was able to buy a wheelchair so her mother can now sit outside her house and greet the neighbours. The woman also got help from neighbours to care for her mother while she went to the sewing.

We thank Barbara and her son who helped to enable our clients in Faraja and gave new energy to our work.



Barbara collects the bags, made from local materials.



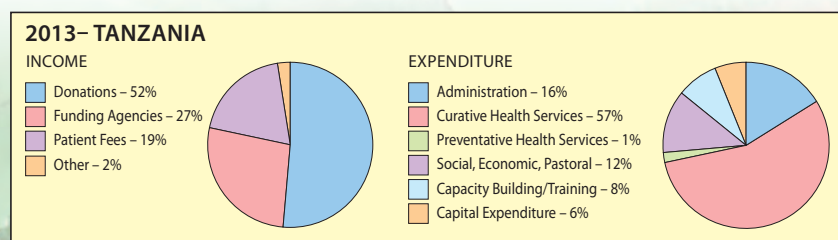
Sister Catherine admires one of the bags.



Women display their fashionable bags.



Women learn new skills to support themselves and their families.



Tanzania has 18 AMMMs.

“Wherever we are sent, we shall aim at discerning with the local people or their representatives, how we are to share with them in Christ’s healing mission.”
MMM Constitutions



Community members participate actively in the workshop.



The workshop involved people from a wide variety of community groups.



The workshop participants



Using the DELTA process to analyze challenges

Encouraging self-reliance in Makondo

Sister Maria José da Silva, from Brazil, is on mission in Uganda. She recently helped to organize the programme *Training for Transformation (TFT)*, to encourage self-reliance for community members in the Makondo Integrated Programme. This approach proved very effective in our mission in Malawi.

Last year Doctor Eamonn Brehony and Sister Rose Mogun of the MMM Resource Team helped with our Makondo Health Programme Strategic Plan for 2014 to 2016. We reflected on how much the community and patients had become very dependent on the resources offered to them at Makondo. TFT was suggested as a means to develop a new community-based programme using a participatory approach.

Training for Formation is developed in four phases. Phase One helps people to develop their own definition of development. They are exposed to the concepts of integral human development and transformative leadership styles. They are encouraged to engage in activities in a self-reliant manner.

Phase Two involves group dynamics, identifying group problems and ways of solving them. In Phase Three, structures hindering development are analysed. The community works on these to bring about structural change. Phase Four educates the community to embark on development projects so change will take place.

In February 2014 Sister Juliet Ezekwere and Nankya Elizabeth visited groups in Uganda trained in the TFT approach. Leaders from our catchment area then attended a meeting explaining the training. Included were the Local Government Councillor, Chairpersons of local villages, youth and women’s representatives, teachers, community health workers, trainers, and Makondo Health Programme staff. We followed with a one-week workshop in June.

The aim was to equip participants with knowledge and skills to cope with day-to-day challenges. Based on the findings of a needs analysis, we explored their expectations. Problems they ranked high were lack of food and firewood and unclean water for domestic use.

Workshop topics included:

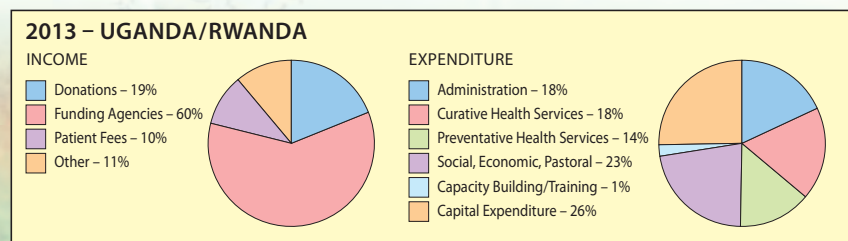
- DELTA training and Paulo Freire’s Principle of Critical Thinking
- Analysis of needs
- Leadership types and qualities
- Giving and receiving feedback
- The importance, challenges and goals of working in groups,
- HIV/AIDS
- How to become self-reliant and manage without donors

Members contributed actively, sharing their views in discussions and presentations. An action plan was drawn up and it was agreed that in the villages every participant:

- Will plant no fewer than one hundred stems of either cassava or sweet potato hip to ensure food security;
- Will plant no fewer than five fruit trees to have firewood, fruit, and to help the climate;
- Will clean and renovate at least two water sources before Phase Two.

The outreach team from Makondo will monitor progress and follow participants for support. The practical aspects will be introduced in September 2014.

Uganda has 7 AMMMs.



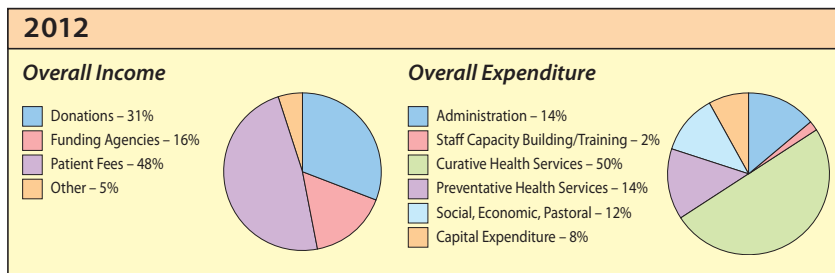
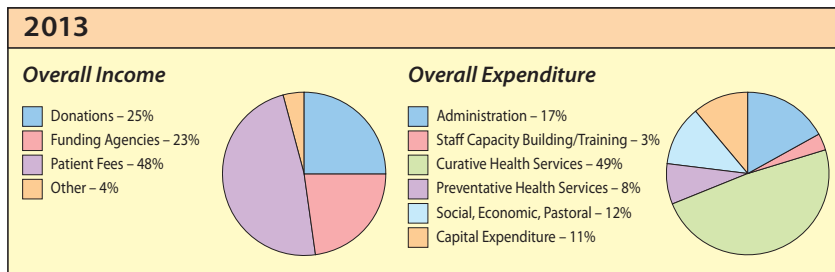
Supporting a Worldwide Mission

We are very grateful to our generous friends who made it possible for us to continue our work in the past year. We also want to thank all those who collaborated with us, especially the governments of the countries in which we work. Their contributions, included under donations, are essential for maintaining services.

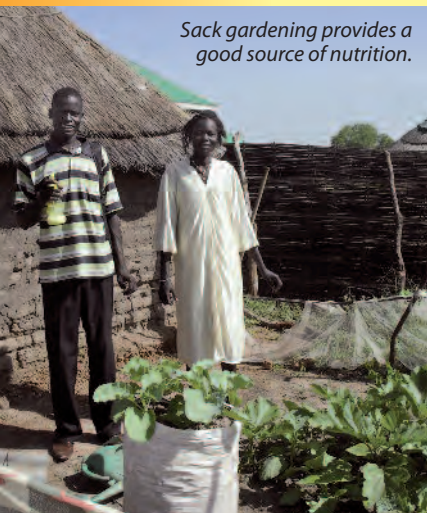
The first set of charts shows the total income and expenditure for MMM for the works of the Congregation during 2013. In the last year, donations made up one-quarter of our income. We are deeply thankful to our donors who helped us to bring the Good News of love and healing to many thousands around the world. The proportion of income provided by funding agencies increased by 7% from last year. We greatly value the support of these agencies and have learned a great deal from our partnership with them.

In the pie charts, "Other" refers to MMM General Mission Fund and bank interest.

Funding for MMM students in Nairobi, Kenya and those in first formation in Ibadan, Nigeria is accounted for under the MMM Generalate.



How you can work with us ...



Sack gardening provides a good source of nutrition.

- ➔ Pray with us. We remember you each day.
- ➔ Join us as members of MMM.
- ➔ Share our charism as MMM Associates.
- ➔ Make a donation by mail or online at www.mmmworldwide.org
- ➔ Leave an enduring gift of health and healing in your will.

Remembering us in your will or giving a donation in memory of a loved one helps us to plan for our work. You can specify how and where your gift will be used.

Please include: "the Congregational Leader, for the time being, of the Medical Missionaries of Mary".

"Christ, risen and glorified, is the wellspring of our hope, and he will not deprive us of the help we need to carry out the mission which he has entrusted to us." *Evangelii Gaudium*

OUR PROMISE TO OUR DONORS

When a donor specifies a country, project, or special need (e.g. famine, AIDS), 100% of that donation is transferred to the specified country or project.

We allocate non-specified donations to the most urgent needs overseas or to our General Mission Fund, which pays for airfares, professional training of Sisters, and numerous other requirements overseas.



Your Privacy is Important.

In compliance with data protection legislation, information you provide to us is stored on computers that are not connected to the Internet. It is never shared with another agency, except for the purpose of a tax claim when you request us, in writing, to do so.



The USA

“Being a disciple means being constantly ready to bring the love of Jesus to others, and this can happen unexpectedly and in any place: on the street, in a city square, during work, on a journey.” *Evangelii Gaudium*



Sister Therese McDonough, a nurse-midwife and counsellor, has also helped people preparing for cross-cultural ministry.

The USA has 13 AMMMs.



Sister Kay Lawlor served in MMM leadership and is a qualified counsellor. While involved in HIV/AIDS work in Uganda, she developed an effective process for behaviour change.



Our new home in Malden, Massachusetts

New house: New ministries in Malden, MA

In 2013, MMM opened a new house near Boston. Sisters Therese McDonough and Kay Lawlor, in community there, are currently exploring possibilities for bringing healing to people on the margins.

Therese was on mission in Brazil and Angola. She will bring that experience to bear in discerning what her new work will be.

“As I returned to the USA at the end of 2013, I carried the memories of the incarcerated men and women I met while engaged in prison ministry in Huambo, Angola. I felt drawn to continue this ministry as I joined our new community in Malden.

“For several months I have been researching possibilities. I contacted prison chaplains and visited a woman’s prison. I have been participating in monthly meetings of volunteers who accompany women in transition from incarcerated life to freedom. Some volunteers have years of experience to share. By the end of the year, I hope to be assigned to accompany one of these women in transition.

“I also spoke with a chaplain who works in a detention center, a holding place for those awaiting trial. This is a very difficult and uncertain time, not knowing their future. Many never had the chance to say goodbye to their families. Others are undocumented immigrants, terrified at the thought of being sent back to their birth countries, leaving behind spouses and children in the USA. ‘Waiting, not knowing is the most difficult part of the process,’ says this chaplain.

“My hope is to offer MMM hospitality, to bring healing to our brothers and sisters who, while serving time, awaiting trial, or anxious about transitioning back to the ‘outside’, might feel less estranged from their families, friends, culture, language - or even themselves.”

Kay was on mission in Tanzania, Uganda and Kenya. She found that some issues are common around the world.

“I grew up not far from Malden but didn’t realize how little I knew of the area. I became a constant user of Google Maps! When I began to look for a new ministry, as often in my MMM life, a new ministry found me. I met one of the Sisters running a ‘safe house’ for trafficked women and was invited to become a volunteer. I knew about the trafficking of women and children throughout the world but had not realized how prevalent it was in my own country. I was about to learn first-hand and from the experts – the women who had lived through it.

“Bakhita House is a transition residence for women who have taken the initial steps to ‘leave the life’. Two Sisters live there full time and form community with the women – brought mostly by the FBI, police, and Child Services. There must be a responsible adult in the house at all times, so they depend a lot on volunteers. This is my role for now.

“I had to learn the rules of the house. These protect the women, who are so vulnerable, yet so wonderfully courageous. Their stories are painful to listen to: so much poverty and abuse for so long. I’m learning as I go.

I listened to a young woman share her experience of now living out on her own, having a job, and working towards her degree in Human Services. She talked of the difficulties, the temptation to return to ‘the life’, but also of her growing pride in herself and trust in those who continue to help her. She is excited about her future and the prospect of helping other trafficked women to become free.

“I felt so grateful that our new house has led me to this new ministry and so many new learnings and possibilities.”

Away from the desk and down to earth

Charles Matovu is an MMM Associate in Uganda. He told us about his work to improve food security in a rural community.

“Since the year began I have dreamed of transforming Kyango Bigavu. In January I visited this community in southern Uganda. It is very poor and faces broad difficulties in health, sanitation issues, and food security.

“Most of the population is engaged in subsistence farming and up to 45% have no formal education. The main economic activities relate to agriculture, with 83% engaging solely in farming. Community members reported that they usually eat two meals per day - fewer when crops are not plentiful. They only rarely include meat in their diet and only grow cassava, sweet potato, beans and groundnuts. This indicates that the sustainability of their diet is highly affected by their ability to purchase foods that they do not grow, further endangering their food security.

“When asked what caused low crop yields, 38% believed a combination of infertile soil and drought causes poor harvests. Most farmers use traditional farming methods, making decisions based on previous experience and priority subsistence needs. Many of the staple foods hold low nutritional value with protein noticeably absent.

“We developed a three-year strategic plan with the community. We envisage creating a sustainable community demonstration farm and model homestead. The mission of the farm is to ‘become a centre of excellence in sustainable agriculture and rural development, providing responsive and dynamic solutions to rural communities in partnership with relevant stakeholders.’ Community members will be able to gather, discuss, and learn about appropriate technology, innovative agriculture techniques, and additional methods of earning income.”

RAM experience in Virginia, USA

Kathy Velekkakan, an MMM Associate wrote about her experience at this year’s Rural Area Medical (RAM) in Virginia, which took place in July 2014.

“The MMM Associates from the USA once again participated in RAM, located in the poor, yet beautiful mountains of Appalachia, Virginia. Sister Bernadette Kenny, MMM, known in these parts as the ‘Angel of the Mountains’, makes it possible for the Associates to serve in this special medical mission.

“July is usually hot and humid in Wise County, where the Health Wagon and clinic are based. This year the three-day marathon of health services for the underserved and poor was cold and rainy. This made long and difficult days for the more than 3000 patients and 1000 volunteer doctors, dentist, nurses and support staff.

“Ann Hook and I went to engage with the people we met and share the MMM healing charism, listening and sharing the gifts we each have. I performed ultrasound exams. Ann was here for the second time and was welcomed back like an old friend. Our days began at 5:00 am with registrations of those who had been waiting in their cars from the day before. Though cold, tired and hungry, no one complained.

“To interest others in the AMMM and MMM lifestyle, for the first time we opened this experience to those outside the MMM family. Four lay women and one Ursuline Sister joined our prayerful community.

“We live our lives as Associates in the midst of family and work, just like all of you. The entire AMMM group participates with their prayers and financial support. It is our desire to incorporate the healing gifts of the Spirit into our everyday lives, giving as well as receiving the blessings of being healed. We, too, are rooted and founded in love.”

“In our day Jesus’ command to ‘go and make disciples’ echoes in the changing scenarios and ever new challenges to the Church’s mission of evangelization, and all of us are called to take part in this new missionary ‘going forth.’ *Evangelii Gaudium*



Associate Charles Matovu helping local people to empower themselves



Charles works on a strategic plan with the village residents.



People wait to be seen for ultrasound examinations and other medical procedures.



Sister Bernie Kenny meets with this year’s group of volunteers in front of the new Health Wagon. Sister Bernie began the Health Wagon services.

“The joy of evangelizing always arises from grateful remembrance: it is a grace which we constantly need to implore. The apostles never forgot the moment when Jesus touched their hearts: ‘It was about four o’clock in the afternoon’” (Jn 1:39). *Evangelii Gaudium*

An opportunity to say “Thank you.”

For many years, mission awareness activities have been an important part of the work of Medical Missionaries of Mary in England. Sister Helen McKenna, from Northern Ireland, told us of her recent experience of visiting and speaking in parishes in England.



Father Peter involves young parishioners at a Mass for Mission Awareness.

“As the Bishop’s Conference reminds us, these visits to parishes are not simply occasions for taking a collection but give parishioners the opportunity to hear about the work of the Church in the mission field. They are also an opportunity for us to thank people for their wonderful support over the years and to tell them first-hand what their partnership with us has accomplished.

“I am based in Ealing, London and have been organising mission awareness since 2013. I was more than happy to be involved in this work and during my first year I combined it with studies.”

Organizing behind the scenes

“The Medical Missionaries of Mary are part of a group of twelve congregations of missionary sisters based in England and Wales, known as the Sisters’ Mission Committee. The group was set up in the mid-1960s and is part of the Catholic Missionary Union (CMU), a consultative body for the Bishops’ Conference of England and Wales.

“In churches, I speak on behalf of the twelve congregations. I include stories about my own experience on mission in Tanzania, where I first went in 1984. At the end of the year the money collected is divided among the congregations according to the number of talks given. Whether the parish is small or big, we are happy to visit and speak.



Sister Helen speaks about her experiences on mission and thanks the people for their support.



We are grateful for the warm welcome we receive from priests and parishioners – of all ages!

“Each year the chairperson of the Sisters Mission Committee sends a list to the representative of each congregation to choose the number of deaneries that we can visit. We meet twice a year and discuss our challenges and progress. For 2014 I chose the deaneries of Arundel and Brighton, Eastbourne, Westminster, and Salford (Manchester).

“I start organising my visits at the beginning of the year, making contact with the parish for the first time. We arrange a weekend that is good for both the parish and me. I ask about accommodation and the best way to travel. I travel to most parishes by public transport – train or express bus. I have been able to drive when doing the local deanery of Ealing.”

Appreciating the welcome

“I have always been warmly welcomed. The parish priest or secretary helps with a place to stay and with transport to and from the train and to the churches. A fairly frequent challenge is getting to three churches in a parish on a Sunday morning!

“Most parishes serve a cup of tea after Mass. This is a chance to meet the parishioners informally and I have been involved in all sorts of interesting activities. In one parish, the priest invited me to join a family who were releasing newly-fledged butterflies. Several of them circled back and landed on the children’s hands and shoulders, as if in farewell! It was a wonderful example of the new life we can bring to others, wherever we are on mission.”

England has 1 AMMM.

Together we can do so much

A number of individuals and groups have worked with us in different parts of the world. Some are local; some help projects in other countries. Among these are AfriCara, local supporters in Uganda, and the Gay and Keith Talbot Trust.

Thank You to AfriCara

In June 2014, Sister Doctors Maura Lynch and Carla Simmons attended a meeting of the AfriCara Board at the National Maternity Hospital in Holles Street, Dublin. They accepted a donation of almost 15,000 Euro for the fistula work at Kitovu, Uganda from Professor Eamon O'Dwyer.

AfriCara-Ireland recently closed but during its lifetime, the organization was dedicated to helping women affected by obstetric fistula. It especially supported the work of Doctor Maura, who pioneered the Obstetric Fistula Repair Programme at Kitovu Hospital. They helped in 2008 with funding construction of the operating theatre and upgrading other facilities. There is a training programme for Ugandan doctors and nurses. Since 2008, nine theatre nurses have been trained, including four theatre assistants for Kitovu, and operating theatre equipment was purchased. The organization has supported more than 566 women to receive treatment for fistulae.

AfriCara also supported the re-starting of the VVF repair camps in Itam, Nigeria (See article Page 11). They were especially interested in supporting the collaboration between Nigeria and Uganda.

The funds received in June will be used to train fistula theatre assistants, for post-operative care, and for buying equipment. Sister Doctor Florence Nalubega, of the Daughters of Mary congregation, specialized in obstetrics and gynaecology. She is training to take over from Doctor Lynch and is being sponsored by the London Royal College of Obstetrics and Gynaecology for fistula surgery training in Ethiopia.

Local supporters in Uganda

There is also local support for fistula repair work. Kitovu Hospital received fifty million Ugandan shillings (about 14,000 Euro) from the proceeds of the January 2014 Kabaka Birthday Run in honour of the Kabaka, King of Buganda. At the presentation, Kitovu Hospital was recognized for 'pioneering fistula repair and training in Uganda'. The Mukwano (friendship) Group of Companies donated Vaseline, soap, etc.



Receiving donations from the Mukwano Group

Buganda Health Minister Ben Mukwaya said that over 200,000 mothers in Uganda suffer from fistula and requested more funding to curb it effectively. "We look forward to further partnerships as a way of addressing such health issues that affect our people so we can have a healthy population for improved socio-economic development."

What has this support accomplished?

At the fistula camp in Kitovu, Uganda in August 2014, 83 women were registered. Of these, 72 had operations, including 28 for VVF and 15 for RVF.

The eldest patient was 85 years old and had suffered from urinary Incontinence since her last (tenth) pregnancy 45 years ago, when she was in labour for four days. She had been married at the age of 14 and had only one living child. She had a successful operation and is now dry and continent.

"But to whom should [we] go first? When we read the Gospel we find a clear indication: not so much our friends and wealthy neighbours, but above all the poor and the sick, those who are usually despised and overlooked." *Evangelii Gaudium*

The Gay and Keith Talbot Trust

Keith Talbot and his wife were very moved by a talk given by Doctor Catherine Hamlin about her lifetime's work in Ethiopia to cure women with fistula. Through their support of the Hamlin Foundation they met one of its trustees, leading fistula surgeon Brian Hancock, who introduced them to the work at Kitovu. Through that they began to support MMM.

They have generously supported the restarting of the fistula repair camps in Nigeria.

They also helped with the payment of the fees for two medical students at our House of Studies in Nairobi, Kenya. Sisters Chiagoziem Onwuguruike and Evelyn Akhalumenyo are now in their fourth year of studies.



Sr. Chiagoziem Onwuguruike



Sr. Evelyn Akhalumenyo

We are grateful to the members of these and so many other groups that make our work possible.

“For ‘here we discover a profound law of reality: that life is attained and matures in the measure that it is offered up in order to give life to others. This is certainly what mission means.” *Evangelii Gaudium*



Sister Ellis Weber writes regularly about events in the Motherhouse.

Motherhouse mission: Witness to Gospel joy

Sister Eilis Weber described just some of the activities in Beechgrove, in Drogheda, in the past year. Home to eighty-four Sisters, it is the largest convent in Ireland.

“While definitely a place of retirement, Beechgrove is a hive of activity. We extend hospitality to many visitors. Especially during the summer, many Sisters come from the missions to be restored in mind and body. They tell us of the challenges and problems of many parts of the world. Our Associates hold their meetings here. Vera Grant gave us a thrilling talk of her work in China as a volunteer teacher with the Columban Fathers. Liana de Jesus from Brazil spent six months with us to learn English. She is now preparing to join the MMM postulancy in Tanzania.

“We maintain many connections with the friends we have made over the years. We enjoyed a visit from Archbishop Emeritus Felix Alaba Job of Ibadan, Nigeria. He met his MMM friends, especially Sister Bernard McCarroll, who sadly suffered a stroke and is in our nursing facility. Cardinal Sean Brady introduced us to his Coadjutor Bishop Eamonn Martin. Sylvia Lobo and her husband, Mark, visited en route from the US to India. Sylvia replaced Sister Teresa Connolly as business administrator when Teresa left Nairobi in 1994, her. They had not met since.



The oratory at our MMM Motherhouse. Sisters pray for the many people who request prayers and for the many areas of our world in need of healing.

“Sister Mary Burns arranged for six MMMs to visit displays of the Apostolic Workers around the country on Mission Sunday. For nearly a hundred years these dedicated people have supported the Missions.”

Marking years of dedication

“In November 2013, eighteen MMM Sisters received Certificates of Appreciation for forty or more years of service as missionaries. Mrs. Sabina Higgins, wife of our President, presented them.

“A joyful part of our work is hosting events such as jubilees. In July, ten of this year’s fifteen Golden Jubilarians marked this special occasion with Mass at the Motherhouse. It was a great time of reunion for friends and relatives and sharing wonderful memories.



The rocky at the Motherhouse: a place for reflection

“As are other people who are aging, Sisters are engaged in the ‘inner journey’, deepening their relationship with God now that they have the time and the space to do so. We are privileged to receive help on this journey. We had a psychological education workshop on *Loss and Transition* with Dr. Kevin Egan, and a session on ‘end of life’ issues from the Irish Hospice Association. Olive Joyce of the Birches Alzheimer Day Care Centre in Dundalk, spoke to us about dementia, which affects many of us. Maintaining the dignity of the individual is the most important part of care. An important part of our mission is caring for one another – paying attention to each other’s needs and appreciating each other in new ways.

“Prayer is a most important work for us. We remember the troubled parts of the world, especially those in which we have lived and worked. Requests come by post and phone from people carrying heavy burdens, such as drug addiction, broken relationships, sudden and violent deaths. They also come via the Internet. Those of you who visit our MMM website will have seen our Prayer Space. We invite our readers to put in their prayer requests. We take each one to heart. We also remember our MMMs, family and friends who have died.

“These are just some of the events in our MMM home in the past year.”

Ireland has 11 AMMMs.



A very special celebration

A unique event occurred on 13 August at our Motherhouse in Drogheda when Sister Marie Conlon celebrated her 100th birthday. Marie was joined by other MMMs and friends at a special Mass and dinner on 20 August.



Sister Marie speaks at her celebration.

Now living at our nursing facility, Marie was born in Tunstall, Stoke-on-Trent, near Manchester, England, when choices for women were very limited. She won a scholarship to secondary school and got into a good teacher training college in London.

Marie said, "I became a primary school teacher and taught in Birmingham while I applied for jobs nearer home so I could help my family. I taught for eight years, from the very young ones to fourteen-year-olds."

She felt a call from God from the age of thirteen but she was not sure where. After finishing her training she started to write to medical orders. She did not get much encouragement from family or clergy but the local curate gave her a book about a new congregation, which he said would therefore "probably be easy to get out of."

Marie said, "I thought they looked like sensible women and within a few months I had entered." This was in 1947, when MMM was only ten years old. She started off in Rosemount, Dublin but two weeks later was in a car headed for Drogheda just because there was a seat available! It was a difficult time because there was little money and few personnel.

A varied life

Professed in March 1950, by May she was on her way to Nigeria, where she taught for almost twelve years. At that time girls needed more education to prepare for the West African School Certificate. She taught English to the student nurses at our hospital in Anua and provided tutoring for exams. She said, "I used every opportunity to make English understandable, explaining how it was used in textbooks and exam papers. I taught religion, music, and dramatics. I even taught anatomy to the 'prelim' nurses because I had done a first aid course during the 1939 – 45 War.



Sister Marie (R) with Sister de Monfort Murphy and young student nurses at Anua, Nigeria

"While education was important for girls in general, it was also a time of great development in the country in preparation for independence. It was exciting to be part of that era."

Marie returned to Ireland during the war in Nigeria in 1968. She served in MMM administration, in mission awareness, and as magazine editor. In 1976 she was assigned to Kenya, where she taught for ten years. During this time she wrote a number of papers on the charism of MMM.

In 1988, for health reasons, Marie wasn't able to return to Kenya. Since then she has lived at the Motherhouse. She continued teaching, helping in adult literacy programmes. She taught English to members of a newly-arrived family from Russia. They joined in her celebration.

One example of the impact that Marie's life has had on others is illustrated by a story told by Sister Ekaete Ekop, from Nigeria. Ekaete, is currently the MMM Area Leader in West Africa, and first came to Ireland four years ago. When her mother, a former nurse at our hospital in Anua, Nigeria, heard that Ekaete was going to Ireland, she asked her to find Sister Mary Queen of Peace. She told Ekaete to greet Sister Mary and thank her for all she was and did for the women while she was in Anua. Ekaete's mother said that if Sister was not alive that Ekaete was to go to the cemetery, find Marie's grave and say a prayer in thanksgiving. Ekaete had the great joy of meeting Marie in person.

At her birthday celebration, Marie said that while the occasion was wonderful for her personally, it was of far greater significance for the MMM Congregation. She has well lived *ad multos annos*.



Sister Dervilla O'Donnell, MMM Area Leader for Europe, speaks at the Mass.



Sister Pauline Dean, also from England and an experienced missionary, offers the Prayers of the Faithful.



Marie shares the day with other MMMs and visitors.



Marie's birthday cake, lovingly prepared by the staff



Sister Doctor Maura Lynch with the President of the Royal College of Obstetricians and Gynaecologists, Doctor David Richmond

A busy year for Sister Maura Lynch

On 22 November 2013, the Royal College of Obstetrics and Gynaecology (RCOG) in London awarded four Honorary Fellowships. **Sister Doctor Maura Lynch** was one of the recipients of the highest award of the college, for her work in the promotion of women's health in Africa.

Sister Maura also celebrated her 50th anniversary of graduation from University College Dublin.

Sr. Maura (L) with Dr. Martha Collins (C) and Sr. Dr. Margaret Anne Meyer



Award for best student

In March 2014, **Sister Margaret Grace Nakafu**, studying for a BA in Sustainable Human Development at the Institute of Social Ministry in Mission, Tangaza College, Nairobi, Kenya, was named **Best Student in the Second Year**.



Sister Margaret Nakafu



A new chaplain

In February 2014, **Sister Helen Spragg** was certified as a Health Care Chaplain by the Health Care Chaplaincy in Ireland. She is now part of the chaplaincy team in Our Lady's Hospice, Harold's Cross, Dublin.

A fruitful collaboration

At the **Extended Leadership Meeting** in Dublin in July, MMM leaders welcomed **Heydi Foster**, the new CEO of Misean Cara. We recognized our long history of collaboration with Mission Cara and Heydi shared the hopes and challenges involved in the funding process.

Human trafficking

MMMs in several countries are involved in activities to combat human trafficking. With the direction our ministries are taking, participants at our July Extended Leadership Meeting asked that MMM be more actively involved in anti-human trafficking activities, fostering greater awareness of this evil and of every form of gender-based violence.

For further information

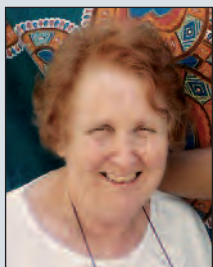
- The Global Report on Trafficking in Persons from the United Nations Office on Drugs and Crime
- In Ireland: info@aptireland.org

Other issues

Sisters around the world are involved in inspiring work to relieve suffering, promote human rights, and many other activities. For more information visit: GlobalSistersReport.org

OBITUARIES

Sister Brigid McDonagh, MMM



Sister Brigid was born in Dublin in 1935 and joined the Medical Missionaries of Mary in 1953. After profession she trained as a pharmacist. She spent six years in Drogheda guiding women in their early stages in MMM.

In 1969, with Sister Sheila Lenehan, Sister Brigid pioneered MMM's first mission in Latin America, in São Paulo, Brazil. She was to spend forty-three years of her life there, involved in community-based health care, pastoral work, work with women's groups, and in MMM leadership. When she left Brazil because of poor health in 2012, the bishop gave her his cross. He said, "This cross expresses the pain and suffering of so many people that you... have welcomed into your arms as a mother. The cross means life and resurrection. You, Brigid, are a sign of that experience with your missionary commitment."

Sister Brigid died in Drogheda on 6 August 2014.

MMM Associates

Candido Haulay died on 14 April 2014. For many years Candido was the storekeeper at Chiulo Hospital in Angola. He became an Associate in 2010.



Chiulo Hospital



Dareda Hospital

Bernadette Neema died on 29 March 2014. Bernadette trained with MMM as a nurse-midwife and worked at Dareda Hospital in Tanzania as a clinical instructor and nursing tutor. She became an Associate in 2000.

Phena Doran died on 25 August 2014. Phena was a cashier in Saint Vincent's Hospital in Dublin when she met Sr. Maura Lynch, MMM. She was an active supporter of many fund-raising events, and often packed containers for the missions. Phena became an Associate in 2000.



Visitors to the Mother Mary Martin Room

In June 2014, **Mrs. Bel Martin**, accompanied by her son, daughter and two granddaughters, visited the Marie Martin Room in Drogheda. Bel is the widow of Patrick Martin, a nephew of Mother Mary. The room tells the story of Marie and the Martin family in pre-MMM days. Another room, which is almost complete, shows the Congregation's beginnings. It is followed by the ministries undertaken right up to the present.

Drogheda Hospice



In December 2014, **Sister Therese Kilkenny** received a special presentation at the Drogheda Hospice Homecare dinner, which was attended by patients and committee members. She received the award in recognition of her twenty years involvement with the charity as a founder member and secretary (See *MMM E-news*, November 2013). Though she has stepped down as secretary, Therese has remained involved with the charity.



MEDICAL
MISSIONARIES
of MARY

MMM COMMUNICATIONS
ROSEMOUNT
ROSEMOUNT TERRACE
BOOTERSTOWN, BLACKROCK
CO. DUBLIN, IRELAND
Tel: 353-1-2887180
Email: mmm@iol.ie

MEDICAL MISSIONARIES OF MARY
DEVELOPMENT OFFICE
4425 W 63rd St, Ste 100
CHICAGO, IL 60629-5565
USA
Tel: (773) 737 3712
Email: development@mmmusa.org

Find out more at:

www.mmmworldwide.org

How you can work with us

How you can work with us

- Pray with us. We remember you each day.
- Join us as members of MMM.
- Share our charism as MMM Associates.
- Make a donation by mail or online at www.mmmworldwide.org
- Remember us in your will: Please include "the Congregational Leader, for the time being, of the Medical Missionaries of Mary".

Our Promise to our Donors

When a donor specifies a country, project, or special need (e.g. famine, AIDS), 100% of that donation is transferred to the specified country or project. We allocate non-specified donations to the most urgent needs overseas or to our General Mission Fund, which pays for airfares, professional training of Sisters, and numerous other requirements overseas.

OUR ADDRESSES:

EUROPE: MMM Communications,
Rosemount, Rosemount Terrace,
Booterstown, Co. Dublin, Ireland.
Telephone: +353 1 288 7180.

USA: Mission Development Office,
4425 W 63rd St, Ste 100, Chicago,
IL 60629-5565. Telephone: +1 773 735 3712

BANK DETAILS: Medical Missionaries of Mary,
Bank of Ireland,
Merrion Road, Dublin 4.

Account No: 62835417

Sort Code: 90-12-12

IBAN: IE88 BOFI 9012 1262 8354 17

BIC: BOFIE2D

Our friends and supporters:

*Together we follow Christ
in his healing mission.*

Today the MMM charism is shared with over 120 Associates in 16 countries. They feel called to embrace our spirituality and mission.

Volunteers support us in many ways. Members of the Hannelly family supported our work in Makondo at the Flora Women's Mini Marathon.

"Those who enjoy life most are those who leave security on the shore and become excited by the mission of communicating life to others."

Pope Francis, Evangelii Gaudium



Charity Reg. Numbers:

- Ireland: CHY 7150
- England: MMM Trust 293494
- In USA, we are a Tax Exempt 501 (c) (3) Non-Profit Organization

Tax Efficient Giving: Ask us for the appropriate form for your country, so that you can increase the value of your donation. We can send one to you by post or e-mail.

You can make a donation by mail or online at www.mmmworldwide.org

MMM
Rooted and founded in love



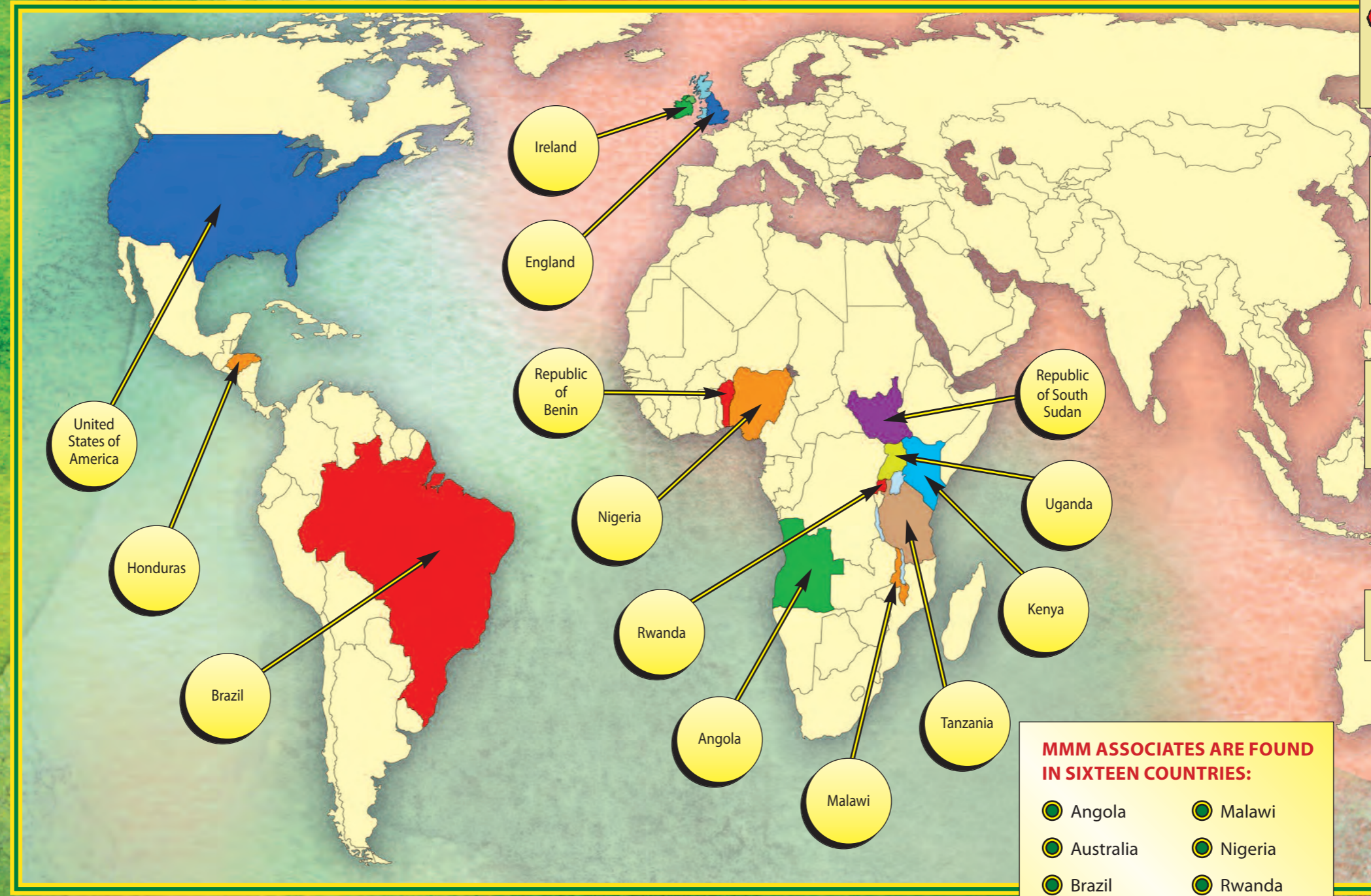
MEDICAL
MISSIONARIES
of MARY

bringing the
good
news
to the whole world

**Healing
& Development**

 <p>NIGERIA Since 1937 Foundation of MMM in Anua</p>	 <p>IRELAND Since 1937 Our MMM Motherhouse in Drogheda</p>	 <p>TANZANIA Since 1947 First foundation in East Africa</p>	 <p>USA Since 1950 Mission to the poor in Appalachia</p>	 <p>ANGOLA Since 1953 MMM's first foundation in Central Africa</p>	 <p>UGANDA Since 1955 An early response to HIV</p>	 <p>KENYA Since 1962 Response to famine in Turkana</p>	 <p>MALAWI Since 1962 Integrated quality nurse training</p>
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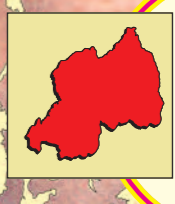
MMM SISTERS WORK IN THE FOURTEEN COUNTRIES SHOWN ON THE MAP OF THE WORLD




BRAZIL
Since 1969
First foundation in Latin America



ENGLAND
Since 1972
Training and support for mission



RWANDA
Since 1994
Response to the genocide



HONDURAS
Since 1998
In response to Hurricane Mitch



REPUBLIC OF BENIN
Since 2001
Chapter call to new mission



REPUBLIC OF SOUTH SUDAN
Since 2013
Our newest mission

MMMs are an international congregation of women religious. Following Christ in his work of healing, we bring the Good News of God's love to others. Sisters are trained in a variety of health-related professions. We go to peoples of different cultures where human needs are greatest.

MMM Associates are women and men who feel drawn to our healing charisma and spirit. They apply the values that are important to MMM in their own vocations, life choices, and commitments. Associates make an annual covenant, as they deepen their commitment to global mission in a formal way. They are found in fifteen different countries on six continents.

MEDICAL MISSIONARIES of MARY



MMM
Rooted and founded in love

MMM SISTERS COME FROM NINETEEN COUNTRIES:

● Angola	● Ireland	● The Netherlands (Holland)	● Republic of the Congo (Congo Brazzaville)	● Tanzania
● Brazil	● Kenya	● Nigeria	● Rwanda	● Uganda
● Czech Republic	● Malawi	● The Philippines	● Scotland	● The USA
● England	● Malta	● Republic of Benin	● Switzerland	

MMM ASSOCIATES ARE FOUND IN SIXTEEN COUNTRIES:

● Angola	● Malawi
● Australia	● Nigeria
● Brazil	● Rwanda
● England	● Scotland
● Honduras	● Sweden
● Ireland	● Tanzania
● Kenya	● Uganda
● Malaysia	● The USA