

Healing & Development

2016 Edition

A SEED HAS GROWN

MEDICAL
MISSIONARIES
of MARY



MMM

*Rooted and founded
in love.*



BRINGING GOOD NEWS NEW MISSIONS



Cabeceiras, Brazil



Torugbene, Nigeria

MINISTRIES



Training women in Africa
in Capacitar

MMM ASSOCIATES



Sharing a charism of healing

Volume 77 – 2016

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 around the world 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)

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Leader's Letter



Dear Friends,

Once more we are happy to send you our Yearbook, *Healing and Development*.

The theme for this yearbook is: A Seed Has Grown. We have used the symbol of a tree on the cover, indicating the many ways in which MMM has grown since our foundation in 1937.

We plant a seed with a sense of hope because it takes many years to grow and develop. The shoot puts out branches in different directions and eventually it flowers and produces fruit. It provides shelter and shade. For this to happen sometimes we decide to prune some branches so others can grow. The growth is fuelled by our contemplative stance in which we draw inwards for reflection and connecting with our Source.

Using the symbol of a tree also illustrates in a concrete way our call to respect the environment and reflect on the effects of our activities on climate change. Pope Francis tells us: 'What all [Christians] need is an "ecological conversion", whereby the effects of their encounter with Jesus Christ become evident in their relationship with the world around them' (*Laudato Si'*, 217).

There are stories from around the globe, where our Sisters, MMM Associates and co-workers live and work, showing how the seed has grown. Two feature stories illustrate how we have lived out the call to our MMM way of life at different stages of our history.

In 2016, we rejoice with the four Sisters marking fifty years and one celebrating twenty-five years of commitment as Medical Missionaries of Mary. Their lives have brought a harvest of new life to so many.

You can read interesting articles by and about our MMM Associates and co-workers. MMM Associates are present in sixteen countries.

At this time we remember Saint Thérèse of Lisieux, Patroness of the Missions. In following her own call, she used the ordinary events of each day to grow in her relationship with God. Her vocation of love led her to embrace the concerns of the whole world – something we need very much today.

Thank you, too, for helping to bring the Good News through our healing charism to those in great need around the world. You have done this by your prayers and by your financial and material assistance. We remember you daily in our prayers.

Sister Siobhán

Sr. Siobhan Corkery, MMM
Congregational Leader

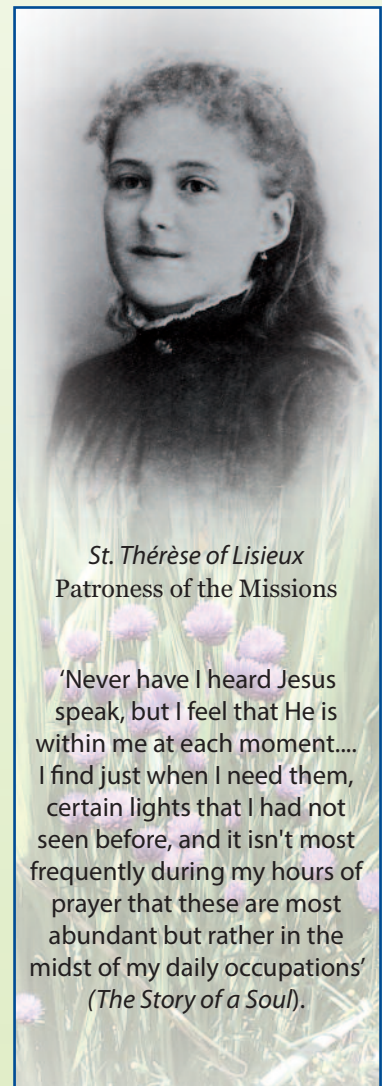
Where many seeds were sown: The front cover shows a group of trees that were on the lawn of the Martin home, Greenbank, in Dublin, where Marie Martin grew up. Later, in 1936, when Marie and her first companions needed accommodation after leaving Glenstal, Marie's mother offered the basement of Greenbank as a temporary home. Here the members of the nascent congregation lived before setting sail for Nigeria.

MEDICAL
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St. Thérèse of Lisieux
Patroness of the Missions

'Never have I heard Jesus speak, but I feel that He is within me at each moment... I find just when I need them, certain lights that I had not seen before, and it isn't most frequently during my hours of prayer that these are most abundant but rather in the midst of my daily occupations' (*The Story of a Soul*).



Time for reflection after a busy day at Afikpo

Searching for God

Yielding a rich harvest

Sister Deirdre Twomey's journey with MMM began when our emphasis was mainly on curative health services. She qualified in obstetrics and gynaecology and for fifty-two years dedicated her life to the care of mothers and children in Nigeria. Also, because of her commitment to training, many qualified personnel provide much-needed health care today. Now back in Ireland, she shared her own call to mission, praying that other women seeking God will find their own unique responses.



'My attraction to overseas missionary life began when, as a child, I saw magazines showing children going to bed hungry. Grateful that this was not my experience, I vowed to go to Africa to help. Later, on a break from school, I met two MMMs and was touched by their joy and simplicity. Their film, *Visitation*, moved me deeply. I was already registered to do medicine. MMM seemed to be where God wanted me and where I would be happy.



At Abakaliki: Srs. Celine, Deirdre and Ngozi with trainee obstetrician/gynaecologists

'After novitiate, I began medical studies and qualified in 1957. A list with names and mission appointments was displayed in Drogheda. I would be serving in a rural 200-bed hospital in Nigeria. Leaving home was quite a wrench but the three-week sailing around the west coast of Africa was very exciting.

'At my new home in Afikpo a community of ten MMMs was the core of the hospital staff. There were midwifery and general nurse training schools. A lay doctor from Belfast, working single-handedly for ten years, was too tired to teach me. He begged me to just follow him, watch and learn.

'Soon Nigeria gained independence. Excitement was high but within seven years civil unrest had occurred. Our section of the country seceded and was known as the Republic of Biafra. War broke out and our hospital was flooded with civilian and military casualties.

'As the front line drew near we sheltered under the beds with the severely wounded and hid in the convent at night. When Federal Army soldiers arrived, we were ordered out and were brought over the great Cross River: Sisters, priests, our doctor, patients and nurses. Allowed to go to the nearest Catholic mission, we arrived amidst unbelievable relief and joy. Someone was praying for us.

'When we returned to our hospital six months later, famine relief and damage repair were needed. We worked with the International Red Cross, and many lives were saved.'

Moving forward

'When the war ended, our challenge was attracting staff to a rural hospital. We linked with university teaching hospitals for training and achieved recognition for specialisation in obstetrics, gynaecology and general medicine. Nursing and midwifery schools were revived, bringing many wonderful young nurses and doctors.

'Eventually Afikpo was handed over to Nigerian Sisters. I was reassigned and worked in Abakaliki for eleven years. Then, with recurring malaria and ageing issues, it was recommended that I retire. It was not easy letting go, leaving behind both young MMMs and lay friends.

'Now I have found a new ministry - assisting with Mission Awareness. It is an opportunity to share my own call and to say thank you.

'I have loved my life so far. If I were young again I wouldn't mind beginning all over!'



Discussing treatment with a patient



Logo of the Tree of Life Center
May peace and harmony be the
fruit of our work.

Ready to walk in paths that are new

Since 2009 Sister Geneviève van Waesberghe has been the International Capacitar Trainer for East/Central and West Africa. On 7 June 2016 she was in Kigali, Rwanda for the tenth anniversary of the founding of Capacitar-Rwanda, which is committed to empower the Rwandese people to heal themselves and their society from the aftermath of the 1994 Genocide. Geneviève explained how this 'simple but joyful celebration' came about.

'Capacitar uses popular education to teach simple wellness practices that are effective, culturally acceptable, and valued where trauma is massive and collective and resources are scarce. The seed was sown in 2005 in Butare at our Tree of Life Center, which I created for women traumatized and living with HIV/AIDS. I invited Costansia Mbogoma from Tanzania to introduce Capacitar. The staff found it helpful and wanted more.

'In 2006, I wrote to Patricia Cane, Capacitar founder and director. At the same time, Rwandese Sister Antoinette, a genocide survivor, attended a Capacitar weekend in Chicago. She felt a beginning of healing and a sense of freedom. She begged Patricia, the facilitator, "Come to Rwanda. Capacitar is what our people need!"

'In July 2006, Patricia began coming to Rwanda twice a year to facilitate workshops and train trainers. Sister Antoinette also returned to Rwanda and *Trocaire* offered great support. Today over 10,000 people have benefitted from Capacitar training.'

Continuing to grow

'I thank our MMM Leadership Teams who encouraged me. I have since responded to invitations from Burundi, Cameroon, Central African Republic, Democratic Republic of Congo (DRC), Kenya, Nigeria, Republic of South Sudan, Senegal, Tanzania and Uganda. There were many challenges working in conflict areas with human right defenders, lawyers, women living under Muslim laws, pastoral workers, teachers, students, police, peace-keepers, refugees or displaced people, former female child soldiers, and youth affected by the Lord's Resistance Army.

'When I meet a group, I presume some participants have experienced severe trauma. I ask no questions. Doing the practices together is relaxing, non-threatening, and sometimes fun. Someone may say, "Thank you, I feel better, I have now hope!" Later, the same person may briefly share his or her story of abduction, arrest, abuse, etc., but they are already positively engaged in their healing process and that of their families or communities.



Guests at the celebration: Dr. Patricia Cane; Sister Antoinette Gasibirege, SH, head of Capacitar-Rwanda; Joan Condon, Capacitar project director



Using drum massage in Cameroon



Using Capacitar exercises at home

'A young peace activist told me how Capacitar practices helped him and his prison companions to remain calm in spite of harsh treatments. Others said that they know how to manage strong anger or are sleeping without nightmares. A teacher who used them with his family said, "Now my children are my friends." A school director noticed that children were more sociable and did better in their exams. Peace-keepers found Capacitar helped them deal with the violent deaths of comrades.

'In 2017, we plan to form trainers in conflict areas in South Sudan, Northern Uganda, DRC and Cameroon.

'As an MMM called to share Christ's healing and liberating mission in a time of tremendous suffering and systemic violence, Capacitar challenges me to "seek peace and pursue it" (Saint Benedict, working with people of different backgrounds and faiths to heal ourselves and our world.



Children are helped to deal with trauma



Angola

This magnificent tree outside Chiulo Hospital, where MMMs worked for many years, shelters patients and attendants from the heat and rain.



Patient mothers share news while waiting at the clinic at Savala.



Sr. Laurinda Bundo gives a health talk to the people.



A staff nurse and Sr. Stella (R) are busy with vaccinations.

‘Just now, this is all we can do’ (Mother Mary, 1962).

Sister Stella Nwoye is on mission in Huambo. The area suffered great devastation during the twenty-seven- year civil war that ended in 2002. Four MMMs now provide basic health services in the city. Stella wrote about their recent decision to respond to the needs of a remote village.

‘Engaging our own pain and vulnerability, we go to people of different cultures where human need is greatest.’

‘This quote from our MMM Mission Statement took us to the village of Savala, 70 kilometres away, where people suffer from lack of health care. Their request for health services reached us in July 2015. After questions, letters and negotiations, we began to respond. One of the major health issues was scabies*.

‘We had been treating scabies in other villages but we realized Savala needed a quick response. We submitted a “small project” proposal to our MMM Congregational Leadership Team. This was approved and we were able to purchase medicines. Local people cannot pay very much but contribute whatever they can in farm produce such as maize, eggs, or cassava flour. We explained to them why they should contribute something to defray expenses.

‘Since we have been in Huambo, the government has given us some drugs and supplies, which we used mainly for the outreach programme. This stopped because of a financial crisis for the ministry of health.’



Who needs an office when the car will do?

Enabling for prevention

‘Our concern is not only to provide treatment but also to empower the people so they can prevent disease. With this in mind, when we started clinics, a member of the team gave a health talk.

‘There was no place to do consultations so we used the car as a consulting room. Staff Nurse Leonilde and I vaccinated the children and pregnant women in the mission church. Staff Justina did an antenatal clinic in the church.

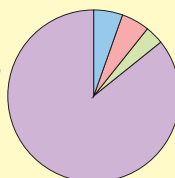
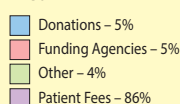
‘The roads are impassable during the rainy season so we stopped our visits during that time. When the rains finished we continued the programme. We found that the people responded to treatment. The scabies reduced as the people applied what they learned to avoid re- infection.

‘We still face challenges, such as bad roads and not having enough staff nurses. We live in hope that the government will find funds for the reconstruction of the roads to these villages. Managing with our current personnel sometimes means leaving the clinic understaffed on outreach days.’

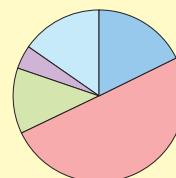
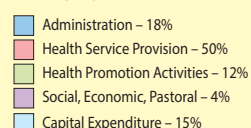
***Scabies** is an itchy, highly contagious skin disease caused by an infestation by a mite. It is transmitted by direct skin-to-skin contact. The main symptom is a severe and relentless itch, typically worse at night. Sleep becomes almost impossible. Scratching may predispose to secondary infections.

2015- WEST AFRICA - Angola/Nigeria/Republic of Benin

INCOME



EXPENDITURE



Projeto Consolação (the Consolation Project) celebrates 5 years!

Sister Sheila Campbell, from Northern Ireland, is the co-ordinator of the Consolation Project in Salvador, Brazil. She explained how this undertaking has continued to respond creatively to the needs of women who have experienced great trauma and loss. Based in an area of urban violence, staff deal with problems compounded by high unemployment, illiteracy and substance abuse.

'We stopped to celebrate and rejoice, as we do with all good things. Part of our celebration was noticing how the project has grown and developed over the years; how we have adapted different methods to respond to the needs of the women and families at various times of their grieving process.

'Most of our mothers have come as women who have suffered the loss of a child or grandchild due to assassination. At first each family needs a listening ear, just to tell their story again and again to try to come to terms with the violence and the loss. Project staff responded to this by home visitation. In the safety of their own homes, the women could cry and tell their stories. Most found this very comforting and relied on our turning up regularly.'

Support for the next stage

'Then we perceived the need for them to eventually return to a normal social life. How could we help them? We formed a community therapy group. For three years the mothers could meet together and share their stories. While most finished the grieving process within this group, they raised many other issues! Most of the women had very low self esteem. Some were coping as single mothers; some were in situations of domestic violence. Many were struggling as working mothers to provide for their other children.

'In response we developed an art therapy workshop and handicraft production. Have you ever noticed how calming it is to knit or crochet? Small repetitive physical tasks free the mind, release the imagination and heal memories. I think this is why men love tinkering away with their cars! Our mothers come together once a week to learn various types of handicraft, often using recycled materials in keeping with our concern for the environment. They have learned to paint on cloth and decorate T-shirts. They have made wall plaques and trays and are currently making small statues of Our Lady of Aparecida out of coffee filter papers.



A moment of laughter amid pain and sorrow

'While some have used these skills to generate income, for others it is mainly therapeutic. So much has been destroyed though violence. To be able to build and to create gives life meaning again and encourages hope.

'So our project has grown and developed many branches as needs have arisen. Our latest venture is into the world of young people, promoting a culture of peace, but we will leave that for another story.'

Brazil

The mandacaru cactus is a symbol of resilience, surviving even prolonged drought. People in difficulty look at this tree and gain courage and strength.



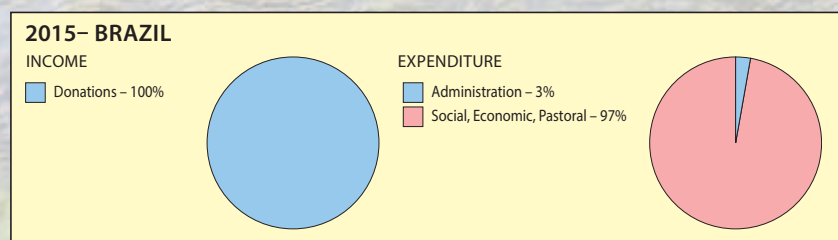
Some of the beautiful crafts from the Consolation Project



In sharing their stories women find they are not alone.



Creating a beautiful wall plaque builds self-esteem.





Honduras

After many years suffering from the effects of Nemagon, used to protect bananas from disease, and banned in the USA, 5000 workers recently received \$5000 each in compensation.



Sister Renée in solidarity with friends in the March for Peace



Staff of Casa Visitation, who helped to organise the march



Children ask for 'peace for my town'.

Sowing a seed: Walking together for Justice and Peace

The priorities for MMM mission in Honduras are education and active involvement in human rights issues. Sister Renée Duignan, from Ireland, explained that the need for this was evident from the beginning, in working closely with local communities and collaborating with other like-minded groups.

'Choloma, where our project, *Casa Visitation*, is situated, is close to San Pedro Sula, with the world's highest murder rate per capita. These deaths are due to organized crime, drug cartels and family breakdown. Over 90% of deaths are drug-related. We witness the pain and grief that nearly every family suffers. Sadly there is no justice for the poor, who cannot afford legal help.

'Human rights worker Berta Caceres was murdered on 4 March 2016 in Esperanza, about an hour's drive from Marcala where we began our mission 16 years ago. From the indigenous Lenca tribe, she worked tirelessly for human rights, especially for the environment and the preservation of Lenca culture. Berta was awarded the Goldman Environmental Prize for her opposition to one of Central America's biggest hydroelectric projects. Her death was a shock to us and a great loss for the Honduran people.'

Reflecting on the signs of the times

'The *Casa Visitation* team has worked with volunteers, women suffering from domestic violence, people living with HIV/AIDS, and children with behavioral problems and learning disabilities. With the help of doctors, psychologists, lawyers and other health professionals, in the past year we were involved in 16 workshops for 560 people on human rights issues. We gave talks once a month to 12 groups - a total of 124 people. People find much fulfillment in the bi-monthly support groups led by the psychologist-in-residence. We collaborated with groups such as CDM Centre for Women's Rights, San Pedro Sula; APOMUH Office for Women's Affairs, Choloma; Ashonapvsidah (for people living with HIV/AIDS), Caritas and the Diocesan Health Commission.

'Women especially have better self-esteem and 84 children were able to integrate back into school. Parents or guardians have more skills to enable behavioral change in the home. We are always amazed at the resilience of the people and their faith in God. They nurture and root our faith and love. The work has borne much fruit, yet much more needs to be done.

'Violence and murders have been exceptionally high in our area this year. The *Casa Visitation* team organized a March for Peace on 17 July with churches, people from local government, NGOs and other groups. Our parish priest, Padre Glenis Mejia, paid special tribute to Berta Caceres. He prayed for all those who had lost their lives through violence, especially those from our area. As we walked together we told stories and sang songs. We were deeply aware of the unity in the group, realizing the power of working together for a common good. Many people were suffering deeply and their hearts were breaking. They were lifted up by their faith in the Christ of the Cross who rose that they may have life. We MMMs give thanks for the call to walk in solidarity with them as we struggle together to bring about justice and peace.'

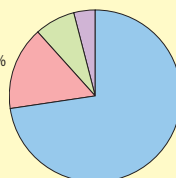


There can be no peace without equal rights for all.

2015- HONDURAS

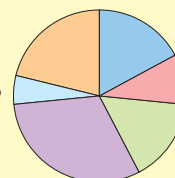
INCOME

- Donations - 73%
- Funding Agencies - 16%
- Patient Fees - 8%
- Other - 4%



EXPENDITURE

- Administration - 17%
- Curative Health Services - 9%
- Preventative Health Services - 16%
- Social, Economic, Pastoral - 31%
- Capacity Building/Training - 5%
- Capital Expenditure - 21%



Working for human wholeness



Sr. Evelyn Akhalumenyo, from Nigeria, completed medical studies at the University of Nairobi in December 2015. After participating in a time of renewal as part of preparation for final commitment, she was assigned to our mission in Eldoret for a year before beginning her hospital internship in July 2017. She wrote about her experience at Saint Mary's Medical Centre.

'I have been in Eldoret since May 2016 and am very grateful for this experience. We provide a number of services here. For example, I have seen that many children in our area do not have adequate nutrition. This affects their general growth and development, as well as their ability to study. Children come to our centre for a meal during their school lunch break Monday to Friday, usually the only food they are sure of each day.

'We do school rounds to follow up children in our support programme. This is for orphans and those from difficult social backgrounds. One day we drove for an hour to Tugen to see Ochieng. He is in Form Four, or the final year, at Tugen High School.



Children receive lunch at our centre. This provides nutrition as they study.

Ochieng is determined to make a contribution to society and he dreams of becoming a civil engineer. He wants to support other similarly disadvantaged children. We looked forward to hearing the reports about his performance in school and his general wellbeing.

'As we went along the winding road I thought about our MMM charism and our call to work with people of different cultures, religions, social status and nationalities. These include Ochieng and all the other children we support.

'When we arrived we were warmly welcomed by the principal, Mr. Ocholla (not his real name). The secretary brought Ochieng's academic reports. Ochieng was doing very well and had improved greatly since our last visit. We asked about his other school activities. With great pride the principal brought down a trophy from a shelf. He said, "Your son won our school's first football trophy as captain of the team."

'Ochieng joined us and smiled as we congratulated him. We asked him what else we could do to help him prepare for his final exams. He said that the school had just begun a boarding programme for the final year students. He felt that enrolling in the programme would give him more time to concentrate on his studies. He comes from a poor family and has four other siblings. His mother has only a casual job and could only afford a blanket, a bucket and some clothes. Surprisingly, all he needed now was a mattress so he could live in for his studies.

'Thanks to our supporters, we were able to get Ochieng a mattress. We are blessed to touch the lives of so many children, families and the community, which gives meaning to our work and mission in Kapsoya, Eldoret. They will make a difference in their communities because someone has believed in their future.'

Kenya

The swollen base of the striking desert rose stores water. The poisonous sap was used for fishing and on arrow-heads. The desert rose can live for hundreds of years.



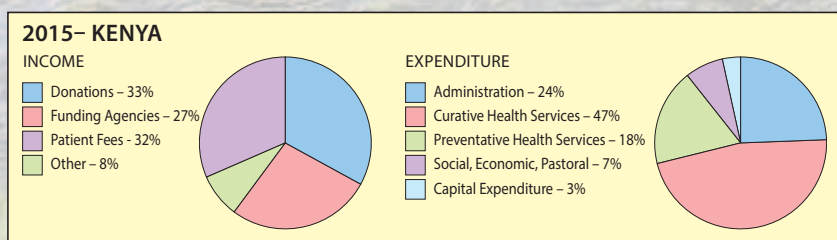
Boma, a slum area served by St. Mary's Medical Centre



Sr. Evelyn on a home visit



Making friends in the community



Malawi

Baobabs store massive amounts of water and their fruits are rich in vitamin C. Animals feed on them and the often-hollow trunk provides shelter, continuing to grow and bear fruit.



An elderly woman is happy at home with the assistance she receives.



A home-based palliative care guardian dresses an ulcer.



The outreach programme also trains young women preparing for marriage.

'The work here is beyond any individual human power'

(Mother Mary, 1922).

'I write on behalf of my family to thank you for the care that you gave tirelessly to our father from the time that he was ill until his death. We really appreciate this and no words can explain how thankful the family is. We also thank our volunteer for the big work he did as well, making sure there was a strong link between the family and the home-based care team.'

Sister Cecily Bourdillon sent us this letter from a family in Kasina, Malawi. The services described did not develop overnight but evolved in response to the needs expressed by local people. Cecily gave us a brief account of how this happened.

'The MMM connection to Kasina Health Centre began in 2004, when we were invited to renovate and run the health centre. We began with outpatient clinics, a laboratory, and a short-stay inpatient ward for nursing care. A maternity unit, antenatal clinics, a nutrition rehabilitation unit for malnourished children and services for children under five, including immunizations, followed.

'Alongside these the Outreach and Development Unit worked in the community. Training in Transformation programmes encouraged behavior change to deal with HIV and the frequent and widespread food shortages and malnutrition. The outreach team attended to the sick who were unable to reach the health facility. Village volunteers were trained to assist the outreach team. This was the beginning of the home-based palliative care programme.



Checking blood pressure on a team visit

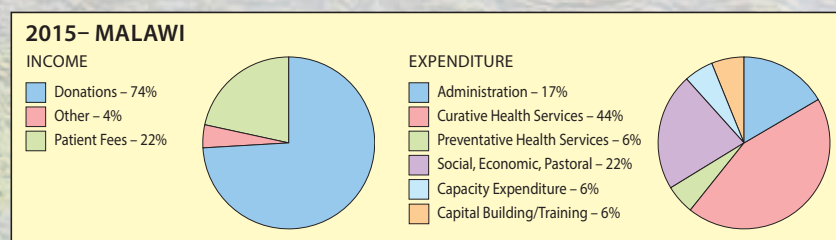
'Some of the most prevalent cancers in Malawi are HIV-related: Kaposi sarcoma of the skin and cervical cancer in women. On a positive note, a cervical cancer screening clinic set up in 2014 identifies and treats pre-cancerous lesions. Women with early cancer are referred for surgery. Sadly chemotherapy and radiotherapy are out of reach for most people with cancer in Malawi. Patients with inoperable cancer are referred to the palliative care team. Palliative care (PC) provides pain and symptom relief to people suffering from the effects of HIV, cancer, debilitating conditions such as stroke, and crippling arthritis in the elderly.

'Under the auspices of Hospice Africa Uganda, in 2015 and 2016 Malawi provided PC Initiators' Training Courses. Two members of our staff were trained and joined the Kasina PC team.'

'Be with those who suffer' (MMM Cons.).

'The patient referred to in the opening lines suffered from cancer. He had been referred to the Central Hospital and sent for palliative care, there being no available appropriate treatment. The volunteer in his village visited him and reported to the PC team. Thus began our relationship with the patient and his family. Malawi provides morphine for the relief of severe pain. We educated the guardian and family about its use. The volunteer gave the care and support needed between the PC team visits. Communication has been made easier with the arrival in the villages of mobile phones!

'We are blessed to have friends who, with their prayers, encouragement and donations, work with us in this ministry. They enable us to have transport to the homes of our patients and medicines, blankets, clothing and food to distribute. We are privileged to be living among people who teach us so much about courage and acceptance in times of adversity, and care of the sick using limited resources.'



‘God has sent them first to you to meet Christ’ (Mother Mary, 1962).

Sister Nwanneka Uduh is one of the pioneers of our mission in Shogunle, Nigeria, which opened in early September 2015. The new MMM community was quick to notice an area in which they might ‘foster true human development’ among the young people they met. Nwanneka described how they reached out to students in local secondary schools.

‘Shogunle community is one of the most densely populated areas in Lagos. Most of the residents are poor. Many young people engage in drug abuse and petty crime. We investigated starting what we call ‘school health clubs’ to encourage students to take charge of their own health and then influence their peers and families.

‘We approached the Lagos State Ministry of Health in November 2015 and obtained permission in January 2016. We began in four schools, three government-owned and one private. We are especially interested in reaching young men and women from public schools, where information about life skills is limited. A few teachers struggle to cope with large student numbers.

‘When we visited the school principals to make arrangements they were excited with the idea, promising us their full support. Each principal chose a convenient date and assigned a teacher to work with us. Each session lasts an hour.

‘While we initially requested a limit of thirty students, because of the students’ enthusiasm we have up to thirty-seven students in each school. From January till July we visited the schools twelve times. We respect the school calendar and do not visit during examinations and special events.

‘We have discussed topics such as growing up responsibly, nutrition and diet, sickle cell disease, drug abuse, Lassa fever, personal and environmental hygiene, and sexual abuse. Before each session the students are asked to recap what they learned from the previous session.’

Nurturing the seed

‘Mary is in Senior Secondary One in Ikeja Senior Grammar School. We met her the day we formed the club in her school. She is energetic and the other members elected her club captain. Every fourth Wednesday, Mary reminds the other members to come for the session and helps to get the hall ready.

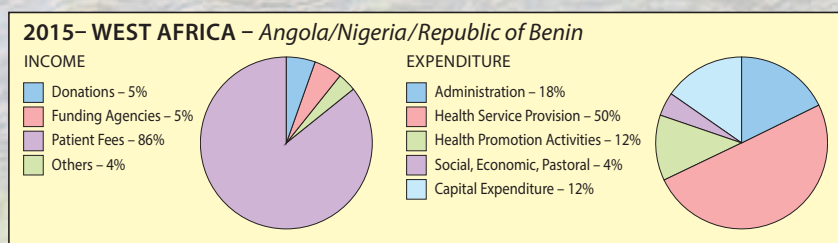


Demonstrating red blood cells with normal shape and sickle shape

‘One Sunday, Mary and her mother came to greet Sister Vivian and me. Her mother was very grateful for what we are doing with the young people. She said Mary is now more careful in handling food at home. Mary especially talked about what we covered during the time of a Lassa fever outbreak. We were surprised because we had only visited her school twice.

‘The principal of Onilekere Junior Secondary School said he wants us to continue because the topics we are discussing are helping to educate for life.

‘From MMM’s beginnings we have had a special concern for family life. In helping to develop healthy and positive-minded young people we are contributing to the wellbeing of families and of society. We are grateful to the Lagos State Ministry of Education District VI for allowing us to work with students and to the principals of the school for creating enabling environments for this project.’



Nigeria

A mature tree provides shelter and security, but while nests of weaver birds are a common and fascinating sight in Africa, the birds may cause great crop loss.



Students discuss what they have learned.



Sister Nwanneka in one of the classrooms



MMMs and neighbours at blessing of MMM house in Shogunle

Republic of Benin

Moringa tree leaves contain 3 times the iron of spinach; 4 times the vitamin A of carrots; 7 times the vitamin C of oranges; and twice the protein of milk.



Staff help with blood pressure checks.



The community listens to a talk on nutrition.



A good response to the blood pressure check after the talk on hypertension

A seed has grown in Zaffé.

Sister Elizabeth Ogar is on mission in Zaffé, in the Republic of Benin. There are few health services in the area and our MMMs run a busy clinic. While treatment of basic conditions is important, community-based health care involves working with local people to find the causes of common problems, raising awareness about preventive measures, and encouraging people to take responsibility for their own health. Its aim is to provide more effective use of resources in the long term. Elizabeth described how this was done in the past year.



Sr. Elizabeth with a Moringa tree

'In Zaffé, we work with a population of about 14,500. In reviewing our statistics, I discovered a high prevalence of anaemia and hypertension in the community. For example, there were 174 cases of anaemia in the clinic in 2015 and 110 cases of hypertension. We were also concerned that when we made local home visits we found 5 people who had had strokes. Anaemia and hypertension, which can be prevented or controlled, are among the causes of strokes. They have other impacts on the general health of the community. Villagers think that the only way to deal with anaemia is a blood transfusion in the clinic.

'We discussed these issues with the staff and decided to bring them to the attention of the village head. To prepare, we looked at the use and nutrient value of local and common food items such as crincrin, moringa, aroma, soma and ima, as well as maize, groundnuts, yam and beans. Families could be shown how to combine these to make up a balanced diet.

'The village head welcomed the idea of taking a proactive approach and instructed the town crier to ask the community to gather in the Zaffé village *arrondissement* (village square). We suggested that we begin by giving a health talk. And so adults, youths, and children met with the clinic staff and Sisters one afternoon in July 2016.

'We talked about the causes and consequences of hypertension and anaemia and how to prevent them. We discussed the importance of diet and encouraged families to sleep under the treated mosquito nets that had been distributed. Many community members asked questions, offered suggestions, and shared personal experiences. They said they would give the information to others who were not able to come.

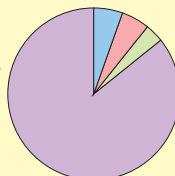
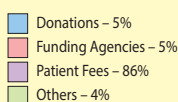
'We offered a free blood pressure check for adults. We did checks on 114 persons and found 18 people with high blood pressure. We encouraged them to come to the clinic for follow up and 17 of these attended subsequently.

'We are also following up this meeting with home visits to discuss how villagers are putting the information into practice. We are concerned to reduce the prevalence of anaemia, especially in children.

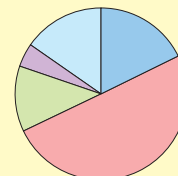
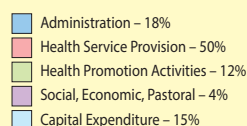
'Our healing charism encourages us to respond especially to the needs of mothers and children. Over the years we have learned that this means working with the community to identify and deal with basic health issues. It is work that requires patience and listening. In the end, prevention is better than cure and this requires a commitment from the people themselves.'

2015- WEST AFRICA - Angola/Nigeria/Republic of Benin

INCOME



EXPENDITURE



Republic of South Sudan

Some thorn tree species produce gum arabic, used in pharmaceuticals, adhesives, inks, and confections. The Umbrella thorn is being used to 'green the deserts'.

'Those who sow in tears reap with shouts of joy'
(Ps 126, 5 NRSV).

South Sudan is a young nation, sadly torn by conflict at present. With many thousands displaced and much daily uncertainty, its people struggle to provide the basic necessities of life for themselves and their families. Still, there are glimmers of hope amid the turmoil. Sister Irene Balzan, from Malta, is on mission in Wau. She described how several people had their dignity restored through the compassion of others.

'In Wau we are running a community-based health care (CBHC) programme. With other NGOs and stakeholders we participate in monthly cluster meetings, which provide a platform to discuss service delivery in fragile situations. Chief among these are issues such as water and sanitation and emerging health concerns. Through the health and nutrition meeting we learned about the availability of free cleft lip surgery in Juba, the capital.

'We did not waste time in letting people know about this golden opportunity via our CBHC mobilisers and the local Church. Samaritan's Purse, a US humanitarian organisation, comes to Wau as a flying medical team. We networked with them through the Ministry of Health to organise the first group of clients to travel to Juba for surgery. Juba is just over an hour's journey by air from Wau.'

No strangers to multi-tasking

'Machol, Alexander, Lina, Boutros and Nazaire had been waiting from birth for their cleft lip operations. Hope was fading, especially for Alexander, who was seventy years old. We prepared them for the procedure and saw them off at Wau Airport.

The plane was small so each client was accompanied by only one family member.

'Little did we know that two days later we would also be needed to fill in as the local air control tower! We were asked to provide details of runway and weather conditions because Samaritan's Purse had no contact with the tower in Wau prior to take-off from Juba.

'All five returned safely after successful surgery. When we went to meet them they were waiting just outside the airport



Sr. Magdalene Upev helps to plant a tree for future shade.

compound under the only tree visible. The excitement was palpable as four-year-old Lina left her mother's side and came running towards us, delighted to show us her new look. They all received a new lease of life and their dignity was restored. Like the Samaritan woman they went back telling people what the Lord had done for them. Others are now knocking on our door that they, too, "may have life to the full."

A postscript

'We have now begun to equip our healing centre in Wau through the generosity of Maltese donors. It has been a most challenging and unpredictable situation with fighting breaking out in Wau on 24 June, when over a hundred people were killed and 120,000 displaced.'



Going to Juba for surgery full of hope



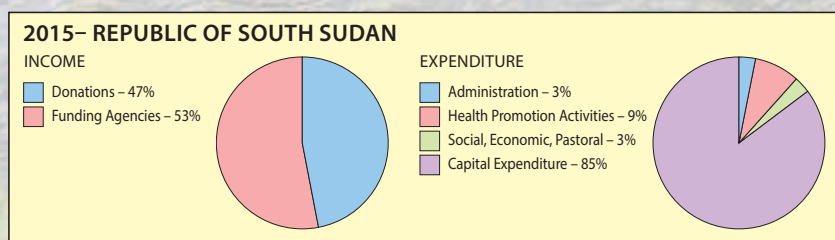
They came back praising God.



MMMs meet with community before a borehole is drilled.



The new healing centre has a primary health care unit facing a social department.





Golden JUBILEE

‘AND I APPOINTED YOU TO GO AND BEAR FRUIT, FRUIT THAT WILL LAST’ (Jn15:16 NRSV).



Sister Aengus Campion Sister Aengus was born Ellen Campion in Ballagh, Co. Laois in 1927. She qualified as a pharmacist and worked for 10 years in retail pharmacy before joining MMM in 1963. She joined with her friend, Bridget Moriarty, also a pharmacist, now known as Sister Martina.

Soon after profession she was assigned to Uganda, where she was to serve as a pharmacist for 11 years. She also worked in Tanzania for 2 years and relieved for

2 months in Ethiopia. After leave in 1980, Aengus did mission awareness work in England for 2 years, in Ireland for a year, and also served as vocation directress for 4 years. She was part of Sisters for Justice and did mission awareness for a short time in the USA.

In 1989 she was back in Malawi, serving as a pharmacist for 11 years and also as postulant directress. A cheerful, outgoing person, she made many friends, including the many volunteers who came.

Aengus returned to Ireland in 2003, first spending 8 years in Templeogue community. She was involved in pastoral and prison ministry and was on our Associate team. In 2011 she moved to the Motherhouse and from 2013 she has been in *Aras Mhuire* for nursing care.



With the pharmacy staff in Malawi



Sister Martina Moriarty Born Bridget Moriarty in Dingle, Co. Kerry in 1927, Sister Martina qualified as a pharmacist in Dublin and worked for 17 years in pharmacy before joining MMM in 1963. Her friend, Ellen Campion, also a pharmacist, now know as Sister Aengus, joined with her.

After profession she worked in the IMTH in Drogheda for 3 years. She was assigned to Nigeria where she worked as a

pharmacist over the next 31 years. This included 4 years in Abakaliki, 4 years in Afikpo, where she also served in MMM leadership, and in Eleta, Ibadan, spending 23 years there. She lived in the novitiate community in Ibadan, sharing her wisdom and experience with women in their early years in MMM.

In 2000, she returned to Ireland and has since lived at the Motherhouse. Here she helps with hospitality in the nursing facility in *Aras Mhuire*.



Time for reflection in the novitiate oratory in Eleta, Ibadan



Sister Mary Ann MacRae Sister Mary Ann was born in Seattle, Washington, USA, in 1946 and joined MMM in 1963. After first profession she studied medicine at University College Dublin, qualifying in 1974.

In 1976 she was assigned to Nigeria. She was medical officer in Obudu for 5 years, followed by 2 years at Eleta, Ibadan. She obtained a Master of Public Health and returned to Nigeria in 1984 where she was medical superintendant in Abakaliki for 10 years. Her next assignment was to Tijuana, Mexico, in 1998 and she worked in public health for 4 years.

Mary Ann returned to the USA as director of the MMM Mission Development Office in Somerville, MA, and then in Chicago. She also served in MMM leadership for 3 years. She was elected to our MMM Congregational Leadership Team in 2015 and is currently based in Ireland.



Discussing treatment in Abakaliki

Silver JUBILEE



Sister Marian Scena Sister Marian was born in Stamford, Connecticut, USA, in 1945. Her family later moved to Denver, Colorado. She was a catechist on a migrant workers' mission team before joining MMM in Winchester, MA. After first profession, she helped out in Winchester for 2 years. In 1968 she began medical

studies at University College Dublin, qualifying in 1975.

In 1979 she went to Dareda, Tanzania, where she spent 5 years. She also served in local MMM leadership. Marian worked for a year in Kabanga before being assigned to Chicago, USA for 3 years in vocation ministry. She also worked as a volunteer in Saint Basil's Clinic and spent several months in AIDS services.

In 1989 she returned to Tanzania and spent 14 years in Makiungu Hospital and was NGO representative on the Singida District Health Board. Since 2006, Marian has been at Faraja Centre in Singida, which provides services for those affected by HIV/AIDS and helped to open the Faraja Centre Palliative Care Programme in 2012.



Time to catch up at an MMM reunion



Sister Helen Spragg

Sister Helen was born in Sheffield, England in 1962. She qualified and worked as a pharmacist before joining MMM in 1987. After profession she was assigned to Uganda, where she was a pharmacist at Kitovu Hospital in Masaka for 7 years. This was at the height of the HIV pandemic, when antiretroviral treatment was not available.

In 1998 Helen was assigned to Rwanda as co-ordinator of the Kirambi Community Health and Development Programme. Here she spent 12 years in communities severely traumatised by the 1994 genocide. During that time she obtained a Master of Arts in Development Management. She gradually realised that people could not begin to better their lives until painful wounds were healed. They needed someone to accompany them and listen to them in their pain and suffering.

In 2010 Helen began training to be a healthcare chaplain and in 2014 became a chaplain at Our Lady's Hospice in Harold's Cross, Dublin. She was later appointed to MMM leadership and is now community leader in our Motherhouse in Drogheda.



A staff meeting in Kirambi, Rwanda

LOOKING BACK WITH GRATITUDE: ANOTHER JUBILEE

Sr. Mary Anne Williamson of the Franciscan Missionaries of Mary (FMM), in Kakuma, Kenya, sent Sr. Maria Gonzaga, MMM, Area Leader for East/Central Africa, a very special invitation. The Silver Jubilee of the Turkana Homecraft Centre, a training centre started by MMM in 1991, was celebrated on 12 July.

Sr. Bernadette Gilsenan was the first director, followed by Sr. Ignatius Rooney, both now deceased. The Homecraft Centre continued with Ursuline Sisters when MMM left Lodwar Diocese. Bishop Mahon requested the FMMs to reopen the centre in 2001. Now St. Clare of Assisi's Homecraft Centre, it has been re-registered as St. Clare of Assisi Training Institute. A teacher training programme has begun and more courses are planned. The jubilee marked the farewell of the current FMM director and the arrival of a new Sister for the work.

Sr. Mary Anne said, 'We want you to know of the event and to give the Sisters our thanks as we celebrate. May God reward all the hard work and missionary efforts of your Sisters, who were the pioneers of evangelization here in Turkana. Also, just to let you know: Kakuma Mission Hospital will celebrate its Golden Jubilee on 30 July, also the great contribution of the MMM Sisters to the Turkana people.'



MMM Srs. Mary O'Malley and Ignatius Rooney with students at the Homecraft Centre



Rwanda

MMMs and staff began a tree nursery in an area served by Kirambi. Agricultural projects brought people together to heal and grow.



The Chief Executive Officer of the Rwanda Government Board visits the KCHDP stand.



KCHDP staff took turns to receive visitors at the stand.



Aloysie, KCHDP Asst. Coordinator, receives the trophy on behalf of the programme.

KCHDP: 2nd in Nyanza District

Sister Angela Katalyeba told us about a day of special pride for MMMs and staff of Kirambi Community Health and Development Programme (KCHDP).

'The Joint Action for Development Forum (JADF) of Nyanza District in the Southern Province of Rwanda organized an exhibition in June 2016. It was launched by the Vice Mayor for Social Affairs in Nyanza District and closed by the Chief Executive Officer of the Rwanda Governance Board. Rewards were given for the best participants.

'KCHDP placed first of 27 local organizations and second of 39 national and international organizations working in Nyanza District. What joy and pride for the KCHDP team!

'The evaluation team made practical field visits to interact with beneficiaries and assess the work. They reviewed the exhibition stand, planning and types of activities, clarity in explaining the organization's work, programme impact, and improvements since the last exhibit.

'All programme staff members were involved, as were beneficiaries and volunteers who shared the progress they had made. The staff planned the stand to present most of KCHDP's activities. They made a mobile semi-underground tank to demonstrate rain water harvesting; a model of water recycling infrastructure; different types of kitchen gardens; and showed their produce.'

Seeds planted and grown

'Kirambi is in a rural area where many people are poor and vulnerable. The hard work done by MMM in Kirambi for the last 19 years has built their capacity in health, nutrition, and agriculture.

'KCHDP worked with people living with HIV, with historically marginalized groups, small-scale poor farmers and orphans. Learning good farming practices helped them to increase food production using kitchen gardens. These included sack gardens, storeyed gardens, and mandala gardens. This knowledge spread to others. If you go to Kirambi today, literally every family has a kitchen garden. Families are able to harvest vegetables closer to home and can easily water them because they are economical in water consumption.

'Beginning in January 2015, KCHDP installed rain water harvesting technology into semi-underground tanks for 282 families and introduced water recycling infrastructures for 20 families. They can grow vegetables even in the dry season.

'We have collaborated with stakeholders, including local government and committees elected by the local community. This ensures that what we start will continue sustainably.

'MMM Kirambi has been able to retain experienced and committed staff, even though the work is in a very remote area. Two MMM Associates are committed to living our healing charism. Xavier Bizimana, a social worker, has been with us for 19 years. Aloysie Mukamana has been with us for 14 years and is now an assistant coordinator of KCHDP.

'Being second in Nyanza District encourages the programme staff and is an opportunity to spread information about the technologies we are using, to have a multiplier effect. This is especially true of the semi-underground tank for roof water harvesting, with its simplicity and low cost, and the different types of kitchen gardens. In years to come, many will reap the harvest of the seeds that have been sown.'

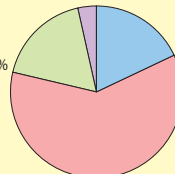


Visitors to the stand learn about gardens, underground tanks and water recycling.

2015 – RWANDA/UGANDA

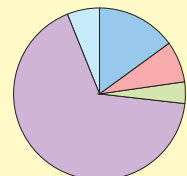
INCOME

- Donations – 18%
- Funding Agencies – 61%
- Patient Fees – 3%
- Other – 18%



EXPENDITURE

- Administration – 15%
- Health Service Provision – 8%
- Health Promotion Activities – 4%
- Social, Economic, Pastoral – 67%
- Capacity Building/Training – 6%



Seed for sowing

Sister Perpetua Ndahetekela, from Angola, wrote about what has inspired her in living out our healing charism. 'I joined MMM because I saw the work the Sisters did in Chiulo, Angola, when I was doing my nurse training. I heard how Sister Brigid Archbold went by bicycle to bring medicines from Cuamato to Chiulo during the war, crossing the Cunene River to get there. I felt that their work with the sick and poor was my calling as well.'

'I now live in Ngaramtoni, Tanzania. About sixty kilometres away is the village of Engurtukoiti, on the side of Mount Meru, in Mulukat Division. Many Maasai people have lived with their cattle on the outskirts of Engurtukoiti for centuries. They are literally 'on the margins'.

'When MMM did HIV prevention in the area we became aware that the people lacked maternal and child health services. In 2014, MMM asked Eamonn Brehony, AMMM, and Sister Saratu Benjamin to do a needs assessment in Mukulat Division. The local Catholic parish priest said, "People are generally poor, especially in remote areas. Women are very disadvantaged. Elders say that women are children and their job is to do as they are told." The assessment confirmed that many villages had not been reached by government services.

'In January 2015 I was honoured to be asked to begin an outreach service. The village leaders met with MMM and the matron of Oltrumet Hospital, the local government hospital, to decide which villages were in most need. I now work in twelve villages, offering monthly mother and child preventive health care. In a positive show of support many village leaders still attend when the clinic is in their village.

'MMM has an agreement for the programme with Arusha Rural District. Oltrumet Hospital provides vaccines and sometimes gives a midwife who conducts the clinic with our driver, Msangi, and me. One midwife in particular, Kiboko, is a joy to work with because he has the women's health at heart. He gives a great example to his co-workers.

'I start each visit by giving a health talk. After we register the babies, weigh and vaccinate them, we register the expectant mothers. I examine them, offer advice and give vaccinations.'

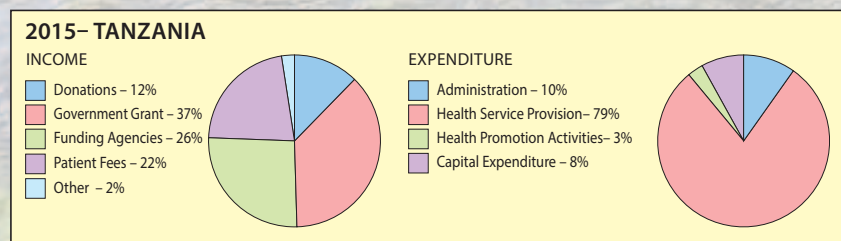
The seed has begun to grow.



'In six months, BCG vaccination coverage has increased from 1% to 93% in Mulukat Division. The women are prepared to walk six to eight kilometres with their babies, saying they appreciate the respect the team gives them.

'One day a mother came to the clinic. This was her sixth pregnancy. I asked which clinic she usually attended. Shyly she said this was her first time to attend any clinic. Neither she nor any of her five children had ever received preventive health care. I thanked God that our MMM charism had reached this woman. I invited her to bring her children for vaccination. She was grateful to know that someone cared enough about her and her family to come to her village. It reminded me of a woman in the Gospel who went to share what she had with another expectant mother in need.

'We now see the need to expand the programme and make it more holistic, including e.g., health and social education to encourage attitude change.'



Tanzania

Coffee is the world's second most traded commodity. In the last 60 years climate change has increased night time temperatures in Tanzania, roughly halving yields.



Women and children waiting at the clinic



Staff Nurse Kiboko gives a talk while Staff Nurse Germana (L) and Sister Perpetua organise the clinic.



The approach to majestic Mt. Meru in Tanzania

Corrigenda: The Tanzania 2014 Income pie chart should have read Government Grant 29%, not 2%.



Uganda

Frangipani trees in splendid colours are found near many MMM houses. The milky sap they produce is an effective natural remedy for shingles.



Children are helped with dental check-ups.



Groups of widows meet weekly to produce handcrafts and participate in saving schemes to support themselves.



John on his bike after the operation

'The lame walk; the blind receive their sight' (Mt 11:5 NRSV).

Sisters Helen Delaney and Anne Mary Nakanjako are based in Masaka. While visiting homes in their community they have met many people unable to access even basic necessities. They told us about Catherine*, now facing the future with hope.

'Catherine is nineteen years old, the eldest in a family of five children. She lives in Masaka District, Uganda. Her parents are poor and struggled to care for their children.

'When Catherine was in secondary school, an illness caused swelling of her legs. She could not continue her education or get proper treatment because of poverty, so her health deteriorated. Her mother, not able to cope with seeing her child suffering, with no food and no money for treatment, left the family. Catherine's father was had five children to care for and Catherine with a serious illness.

'We met Catherine during our home visits and felt we could help. We talked with her father about bringing her for treatment and he agreed. We brought her to Kisubi-Kampala, where she had surgery. Sadly, it was necessary to amputate both legs at the ankle, which was devastating for her. Catherine wondered if she would ever get well and we encouraged her during this time. When her legs healed she received artificial limbs and learned how to walk again. Catherine's joy in being able to walk radiated to all who met her.

'At this point Catherine had been ill for a long time and it was difficult for her to return to school. She wanted to have skills so she could earn some money for herself and her family. She was enthusiastic about going to vocational school. We brought her to a school where she learned hand and machine tailoring, craft making, knitting and other skills. She was determined to put these skills into practice and is now earning money.

'Catherine said, "It meant everything that somebody cared for me. The time was a nightmare and I thought I would die. I could not imagine walking again and doing things for myself. I am so grateful to the MMMs who brought me healing and hope. May God bless you. I can walk and I have skills for life."

Sister Helen wrote about bringing light into one family's darkness.

'Six-year-old John* has three brothers and a sister. His twin brother has died. John was born blind, with two cataracts. He lives with his grandmother, who is very frail and could not afford to take him for treatment.

'At one of the eye camps we sponsor, it was discovered that he was totally blind. I took him to Ruharo Eye Hospital, where he had successful surgery. He can now see with both eyes.

'It is wonderful to see John walking, jumping, and running, which he couldn't do before. Like any child his age he is very excited that he can ride a bicycle. Though his grandmother still has financial constraints, she is very happy. John can read and has started school. His future will be a brighter one, in every way.'

And then there is Maria*

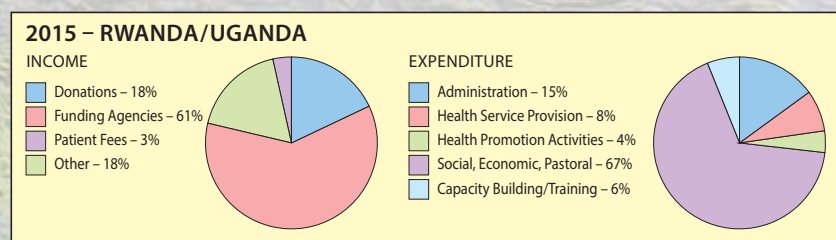
'Maria is four years old. When she was born she had severe contractures in the tendons in her feet and was unable to walk. We arranged for her to be assessed by a surgeon. After some very challenging operations Maria is now walking normally.

'Thank you for bringing hope to these young people and their families.'

* Not their real names



Maria is now making her way in life.



Helping the seed to grow

We thank our many generous friends who made it possible for us to continue our work in the past year. We are grateful to all those who worked in cooperation with us, especially the governments of the countries in which we work. We could not maintain our services without them. Their contributions are included under donations.

Unspecified large donations received by Congregational Business Administration or the MMM Communications Department are allocated, after discussion, to places in most need.

Pie charts

The first set of charts shows the total income and expenditure for MMM for the works of the Congregation during 2015. The proportion of income provided by funding agencies increased by 7 per cent from last year. We greatly value our partnership with these agencies. Their support is considerable and we appreciate their interest and encouragement.

In the last year, the proportion of income from donations decreased by 11 per cent. We are deeply thankful to our donors who continued to help us spread God's love and healing to many thousands in need.

We also wish to express our thanks to the dioceses that supported us last year through Mission Awareness. For this report, these are the Diocese of Kildare and Leighlin and the Diocese of Derry in Ireland, several deaneries and dioceses in Scotland and England, and the dioceses in the United States that welcomed us through the Mission Cooperative Plan.

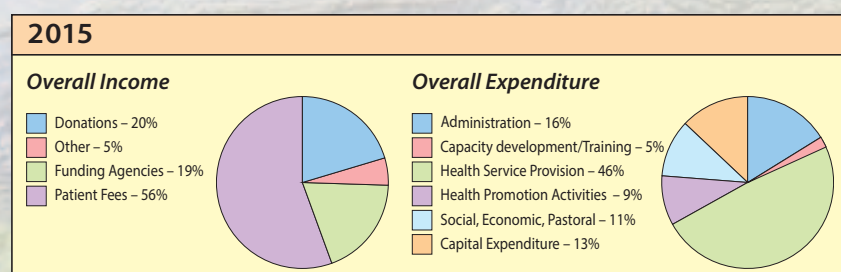
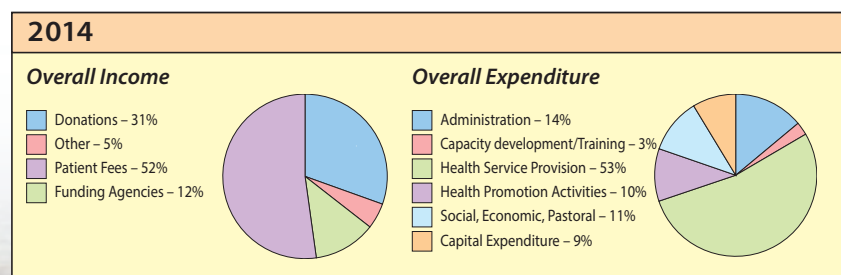
Please note the wording for some of the categories in the pie charts. Under Health Services Provision we have included all expenditures involved in Curative Health Services. Health Promotion Activities include those activities involved in Preventative Health Services. This seems to be a more accurate representation of the costs involved. Some countries may have a number of houses and ministries but one may take the bulk of funding, e.g. Makiungu Hospital in Tanzania. This is a large institution needing well qualified staff, up-to-date equipment, and large quantities of drugs.

Upgrading and capacity development for our staff and clients has a high priority in our work. While charts for some countries lack a specific category for capacity development or training, many staff members avail of training and updating provided by our donors or government. Staff are given time off to attend courses and continue to receive their salaries. MMM, through our Resource Team, also runs workshops that are funded by our donors, so these costs do not appear in our own expenses.

Under individual country reports, please note that West Africa includes Nigeria, the Republic of Benin and Angola.

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

MMM has appropriate policies and procedures in place to ensure transparency and accountability in our financial reporting.



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.



West Africa Area Leader Sr. Celine Anikwem (l) & East/Central Africa Area Leader Sr. Maria Gonzaga Namuyomba (r), visited Congregational Business Administrator Sr. Breed Ryan in Rosemount during a leadership meeting in mid-2016.

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
- ❖ 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".



Ireland

Trees at the Martin family home, Greenbank, where the seeds of MMM were planted



Poster for the June Sisters' Café



Sr. Deirdre in her office in Abakaliki

Sharing our lives: The Sisters' Café

'The Christian vocation, just like every particular vocation, is born from within the People of God, and is a gift of divine mercy....In responding to God's call, young people see their own ecclesial horizon expand; they are able to consider various charisms and to undertake a more objective discernment. In this way, the community becomes the home and the family where vocations are born' (Pope Francis, Message for Vocations Sunday, 2016).

The Sisters' Café was launched in February 2016 as a unique way for women to learn more about spirituality and the role that Sisters play in modern-day Irish communities. Margaret Cartwright, Director of Vocations Ireland, said, 'Young women regularly approach us about potential vocations and yet there is no open forum which enables them to really explore their options. We believe our café will allow women to get to know our lifestyle a lot better.'

One MMM who shared her own faith journey in this new venture was Sister Deirdre Twomey. After joining MMM in 1951 Deirdre qualified in obstetrics and gynaecology and dedicated her life to the care of mother and child in Nigeria. Now back in Ireland and involved in Mission Awareness, she was delighted to have another venue for talking about her experience as an overseas missionary.

Putting out the message

'Sr. Brenda Swan and I attended the first event in February 2016 at the Dominican Adult Education Centre in Blackrock, Co. Dublin. It was advertised on Facebook and in local churches. Representatives of the media – The Irish Catholic, Spirit Radio and The Sunday Times attended.

'Sr. Julie Buckley spoke about her experience as a hospital chaplain. Sr. Carmel Ryan focussed on her faith journey. I shared my overseas mission experience and other stories were exchanged at the tea break.

'Three Sisters spoke at the second gathering in April in at Brackenstown. We were welcomed by Fr. Paul Thornton, some 5th year students from the Loreto School, members of the parish, and one woman who plans to enter religious life in Italy!

'Following the Mass for the third gathering at the Passionist Church, Mount Argus, a number of parishioners joined us for tea and a chat.

I like the idea that other centres, e.g. Knock, could be used in the future.

'In a follow-up interview on 16 March, I spoke on Spirit Radio in Bray on: "A Mission Experience– Sister's Café".

A varied life

'I spoke about my first meeting with MMMs and being deeply moved by their film *Visitation*. My first assignment was to a rural 200-bed hospital at Afikpo in (then) East Nigeria, with a community of 10 MMMs. I was present when Nigeria gained independence, for the years of civil war, and for the famine relief that followed. I was very involved in training young Nigerian doctors and nurses

'When Afikpo was handed over to Nigerian Sisters I continue mother and child work in Abakaliki. When I retired in 2011 it was not easy letting go and leaving friends after 52 years.

'My new ministry in Mission Awareness in Ireland, and now with the Sisters' Café, gives me the opportunity to share the fulfilling life I have experienced in MMM. If I were young again I wouldn't mind beginning all over!



Sr. Deirdre in Nigeria with her great friend Sr. Catherine Therese

'Be present to the peoples of today' (MMM Cons.).

Sister Ruth Percival, from England, trained as a nurse-midwife and served for many years in Tanzania. She is now based at our house in Ealing, London. As part of the Sisters' Mission Committee she raises awareness about mission in parishes around the country. She told us about one visit that was particularly life-changing.

'Mission awareness is an opportunity to emphasise that we all share in the missionary life of the Church. We appreciate being able to thank people for the great support they have given us.

'One weekend I travelled to the Church of the Good Shepherd in Mytholmroyd, West Yorkshire. When I first discussed the arrangements on the phone, Father said that they had been affected by the floods of December 2015 but all should be well by the end of July this year.

'When I arrived at the church it looked like a building site, which it was. I started to think I was in the wrong place but there was a big banner saying: "We are open." For what? I wondered.



Barriers across the sanctuary, but not in our hearts

representing a wall in a field, as a background in the sanctuary. Behind the altar had been a wall hanging of Christ, the Good Shepherd. Now there were heavy plastic barriers across the altar wall, under re-construction. The wall hanging, thankfully rescued, was back in place.

'Richard Constantine, who was part of the salvage team, said, "Since the flooding we have celebrated outdoors, in churches loaned to us by our Methodist brothers and sisters, and now we share what we have of our church with the equally devastated Anglican community."

Richard kindly provided the photographs of the church. Commenting on the one showing the barriers in place he said, 'When I saw this photograph I thought: "The only barriers we make to Christ are ones we place there ourselves. For Christ there are no barriers through the Eucharist."

We are not so different.

Sister Ruth reflected, 'This beautiful community thanked me for coming, for sharing news of our Sisters, and assuring me of their prayers. They gave so generously that I was deeply humbled. I was reminded of when I lived in Maasailand in Tanzania. There was very little food and the young men had gone off with the cows to look for grass.

'We gathered for Mass under an Acacia tree and were to have a collection for Refugee Sunday. Our senior elder, Lambarnat, stood up and asked that we give as generously as possible for the poor refugees.

'He said, "We are all hungry and are not eating every day but God has blessed us. We are at home with each other and this hunger will pass."

England

English oak forests provide food for mammals, insects and fungi; homes for birds, bats and insects; and were important in religion and mythology.



Members of the salvage team begin to repair the damage.



Holding a service outside



Sister Ruth and friends in Tanzania

The USA

The USA has more trees than 100 years ago, from conserving national parks and responsible tree growing. Protecting old growth forests, which support great biodiversity, is imperative.



Four friends gathered at Temple Beth El on City Island



Viewing the picture of Sarasvati in Manhattan



The memorial service at the synagogue for victims of violence

Growing in understanding

Sister Margaret Anne Meyer is from New York and joined MMM in 1956. She went to Ireland to study medicine and qualified as a doctor in 1964. She worked in Uganda, Tanzania and Nigeria. Now back in the USA, at our house in City Island, New York, she is interested in ecumenical issues. She wrote about some of her experiences.

'My interest in interfaith dialogue started when I was working at our MMM hospital in Makiungu, Tanzania. I saw what a good man Mohamed, our driver, was. He was also a Muslim imam (a leader in the Islamic faith). During Ramadan he would drive us for eight hours along difficult roads without taking a drop of water.

'Once I had a severely ill patient with kidney disease. He needed dialysis, which we did not have. He was Muslim and when I told him I could do no more, he started to cry. His young wife and child were standing nearby. The parish priest was also near and I asked the patient if he wanted to be blessed by the priest. He said yes. Then I thought I had better tell Mohamed.

'Mohamed said, "Do not worry, Sister. There is only one God."

'Later, in 2004, I continued my interest in Moslem dialogue and I attended a session in Malcom Shabazz Mosque in Manhattan. I was also beginning to attend the Jewish Temple, Beth-El, on City Island. I learned that Rabbi Shohama has great reverence for the Hebrew Scriptures. Now I am learning the first grade level of Hebrew.

'I have met Venerable Tenzin Peylang, a Buddhist nun, who is originally Jewish and American. We went to an exhibition of Himalayan art in Manhattan. I saw a beautiful painting of Sarasvati, a Hindu goddess (also a Tibetan deity) of wisdom. I found myself praying to her and feeling an increase of love for the Blessed Mother. I believe they are connected in some way.'

A special meeting

'On 15 June, Rabbi David Markus, Rabbi Shohama Weiner, Venerable Tenzin and I met in Rabbi Shohama's home. Mr. Mathew Ginden, a journalist who had previously interviewed Rabbi David, asked him if the four of us could be interviewed to explain how a Catholic Sister and a Buddhist nun could feel welcomed to pray together in Temple Beth-El.

'ALEPH (Alliance for Jewish Renewal) is a trans-denominational approach to Judaism that welcomes all. It reflects in Judaism much that Pope Francis teaches about renewing the earth.

'Mr. Ginden asked: What led us to pray in the temple? What was our experience of worshiping with the rabbis and Jewish people? He asked the rabbis for their reactions. Rabbi Shohama said I helped increase her faith. This we all agreed: that our faith was increased in the love and goodness of God.

'That night I went to the synagogue for a prayer service to honor the victims of the massacre in Orlando, Florida. The Methodist Church provided the candles. Some of my Temple friends asked me who the people were who attended. I think it was most of the Methodist Church on the Island! Some people who attended were gay. They got special hugs from many of us. We all prayed for love and respect for every human being and for an end to violence.

'At an interfaith mission conference in 2012, we were told: "Go to other religions to pray. Do not think of theology and who is right or wrong, but pray to God together and seek what unites you and go from there."

'This is what I am trying to do. I feel vastly enriched in my own faith and have a deeper understanding of where other people are coming from.'



A community prays with one heart at the service.

Growing in friendship

Kathy Velekkakan has known MMM for many years. After a year as a novice in Winchester, MA, USA, in 1977, she discerned that God was calling her elsewhere. She married businessman John Velekkakan in 1982. They have two grown children and are the proud grandparents of three-year-old Anna.

Kathy has been an MMM Associate (AMMM) since 2000. She made several visits to Tanzania, sharing her gifts in ultrasound technology to train staff and bring donated equipment. She and John are now in transition, planning their retirement. In March 2016 Kathy and John spent two weeks in Kenya and Tanzania. It was John's first time in Africa and Kathy was excited for him to see MMM at grassroots. She readily agreed to write about their visit.



Kathy with friends in front of building that MMM used in Kibera, now an AMMM project

'John and I went to connect with other AMMMs and visit the Sisters, some of whom I've known for more than forty years. Sister Joan Grumbach and I have been friends since novitiate days. Some Associates are old friends, like Moira and Eamonn Brehony. Others we had only heard of from the Associate Narrative magazine.

'In Kenya we met the MMMs in Nairobi. We went to Kibera, the largest slum in Africa, with Charles, AMMM, and saw the program that supports schoolchildren.

'In Tanzania, we stayed in Ngaramtoni and shared prayer, meals and the hospitality that MMMs and the Brehonys do so well. We visited Singida, where the Sisters run Faraja Centre Community-Based Health Care, providing HIV/AIDS-related services. It contains Faraja Centre Hospice and Palliative Care Programme, which assists people suffering from terminal illnesses, especially with pain control.

'At the general hospital in Makiungu I was delighted to see how ultrasound education has developed.'

Travelling the road together

'Finally, the time we spent in Nangwa with Sisters Joan Grumbach, Sekunda Kimario, and Vincent Pallotti Sarwatt was so special. We met Apolai Saragu, another AMMM.

'I brought two donated Doppler monitors. With these machines, a mother can listen to her baby's heart. Until fairly recently, only a fetoscope was available and only the health worker could hear the heartbeat. Joan has since written to me about several women and their husbands who heard their baby's heartbeats with the Doppler. One was sure there was no life but was later reassured.

'Participating in the mobile clinic made me appreciate the hard work it takes to live the missionary life. Many of the Sisters are not young women anymore. A ten-hour work day tires any of us. I came to look at each of them as the hidden saints that Mother Mary called them to be.

'At every step, my husband grew more attached to the Sisters and his understanding of the role MMM has played in all these mission areas increased. He saw how much they are loved and respected in each region where they serve.'



Catching up with Moira Brehony, AMMM, in Tanzania



Sr. Sekunda will be happy to have the new Doppler for the antenatal clinics.



Sr. Joan discusses health issues with a young mother.

Because of YOU

Our wonderful donors and supporters have enabled MMM to grow and develop over the years. Many have found unusual and creative ways to attract interest and sponsorship for different projects. The following are just a few recent ideas. Thanks to all of you!

John Lemberger,

a retired urologist from Nottingham, England told us about his plans to literally climb mountains to support our unit in Uganda for women affected by obstetric fistula.

'I have been to Kitovu Hospital to do fistula surgery for three years and will go annually. Sister Maura [Lynch] is inspirational.

'Climbing Kilimanjaro has been an aim vaguely for years but I have taken the plunge with enthusiasm and want to raise some funds for MMM, specifically for Kitovu fistula work, which would be for equipment. I have no specific item in mind but it is clear that at the very least, replacement of aging kit will always be necessary. The expedition begins 12 August and I am going with my youngest son, Joe, who is also a doctor.'



*Proudly holding their certificates:
John (L) with Joe and their
outstanding guide, Bwemje.*



*John Lemberger (R) with his son, Joe, at the
summit - with Kitovu!*

Jon Croney and Joanna Smith

shared their day of special happiness with women on the margins of society. Joanna's parents, Chris and Teresa Smith, who live in England, worked with us at Saint John's Hospital in Mzuzu, Malawi when their son was a year old and before Joanna was born. Teresa said that experience had a profound effect on their lives.

This obviously influenced Joanna, who worked in Kitovu Hospital in Masaka, Uganda in 2012. On 25 June this year she married Jon Croney in Wales. In lieu of gifts, Jon and Joanna asked their friends and relatives to give donations to the Fistula Unit in Kitovu. So far we have received or have notifications of gifts totalling over £1600. What a wonderful example of life-giving generosity.



*We wish Jon and Joanna many
years of happiness together.*



*The proud families: Joanna's parents, Joanna, Jon,
Jon's parents*

The 5th and 6th classes of Rusheen National School, Co. Cork

held a 'skipathon' for people in Honduras who are held captive by fear, poverty and violence. Sr. Siobhan Corkery, MMM Congregational Leader, is from Drombeg, Co. Cork and attended the school. Last year she paid a visit. She described the work in which she was involved in Latin America and showed a video, *Rooted in Love*. The pupils saw the plight of the poor of Honduras and how they are exploited.

Students of the 5th and 6th classes presented her with a cheque for €900.00. They had raised the money during Lent by holding a 'skipathon'. Siobhan had brought gifts of a woven bowl and some beautiful wax batiks. The pupils held a raffle and donated the proceeds! Siobhan commended them for their great work and told them that the money would be used to help the people where we work in Honduras, including our new mission in Siguatopeque. We are very grateful to these students and to their teachers, Mr. Gerard Coakley, Principal; Mrs. Eileen Deasy, Vice Principal; and their staff.



Sr. Siobhan receives the presentation from Rusheen National School pupils.

OBITUARIES

'I will see you again and your hearts will rejoice' Jn 16:22 NRSV.

Sister Andrea Kelly, MMM



Born Annie Kelly in Glasgow, Scotland in 1922, Andrea was a midwife and health visitor before joining MMM in 1959. She helped with famine relief for 4 years in the Turkana Desert in Kenya. After 6 years' nursing in Ireland, Sister Andrea spent 20 more years in Kenya, mainly in Turkana, in health education, nursing, administration, and in a nursery school. She worked as a hospice nurse in Nairobi and helped with mission awareness in England.

Sister Andrea returned to Ireland in 1999. She helped in the Motherhouse and learned the organ, providing music for community ceremonies. She moved to *Aras Mhuire* in January 2016 and died peacefully on 6 February.

Sister Ann Ward, MMM



Sister Ann was born in Lifford, Co. Donegal in 1929 and joined MMM in 1947. After studying medicine, she served for 6 years in Anua, Nigeria. She obtained an MRCOG in 1968. After working at several other missions in Nigeria, Sister Ann returned to Anua in 1970 as a consultant in obstetrics and gynaecology and was medical superintendent. In 1990 she established the Family Life Centre/VVF

Hospital in Itam for treatment of women affected by obstetrical fistulae. She received many awards for developing techniques in fistula repair.

Sister Ann returned to Ireland in 2006 and moved to *Aras Mhuire* in July 2008. She died there peacefully on 28 May 2016.

Sister Vincent Ryan, MMM



Born Mary Ryan in Dublin in 1924, Sister Vincent joined MMM in 1943. She trained as a nurse-midwife and midwifery tutor. She served in Afikpo, Nigeria for 16 years as matron and tutor and was in charge of the maternity. In 1970 Sister Vincent returned to Ireland. She was midwifery tutor in the IMTH, served in MMM leadership, and helped in IMTH organisational development. She also

guided women in their early years in MMM, was matron in Waterford Maternity Hospital and was on the *Aras Mhuire* building committee.

Sister Vincent moved to the Motherhouse in 2011 and to *Aras Mhuire* in 2012. She died there peacefully on 4 February 2016.

Sister Grace Ahanonu, MMM



Sister Grace was born in Owerri, Nigeria in 1940 and joined the Medical Missionaries of Mary in 1962. She trained as a nurse-midwife, obtaining her general nursing registration in the IMTH. She was assigned to Nigeria and served for 6 years as matron in charge of a hospital maternity section and Hansen's disease and TB units. After obtaining a health sister's diploma, she served for 23 years as co-ordinator of PHC services in Eleta, Ibadan; Abuja and Gussoro.

In 2004 Sister Grace was assigned to Abakaliki, where she worked part time in nursing for 8 years. After several years of poor health she died there peacefully on 4 March 2016.

Sister Margaret Reynolds, MMM



Sister Margaret was born in Ballinamore, Co. Leitrim in 1925 and was a nurse before joining MMM in 1948. After midwifery training she spent 2 years in Nigeria in charge of a maternity hospital and taught midwifery. After training as a nurse tutor, Margaret served for 17 more years in Nigeria. She was a tutor for 10 years in Malawi and worked briefly in Tanzania. She served in local MMM leadership.

Sister Margaret returned to Ireland in 1996. While living in Ashleigh Heights, Drogheda she helped with Motherhouse hospitality. She moved to the Motherhouse in 2003 and transferred to *Aras Mhuire* in 2009. She died there peacefully on 27 March 2016.

Sister Marie Stella Cunningham, MMM



Sister Marie Stella was born in Waterford in 1925. She was a nurse before joining MMM in 1951. She trained as a nurse tutor and spent 20 years in Drogheda as theatre and casualty Sister, nurse tutor, home Sister for student nurses, and as novice mistress. Later, Marie Stella was principal nurse tutor in St. John's Hospital, Malawi for 7 years. In 1982 she returned to Ireland and was IMTH principal nursing tutor for 13 years and served in MMM leadership. She also offered hospitality in Bettystown.

Sister Marie Stella returned to the Motherhouse in 2003. In 2007 she moved to *Aras Mhuire*, where she died peacefully on 31 January 2016.

Sister Patricia Kelly, MMM



Sister Patricia was born Bridget Patricia in Cavan in 1925 and joined MMM in 1943. She qualified in medicine and obstetrics and worked in Nigeria for about 5 years. She was also a locum for doctors in Tanzania. After updating and mission awareness work in the USA, in 1973 Sister Patricia returned to Ireland. For the next 22 years she worked in the Tropical Unit in the IMTH in Drogheda,

providing advice and preventive and treatment services for people working and travelling overseas.

From 1995 she helped in the Motherhouse and served in MMM leadership. She moved to *Aras Mhuire* in 2010 and died there peacefully on 9 March 2016.

Sister Marie Conlon, MMM



Sister Marie was born in Stoke-on-Trent, England in 1914 and was a teacher before joining MMM in 1947. She served for 12 years in Anua, Nigeria, helping student nurses prepare for West African School Certificate exams. She taught English, religion, music, and dramatics. Marie guided many women in their early years in MMM. She served in MMM administration, in mission awareness, and as MMM magazine editor. She later taught for 10 years in Kenya.

From 1988 Sister Marie lived at the Motherhouse. She helped in adult literacy, conducted the choir, and gave talks on MMM spirituality. She moved to *Aras Mhuire* in 2009. She died there peacefully on 5 July 2016.

NEWS AND EVENTS



In 2011 Sr Therese Jane was recognized by Nigeria's Health Ministry for running mobile antenatal clinics.



Sisters Christine and Elizabeth celebrate the special occasion.



The IMTH and the new maternity hospital in Drogheda



Albert gave 6 LED lenses to Aris Vlahopoulos of Team Humanity for the group's work on Lesbos.

Special mention

- In September 2015, the Governor of Akwa Ibom State, Nigeria, unveiled the maternity and gynaecological block at St. Luke's Hospital, Anua, built to recognize **Sister Doctor Ann Ward, MMM**, for her work for the people of that area. MMMs present included **Sister Therese Jane Oguh**, who worked with Sister Ann for many years. **Sister Ekaete Ekop** thanked all MMMs for the dedication that had made it possible and prayed that we would continue to sow seeds that others will harvest.



The early compound at St. Lukes Hospital Anua

- In October 2015, at the secretariat of the Association of Religious of Uganda, **Sisters Christine Nanyombi and Elizabeth (Betty) Naggayi** graduated with certificates in finance management and administration management respectively, from Marywood University and the African Sisters' Education Collaborative (ASEC). This was made possible through the Sisters' Leadership Development Initiative (SLDI). The third graduation of its kind, Sisters from 25 religious congregations in East Central Africa and South Sudan received certificates.

- The year 2015 marked forty years since the death of **Mother Mary Martin**. The people of Drogheda, Ireland wanted to celebrate the life of a woman who was part of a revolution in health care and in women's education and religious life. Seamie Briscoe and Jimmy Nash in particular were interested in giving more recognition to her role in developing the hospital that she founded.

After discussions with the MMMs in the Motherhouse, it was decided to have a Mass on Mission Sunday, 18 October in the nearby Our Lady of Lourdes Church. Friends, colleagues, local politicians, hospital and convent staff, and many others joined us to thank God and reflect on the work of a charismatic woman.

- In November 2015, **Pope Francis** embarked on his first journey to Africa, traveling to Kenya, Uganda and the Central African Republic. In a whirlwind 6-day schedule, he met UN officials, young people, religious and clergy, people of various faiths, slum dwellers and politicians. MMMs were among the crowds that greeted him enthusiastically.

- Also in 2015, **Mile Four Hospital** in Abakaliki, Nigeria was named Most Outstanding ART (antiretroviral therapy) Facility in Ebonyi State. Many Sisters and staff received awards for outstanding performance, including **Sr. Celine Anikwem** and **Sr. Ufuoma Ogiririgi**, who were named Most Outstanding Project Coordinator and Most Outstanding ART Doctor, respectively.

- Sister Patricia Lanigan**, who teaches in the Institute of Social Ministry in Mission at Tangaza University College in Nairobi, Kenya, was interviewed by Melanie Lidman, Africa/Middle East Correspondent for Global Sisters Report. Patricia explained that her aim in teaching is to train people in faith-based community development and project management. There is great emphasis on participatory work with communities, leadership training, advocacy for justice, and conflict resolution. The article appeared in globalsistersreport.org/blogs/q-and-a on 19 November 2015.

- Writing from Nangwa, Tanzania in May 2016, **Sister Joan Grumbach** wrote: 'Our staff voted **Sr. Sekunda Kimario** as Worker of the Year. We had a small celebration with them. She was also given a certificate of recognition at the government-sponsored celebration in Katesh.

Our Associates (AMMMs)

MMM Associate Albert Llusa, based in Ireland, lives out the MMM charism in his day-to-day work as a solicitor. He spent Christmas 2015 on the island of Lesbos, in Greece, witnessing the plight of refugees seeking shelter in the European Union. He helped to welcome a group of refugees who had just landed. He spent other nights watching for boats at the Katia lookout point. He said that the boats are packed with people, from newborns to elderly, men, women and children. 'They all arrive cold and wet. Often they have thrown all their bags into the sea and have nothing.'

NEWS AND EVENTS

Albert continued, 'Working with volunteers from all over the world was an extremely enriching experience, particularly getting to know many European Muslims who had a special interest in helping their brothers and sisters in faith. They sincerely appreciated the help from non-Muslim volunteers. We were brought together by our human desire to help our brothers and sisters.' See the full story about Albert's experience in our February 2016 e-newsletter.

New Associates

Since the publication of our last yearbook, a number of new Associates made their covenants. In Marcala, Honduras, 7 people who had worked with MMM became Associates even though the Sisters had moved to our new mission in Siguatepeque.

There were 4 new AMMMs in Brazil, 3 in Tanzania and 2 in Nigeria. **Theresa McDonnell-Friström**, from Ireland, lives with her husband, Gunner, in Brantevik, Sweden. She made her covenant in our Motherhouse in February 2016. Theresa was a Concern volunteer with **Sister Ursula Sharpe** in Bangladesh before Ursula joined MMM. They later met in Uganda. Ursula had joined MMM and was running a HIV/AIDS programme. Theresa extended great hospitality and helped with grants for Kitovu Hospital and Makondo Health Centre. See our April/May 2016 e-newsletter.

A historic meeting

The Irish Perinatal Society held a 'Historic North-South Spring Conference' at Our Lady of Lourdes Hospital, Drogheda in February 2016. Consultant obstetrician/gynaecologist Doctor Maire Milner announced the **Inaugural Ann Ward Medal Winning Presentation** to acknowledge the work of Sister Ann Ward. As consultant obstetrician/gynaecologist at Saint Luke's Hospital, Anua, Nigeria, Sister Ann helped many women with obstetrical vesicovaginal fistula (VVF) and pioneered repair techniques. The first Ann Ward medal was presented to Doctor Victor Mukonka.



Sr Ekaete at work in Nigeria

Sister Ekaete Ekop gave a presentation: 'Perinatal and Maternal Health in Sub-Saharan Africa'. Also a consultant obstetrician/gynaecologist with over twenty years' experience in Nigeria and the Republic of Benin, Ekaete is now MMM Assistant Congregational Leader. She pointed out that 50 years before Safe Motherhood was launched by the World Health Organization¹, Mother Mary Martin founded MMM, setting up a powerful response to the problem of high maternal mortality in sub-Saharan Africa.

Sr. Ekaete said that in respecting local beliefs and often dealing with resource limitations, using a compassionate approach often results in a better outcome than trying to impose an ideal solution. Otherwise a woman at risk will try to deliver at home, usually with disastrous consequences. In the 1960s MMM began to provide pre-delivery accommodation for rural women with high-risk pregnancies, only recently named by WHO as 'birth preparedness'. Training involved all staff, widening skills to ensure that services continue far beyond our scope. (You can read the full story in our April/May 2016 e-newsletter.)

¹ WHO, UNICEF, UNFPA, World Bank, and United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015

New missions

In addition to our new house in **Shogunle**, Nigeria, we opened a **new mission** in **Torugbene**, Nigeria in the environmentally devastated creeks area in October 2015. Facing issues of consolidation, we decided to hand over our ministries in Capim Grosso, Brazil. In February 2016 we moved to a poor rural area lacking basic education and health care in **Cabeceiras do Paraguaçu**.



Theresa Fristrom AMMM with Sr. Ursula Sharpe at our Motherhouse



The main street in Torugbene



New friends helped Ito and Nilza move into their new home in Brazil.

TO OUR WONDERFUL FRIENDS AND SUPPORTERS WE GO WHERE HUMAN NEED IS GREATEST:

To women affected by fistula



Uganda: Dedicated staff provide hope but prevention is better than cure!

To those affected by violence, conflict and trauma



Capacitar helps children to let go of the past.

To those affected by trafficking



Kenya: Students at risk of trafficking learn about the issues.

**‘ALLOW THE SPIRIT TO UNFOLD THE CHARISM
THAT IS GIVEN YOU AS MMM’
(MMM CONSTITUTIONS).**

To those affected by HIV



Medicines for people with HIV enable them to live healthier lives.

To the chronically ill and dying



Tanzania: Local volunteers learn to provide palliative care in their villages.

To those affected by climate change and environmental degradation



Nigeria: People develop their own solutions to public health problems.

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MISSIONARIES
of MARY**

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