East Africa



Children enjoy eating their lunch during camp at the Good Shepherd Health Centre.

In 2021 Medical Mission Sisters' formation community in Nairobi received their largest group of first year novices ever: ten new women joined the five who were starting their second year. The welcoming celebration was a rich tapestry of color and meaning as the women's cultures from Ghana, Malawi, Kenya and Uganda were woven into the prayers and rituals.

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The possibilities for mission in their home continent alone are many! MMS are living and working in 16 different communities in five African countries. Mission projects include healthcare, education, agriculture, skill training, immigrant and refugee support, and more.

Good Shepherd Health Centre



Pediatric patients enjoy a week-long camp provided by MMS at the Health Centre.

Patients coming to the Good Shepherd Health Centre in Angi'ya/Rongo, Kenya, sometimes offer sweet potatoes, groundnuts or beans as payment for services. Bartering goods for services is not a surprise to the Medical Mission Sisters running the Centre. MMS discerned ministry in this remote location precisely to be a healing presence with those who live on the margin.

Four years after the mission opened in the early 2000's, during a blessing on their new house, a visiting Sister from the UK was deeply moved by the relationships that had developed between the MMS and their neighbors. She noted, "In spite of [the women's] suffering, we experienced the joy and deep love within all and their willingness to share all what they have with the wider family: After communion, our Sisters received gifts ranging from goats and sheep, chickens, eggs and vegetables, fruits and the "last coin of so many widows". The singing and dancing of both young and old witnessed that their access to the divine source of life is a resource that will never be destroyed not even by poverty, injustice or any kind of sickness, violence or death."

Now, almost 20 years later, four Sisters and 26 lay staff at the Centre operate a robust antenatal program for women, typically delivering 40-50 babies a month. Thanks to the generosity of donors, they have recently purchased an ambulance which enables them to transport women who need specialized care during delivery from the Centre to a larger hospital.

Children under five have an immunization schedule, and staff follow them closely. The Sisters are grateful to have an operating pharmacy and laboratory on the premises which allows them to fill prescriptions on site. The Centre purchases drugs from MEDS (Mission for Essential Drugs and Supplies) which the late Sister Joan Devane started many years ago, giving them confidence they are getting the best quality drugs and other supplies.

In addition to these services, the Health Centre treats over 1000 adults and children who are HIV+ or have AIDS. Homa-bay County, which the Centre serves, was ranked last year as the leading county in Kenya in the infection of HIV/AIDS. Women in poverty being forced to pay for food with their bodies, and the large number of teenage pregnancies contribute to the high rate of infection. The widely practiced tradition of wife inheritance (where widows get inherited by relatives of their late husband) irrespective of the partner's cause of death, is also a factor in the spread of HIV/AIDS.

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The staff provide testing, antiretroviral drugs and treatment for opportunistic infections; community volunteers help with follow-up care of the patients. A highlight of the year for everyone is the annual week-long camp provided for children who are HIV+ or impacted by HIV/AIDS in some way.

Sister Rosemary Adhiambo Oyusu, Centre Administrator, is thankful for donors whose support enables her to keep the pharmacy shelves fully stocked.

Kaplong Mission

Sr. Judith Lwanga loves showing new mothers how to wrap their newborns in the 'kangaroo' hold, where the baby is kept snug and warm against their chests. The new mothers are teenagers who are persevering in love and commitment despite tremendous family and societal pressure and stigma. Sr. Judith is a social worker at the Kaplong Mission Hospital in Sotik, Kenya. She shares that the rate of early unintended pregnancy in Kenya is shockingly high

and has escalated with the unprecedented effects of Covid-19. She adds that about one in five teenage girls is having children. Most girls drop out of school and never return, falling prey to further gender-based sexual and economic violence.

In the first half of last year 238 teenage mothers came to Kaplong Hospital, with no psychological, social, mental or financial support from their families or communities. Sister Judith can tell story after story of the girls, some as young as 14, who arrive seeking help. Often, they come in secret,

afraid to tell their parents or grandparents they are pregnant, considering abortion and even contemplating suicide. Sr. Judith considers her work with the girls as part of her quest to mitigate the impact of poverty that sometimes has been present for generations.

Most of the services in the hospital are curative and do not address follow-up care for young mothers. Sister Judith developed a program which offers support, both emotionally and tangibly, enabling the girls to make positive choices for themselves, navigate familial disapproval and even return to school, something most of them want to do.

Participating in group conversations help the girls develop psychosocial skills to overcome stigma, develop resilience and build a social support network. Sr. Judith ensures they receive postnatal healthcare and nutritious foods which

increases their ability to care for their babies.

Sessions on fertility awareness empower the girls to take control of future reproductive health naturally; they are assisted in getting enrolled in the national hospital insurance fund. Graduates of the program return to be resources for the next group of young mothers, acting as role models, encouraging the girls to remain in the program. Some have been able to start small income-producing projects.



Sr. Judith also incorporates processing time with the teens' mothers and grandmothers, knowing that their acceptance and compassion for the girls is invaluable. She tells one story of a grandmother who brought in her 15-year-old granddaughter for treatment and was shocked to learn that the teen was actually in labor. Eventually, with support, the grandmother moved to acceptance and now the two are taking care of the baby together. *Pictured, Sr. Judith talking to a young mother at the Kaplong Hospital*.

Adjumani, Uganda

Uganda is the third largest refugeehosting nation in the world, with more than 1 million people arriving in the last two years, according to migrationpolicy.org. Statistics show that most of the refugees have come to the northern region of the country from the Republic of Congo and South Sudan and include Ugandans who have been displaced by war. Medical Mission Sisters opened a site in Kureku-Adjumani on May 30, 2019, to provide support and training, and to offer hope to the refugees as well as the community hosting them. Sr. Christine Lekru, project manager, says, "It is a very humbling experience to be able to go out of our comfort zones and to respond to the urgent mission to refugees and the hosting community in Adjumani."

Food and basic supplies have become very expensive due to pervasive drought in the country, Adjumani's geographical isolation and the large numbers of refugees. MMS are teaching sustainable farming and animal care to both the refugee and host communities. They are also facilitating conversations between the two communities as everyone feels the impact and stress of the situation. Discussions include conflict resolution, how to live harmoniously and resist gender-based violence among each other.

A top priority for MMS is supporting the women; one of the projects underway is running four groups of 35 each, serving a total of 140. Women from both the refugee settlements and the hosting community are participating. One of the groups is for widows who lost their husbands during the war in South Sudan and Uganda. They were being abused both physically and psychologically by the rebel bands and were carrying shame and stigmatization about that. Having a safe and supportive space to share their experiences helps them address their trauma, allowing them to begin to heal.

MMS are teaching the women income producing work such as organic farming and raising animals. Selling farm produce elicits enough income to meet their families' basic needs, and brings the women together, providing a chance to share with each other both their painful and joyful experiences of war. An added benefit, Sister Christine says is these efforts help achieve a healthier environment and take care of Mother Earth.



Sr. Christine teaches members of both communities their rights, how to be peace makers and to be each other's keeper. She shares that the groups are farming together and share their experiences openly as brothers and sisters.



Srs. Anderu Gatrude and Christine Lekuru are being trained by an Austrian specialist on caring for the green house for their five farmer groups, two from the host community and three from the refugee community.



MMS teach women from different settlements how to make soap to share with those who can't afford to buy hand soap.



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Newsflash!

Last year Sister Betty Nabuguzi from the MMS Sunyani Community in Ghana, launched her new music album, We are All Created to Love. The release happened on a Sunday morning during a lively and joyful celebration of a dream accomplished. Sr. Betty shared that although she felt some trepidation before the service, she was also aware of a light of hope and courage. Many people joined the worship service including Medical Mission Sisters from all over the world, thanks to livestreaming. We are All Created to Love, a lively and beautiful album can be found on our website; look under Videos.

As Medical Mission Sisters we take a stand with those most in need of healing, especially women and children. We stand with those in our world who have no power, no prestige, no position, with those who are on the journey of becoming and we walk with them. As in all mission we give of what we have and those we accompany shape us and form us and love us and teach us. Together we become the space where God's reign becomes a greater reality. So it is with the children to whom we are called.

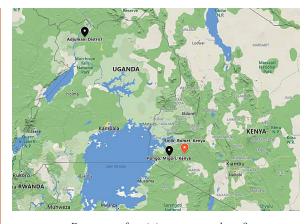
Would you please consider supporting Medical Mission Sisters' work with children, women and men who have little power, those most vulnerable and marginalized?

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