



## The ACE Trust

### Active Christian Evangelism

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## Organisation Background

The ACE Trust was formed in 1988 and registered as an Irish Charity in 1989 to help;

- Encourage Irish Christians to share their faith, locally and overseas - particularly in the developing parts of our world
- Help Churches respond to the call - to have the people of the God's world on our agenda
- To link Christians with interests in specific countries or projects
- To facilitate people to make short visits to see and assist in Christian missions in the developing world.

The ACE Trust has assisted in providing supplies for the hospitals and in sponsoring electives by medical students and others to increase their awareness of the problems faced by those living under such poor circumstances in developing countries.

**"the only thing that counts is faith  
expressing itself through love"**

The population in DR Congo continues to suffer in a multitude of different ways and the progression of Covid19 has done nothing to ease the plight of many, both in the rural regions where many of our hospitals are based and also within the sprawling urban cities which continue to grow.

A recent article from the World Bank outlines the picture where extreme wealth lives alongside extreme poverty.

<https://www.worldbank.org/en/country/drc/overview>

*With a surface area equivalent to that of Western Europe, the Democratic Republic of Congo (DRC) is the largest country in Sub-Saharan Africa (SSA). DRC is endowed with exceptional natural resources, including minerals such as cobalt and copper, hydropower potential, significant arable land, immense biodiversity, and the world's second largest rainforest. DRC has the third largest population of poor globally. Poverty in DRC is high, remains widespread and pervasive, and is increasing due to impacts from COVID-19. In 2018, it was estimated that 73% of the Congolese population, equaling 60 million people, lived on less than \$1.90 a day (the international poverty rate). As such, about one out of six people living in extreme poverty in SSA - live in DRC.*

Evidence of this disparity within the population is clearly seen every day through the hospitals run by the Garanganze Mission in the Katanga Province of DR Congo. Many still walk huge distances to obtain medical care and unfortunately, too frequently, by the time they arrive there is little which can be offered except for palliative care.

An update on life within the hospital at Mulongo which was produced for Murray & Joy Stevenson to support their work in New Zealand is available at <https://vimeo.com/416903592>

For those with a stronger stomach for medical matters another video is available which seeks to emphasise the differences between surgery in what we call the "developed world" in comparison to what is available in rural DR Congo. <https://vimeo.com/518693624/f285acf5e8>







Extracts from a recent prayer letter produced by Sandy Meikle (May 2021) gives a further insight into some of the challenges facing staff: *The sickening feeling when you try to go around another vehicle stranded on the road and your wheels just keep spinning and digging themselves in deeper. This was us last Saturday. We had had a good run to Muchatsha and passed the 2 complicated bits having just eaten a full English breakfast with the road workers and we were on the last half of the journey but this had us bogged for 2 hours. Praise the Lord Tata Cruso (merchant) came along in the opposite direction and his guys helped jack us out of it. I asked them where they were going so many people in just 2 cars! They said that they had so many that they could push themselves out. They laughed at me just travelling with Kalamba and our medicines. We managed to get home in 15 hours which is good and no rain so that was super. We had a huge storm 2 hours after we got home, Lightning and thunder etc but Kalamba the driver exhausted as he was, slept through it all!*



*You may remember us telling you that a man was going to his fields south of us here at Katoka. A snake bit him and he was taken to a local dispensary where he died within 4 hours. At the funeral some young people decided that his father had bewitched him so they beat him up and burned his house down, the father died from the injuries.*



The official COVID19 situation in DR Congo remains somewhat uncertain. There are many being diagnosed with the condition but in most cases this is through a clinical diagnosis, as access to RT-PCR and other similar tests is unavailable for the majority of the population. Deaths are occurring but the figures seem to be lower than would be expected. However after the experience in India over these past months there is great concern that a similar situation could too easily hit within DR Congo and other Sub Saharan countries. Some of the hospital and conference outreach staff have just received their first dose of vaccine last week so that was a very encouraging development.



In Mitwaba the latest major project is to repair and develop the medical buildings for that expanding work. In Mulongo it is also planned to replace the entire asbestos roof of the surgical block which is a very significant and undertaking.

