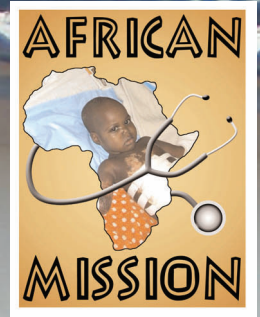


# African Mission Annual Report 2013-2014



The Aim of African Mission is “To fight disease and poverty in Africa by supporting educational & medical projects”.

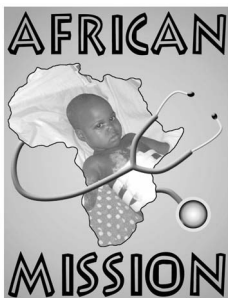
**Background:** African Mission was started in 2003 to support the work of Dr Ray Towey MB ChB FRCA. Dr Towey left his post as a Consultant Anaesthetist in Guys Hospital, London to work in Africa and since 1993 has dedicated his life to the improvement of health care for the poor in Africa. He has worked as an Anaesthetist in rural hospitals in Nigeria and Tanzania and from 2002 in St Mary’s Hospital, Gulu, Uganda, training medical and nurse students in the safe administration of anaesthetics. He has also helped upgrade Intensive Care Units (ICUs) in both Tanzania and Uganda. African Mission raised the funds needed to buy the necessary ICU equipment and continues to support Dr Towey with medical equipment or training materials when the need arises.

In July 2009 following a visit to Zimbabwe by Nannette & Dr Towey, African Mission decided to expand its work to include supporting projects based in Zimbabwe. The main Zimbabwean project supported is Fatima Mission. Fatima Mission is a very large mission (600 sq miles in size) based in rural Zimbabwe, approximately 130 miles north of Bulawayo and a similar distance south of Victoria Falls. Practically everyone living within Fatima Mission’s boundaries are poor subsistence farmers. It has 16 primary schools, 5 secondary schools, a clinic and a project for blind & deaf children within its boundaries.

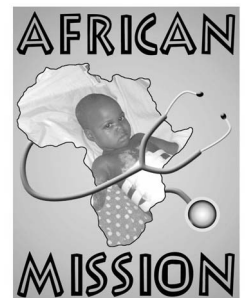
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African Mission Trustees: Tony Charlton, Nannette Ffrench, Pat Flood, Bernadette Hunt & Ray Towey



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# Fatima Mission

Fatima Mission is a Franciscan run Mission in rural Zimbabwe. The Priest in Charge is Fr Jeya, a Franciscan Friar who has been working on the Mission for the last 12 years. It is 600 sq miles in size and has 16 primary schools, 5 secondary schools, a clinic and a project for blind & deaf children within its boundaries.

Since 2010 African Mission has been helping two of the primary schools, Dungu (St Thomas') and Kavunikwa (St John's) Primary Schools. Up until the schools were built the majority of the local children in Dungu and Kavunikwa were not attending school at all. African Mission has built a new double classroom, a new teachers' cottage and provided tables & benches for 4 of the classrooms at Dungu Primary School. We have also built a new teachers cottage, paid for tables & chairs for 4 classrooms at St John's and paid for the completion of a half built classroom block. This year (13-14), a trust which has been very supportive of Fr Jeya's work, has paid for a new classroom block and a borehole (in order to provide water) at St John's school.

Fr Jeya has told us that 95% of the children whom African Mission supports are orphaned or semi orphaned, many because of AIDS. The other 5% are very poor or their parents are very ill. Some have been abandoned by their parents and are living with unemployed grandparents. None of these children can afford the annual £48 needed for a primary school education (school uniforms, fees & books) nor the £114 needed for a secondary school education.

For the last two years African Mission has given 100 children the opportunity of a year's primary education and 25 children the opportunity of a year's secondary education by covering the costs of their uniforms, school fees, exams and stationery.

Many of those living within Fatima Mission are many miles from a school. For some it means a walk of 14 miles or more, leaving no time for study. In order to overcome this Fr Jeya decided to set up Bush Boarding Schools where pupils could study in the evenings and stay overnight.

African Mission helped establish a Bush Boarding School in Lubimbi by providing the funding for a borehole and dormitory accommodation. Fr Jeya is also using his Pastoral Centre as a bush boarding school for approximately 30 children and young adults – some of the pupils are shown above. Fourteen of those living here are blind, deaf or mute. The remainder of those staying at the bush boarding school are secondary school children. There had been no hot water or heating in the building but thanks to our supporters we have raised enough funds to install central heating and hot water into the building. We have also funded new beds so that the children no longer have to sleep on the floor.

Examples of the background of the secondary school children staying at the bush boarding school are Lily and Diane (not their real names). Lily is 14 years old. Her father had died and she was being brought up by her widowed mother. She is the sixth of seven children. Before moving to the bush boarding school she had been unable to attend school regularly as her house was 22 kms away.

Diane is 17 years old and lives 12 kms from the school. It took two and a half hours for her to walk to school and the same time to return home. Because of the distance she had to travel she



was unable to come to school regularly and fell behind with her studies. She is an only child and both of her parents had died. She was living with her very old and sickly grandmother who had no means of educating her.

Although everyone living within Fatima Mission is poor, Fr Jeya is particularly concerned about those with the added disadvantage of a disability e.g. blindness, deafness or being unable to speak. He asked for our help in setting up a special project within the Pastoral Centre so that those suffering from such disabilities can be given an education.

In the last 12 months African Mission has paid the school fees, travel costs, clothing and living costs for eight of these children and for two adults. The families of those children giving the opportunity of an education are extremely grateful. As one of their mothers said "most of the people said that these children are a curse and punishment from god but now the people of my area accept us and respect us. We are also considered as human beings with dignity like others."



As stated above African Mission has been sponsoring two of the adults who are blind for the last four years. They were living isolated lives with very little prospects when Fr Jeya brought them to live at the pastoral centre at Fatima Mission. They stayed there for about a year before Fr Jeya arranged for them to start a vocational training course in Bulawayo. They have been there for the last 3 years learning work skills e.g. how to weave. Their course ends in November and Fr Jeya would like to bring them back to Fatima Mission and set up a workshop for them. We have raised enough funds to convert two old disused cottages into workshops and we are in the process of raising the funds to build two simple houses.



## Fatima High School



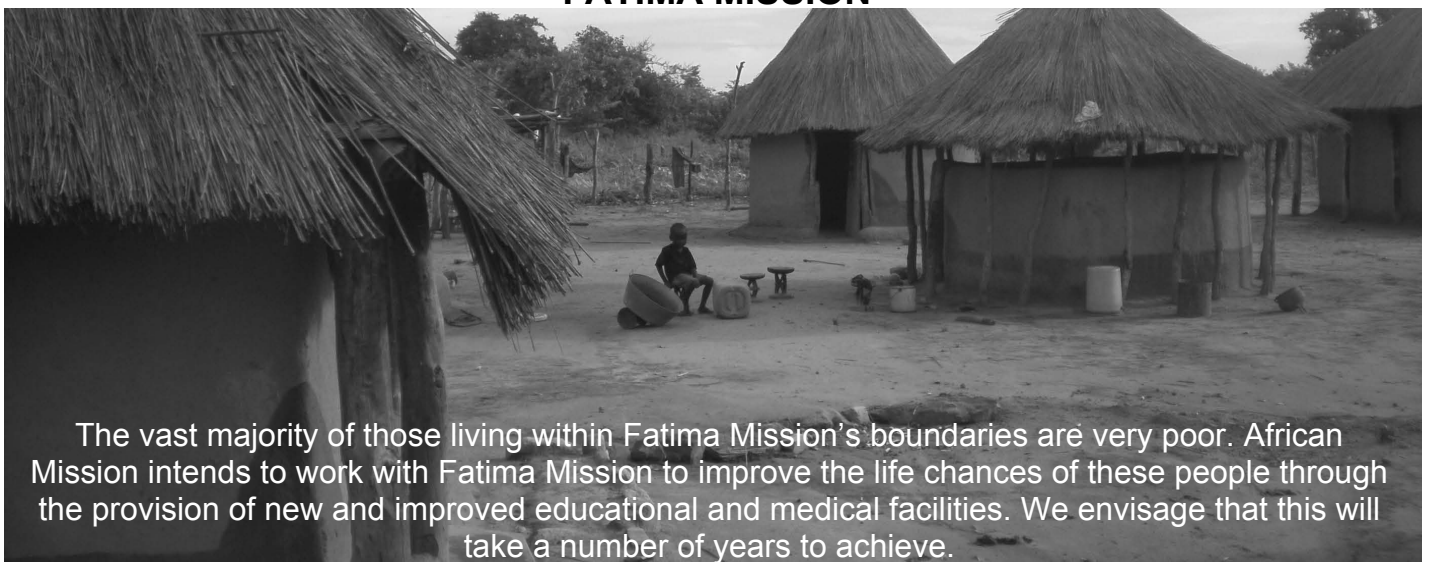
Fatima High School (FHS) is a very different school from the other secondary schools within Fatima Mission's boundaries. It is both a day and boarding school and has a good academic reputation. The majority of the children are boarders and come from relatively well off backgrounds.

That said 20% of the children attending the school are local children who would have attended local primary schools before coming to FHS. Most of these are very poor children whose parents cannot afford to pay the school fees. Quite a number of these children are sponsored by the Sisters who teach in the school, The Franciscan Missionaries of the Divine Motherhood (FMDM).

In 13-14 African Mission paid for two children's boarding school fees for an academic year. This cost \$1,260 (£780 approx) for each child. We also sponsored a day pupil's annual school fees - \$120 (£75). In 14-15 we will continue to fee the day pupil's fee for her final year.

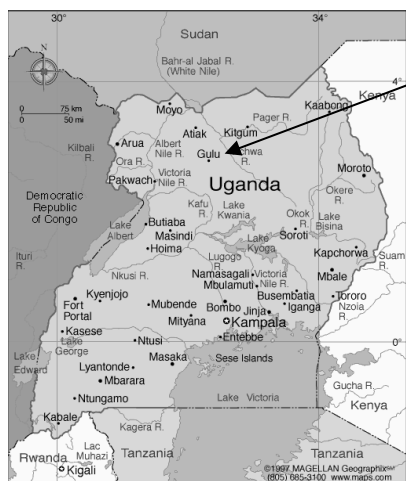
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## FATIMA MISSION



The vast majority of those living within Fatima Mission's boundaries are very poor. African Mission intends to work with Fatima Mission to improve the life chances of these people through the provision of new and improved educational and medical facilities. We envisage that this will take a number of years to achieve.

## Dr Ray Towey



Dr Towey has been working as an anaesthetist in Uganda at St Mary's Hospital Lacor, Gulu since 2002. He had previously been in Tanzania for 8 years. St Mary's is a not for profit, church supported, general hospital of 476 beds in northern Uganda which is a very deprived post conflict zone. For 11 years it has had a small four-bed Intensive Care Unit (ICU) near the operating theatre, which was upgraded to an eight-bed unit. The 8 bedded ICU is a purpose built unit which was upgraded 8 years ago and has a locally trained staff of specialised nurses with the capacity to ventilate 3 patients at any time. It is a teaching hospital for anaesthetists, medical students, nurses and laboratory technicians and it is attached to Gulu University Medical School. Dr Towey also lectures at the attached Anaesthetic Officer Training School. The majority of the patients are the rural poor

and can come from remote areas up to 100 miles away from Gulu, 80% of patient costs are subsidised.

In 2013-2014 African Mission paid for the following:

- The course fees for two nurses from St Mary's to improve their knowledge and to upgrade to register nurse grade.
- Oximeters x 8 (see photo below) & fingertip Oximeters x 4 for the ICU
- 2 baby CPAP machines for the ICU – see photo on right
- A computer & monitor for the Anaesthetic school
- A projector for the Anaesthetic school
- £869 for medical equipment used in the ICU
- £150 for drugs - ceftriaxone & ciprofloxacin
- £592 of the £1,439 needed to send a 12 year old boy and a nurse to Nairobi, Kenya for specialist treatment – see John's story below (as told by Dr Ray Towey)



### John's story

I will call him John although that is not his real name. He was 12 years old in July 2013 and his life was in severe danger when he developed tetanus and was admitted to the intensive care unit. You rarely see tetanus in UK. It's easily prevented by a vaccination which is very cheap. I have never seen a patient in UK with tetanus. In Uganda it's a disease much feared because it usually kills and boys rarely get the vaccination.

Our first line treatment is magnesium which often is all that is required but for John his condition was so severe it failed to stop his strong muscle spasms which meant he could not breathe so

we had to go to our second line treatment which meant putting him on a ventilator and getting a tracheostomy done. A tracheostomy is a surgical passage between the neck and the wind pipe. It has dangers and complications but we had no choice. He survived one month on a ventilator which in Africa is a major achievement for all our intensive care staff. With some weeks of rehabilitation we were ready to remove the tracheostomy tube.

Unfortunately John could not breathe once we had removed his tracheostomy tube. There are a number of reasons why this may happen. Perhaps he had developed a small benign tumour at the tracheostomy site, a granuloma, or perhaps he had developed a stenosis of the trachea. A granuloma can be removed but a stenosis is a big problem. As we don't have specialist throat surgeons in St.Mary's Lacor we got funds to send him to Kampala for a review. After one month he was no better.

Our next plan was to then send him to Kenya, Nairobi where a specialist throat surgeon agreed to see him. It's a long journey from Gulu to Nairobi and to save money we sent him by bus with one of our intensive care nurses. It took 2 days. After one month in Nairobi and one operation he was still no better so he came back to Gulu. Through contacts in London we were able to get a surgical team to visit Gulu from Great Ormond Street Hospital for Children to assess John.

In June 2014 the surgical team came and an operation was done to try and improve his condition (see photo below). We now know that he has a tracheal stenosis but for now there is no certain cure for this. This knowledge is important for us to plan his further management. So one year after nearly dying from tetanus, visiting Kampala and Nairobi and a surgical assessment by a UK surgeon from London John is now back at school but not completely normal. He still has a tracheostomy tube in his neck and his voice is not normal but he is adapting. It's not the best outcome we wished for but we have done our best and perhaps the story is not over yet, in medicine there are always new developments. We thank our donors and the visiting team from London that have given John the best chance of a normal life and we continue to work and pray for better health care for John and for Africa.



## AFRICAN MISSION 13-14 ACCOUNTS

	Year ended 31st March 2014	Year ended 31st March 2013
<b>Receipts</b>		
Donations	67671	61571
Interest received	16	19
	-----	-----
<b>Total Receipts</b>	<b>67687</b>	<b>61590</b>
<b>Expenditure</b>		
Medical/educational		
Uganda	13599	8504
Zimbabwe	47291	38681
	-----	-----
	60890	47185
Administration		
Office costs	703	724
Fundraising	374	281
Salaries	6624	10679
Travel		
	-----	-----
	7701	11684
<b>Total expenditure</b>	<b>68591</b>	<b>58869</b>
<b>Receipts less expenditure</b>	<b>-904</b>	<b>2721</b>

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### Statement of assets and liabilities

	Year ended 31st March 2014	Year ended 31st March 2013
Cash at bank	11459	11537
Debtors		446
	-----	-----
	11459	11983
Liabilities	380	0
	-----	-----
	11079	11983
Reserves	11983	9262
Surplus/ deficit for year	-904	2721
	-----	-----
	11079	11983