African Mission Annual Report 2014-2015

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 disabled children within its boundaries.

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Fatima High School

Fatima High School (FHS) is a secondary school within Fatima Mission's boundaries. It is both a day and boarding school and has a good academic reputation. It was started in 1947 by RC missionaries from Germany but has been run by the government since the 1980s. The fall of the Zimbabwean economy in the late 1990s plunged the once flourishing education system into chaos. Schools that were dependent on the government to provide books and equipment ran into serious difficulties. School fees went up astronomically, especially boarding school fees (which for FHS now stand at £820 per year), making it virtually impossible for those from a poor background to afford the boarding school fees. Even the day fees at £80 per year can be a challenge for the parents.

The school aims to take 20% of its students from the local area. The majority of these pupils are day pupils. The local people in and around Fatima Mission are subsistence farmers or employed by the school. The parents of the pupils who board come from a variety of backgrounds - coal miners, employees of Zimbabwe Electricity Supply Authority (ZESA), engineers, tour guides for safaris, teachers, nurses, the army and the police force.

Pupils at FHS sit the equivalent of O & A levels. After finishing school quite a number become primary school teachers (in remote areas of Zimbabwe), some emigrate to South Africa and Bostwana and some find places in third level colleges/universities, nursing schools or Teacher Training colleges.

In 14-15 African Mission paid the boarding fees for two children and the day fees for another child to attend a secondary school nearer his home than FHS. We also paid for a school uniform for one of the children.

One of the children is a young woman who was unable to continue her studies and sit her A levels as both her parents were dead. Although her carer was able to pay for her to do her O levels they could not afford for her to do A levels.

Another one of the children is a local girl with great potential. Her parents could only pay her day school fees but not afford the boarding fees. In order for her to attend school she had to walk 7kms to school every day and the same distance home again. By the time she returned home she was exhausted and had little time to study.

The day pupil attends Jotsholo Secondary School, a school 25 kms from FHS. His chance of attending secondary school appeared to have come to an end when he was 12 with the death of his father. His mother could not afford secondary school fees and his education would have come to an end had it not been for our intervention.

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 13 years. It is 600 sq miles in size and has16 primary schools, 5 secondary schools, a clinic and a project for disabled children within its boundaries.

Since 2010 African Mission has been supporting various projects within Fatima Mission. In the 14-15 financial year we have helped the following projects.

- **A project to give disabled children an education**

Most of the children living within Fatima Mission are poor. Those with a disability have the additional burden of overcoming society's poor expectations of them and of their futures. This is why Fr Jeya feels it is important to give such children an education and the chance of a brighter future. It is with this in mind that he has set up a project specifically for those who are disabled.

There are now 18 disabled children living in the pastoral centre and attending the local primary school. African Mission has funded 14 of these children's school fees and living costs throughout the 14-15 financial year. We would hope to increase this to include the other 4 children also from the start of the next academic year i.e. from January 2016. It costs approx. £400 per child per year. 3 of the 18 children are due to leave primary school at the end of this year and Fr Jeya is hoping to find a secondary school in Bulawayo (130 miles away) where they can continue their education. We are hoping to be able to help him with this.

- **A project to give blind adults a future**

For the last 5 years African Mission has been funding the living costs and school fees of 2 blind adults. They lived at Fatima Mission for 2 years before going to Bulawayo to do a 3 year vocational course. It costs £2,800 to cover the school fees & living costs for each of them for a year. This course has now finished and we have funded the renovation of 2 old cottages into workshops (within Fatima Mission). Fr Jeya is hopeful that he can find customers to buy the products that will be produced here. In the last year also we have covered the living costs for a 3rd blind adult to come and live at Fatima Mission. His brother (who is one of the blind adults who has did the vocational course in Bulawayo) is teaching him to weave also.

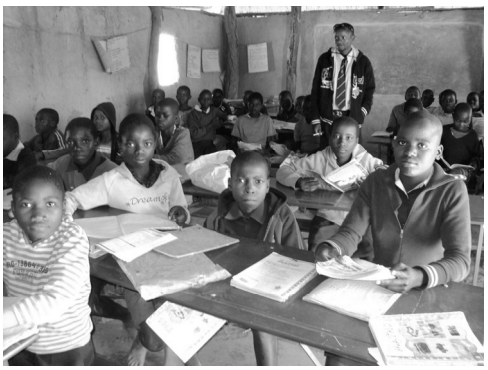
Thanks to the generosity of our supporters we have raised enough funds to build each of the 3 adults a simple house each. We hope that these houses will be built within the next 12 months.

- **Upgrading the pastoral centre & priest's house**

The pastoral centre (photo on left) is used to house 22 bush boarders (i.e. poor children whose homes are so remote that the only practical way they can gain an education is by living at the pastoral centre during term time and attending nearby schools) and 18 disabled children (blind and/or deaf and/or mute). These children are taught by a blind teacher at a local school and reside at the pastoral centre during term time. The building was very cold for the children sleeping on the floor with temperatures falling to 0° C.

Once again thanks to the generosity of our supporters we raised enough funds to install a solar powered heating system to heat the building and to provide hot water. We also raised enough funds to provide a similar solar powered heating system for Fr Jeya's house. In addition to this we bought 40 beds for the children residing at the pastoral centre so that they would no longer have to sleep on the floor.

- **School fees & books**



We paid the school fees for 100 primary school children and 25 secondary school children for the 2014 academic year. The academic year in Zimbabwe consists of three terms and runs from January to December. We also covered the cost of books and stationery for these children. Without our help it is unlikely that any of them would have been able to attend school. Whilst we would have liked to continue to help these children we have been unable to do so due to the difficulties of finding funds on an ongoing basis.

- **Maize seeds for Fatima & Lusulu Missions**

Those living within Fatima Mission and the surrounding area are subsistence farmers and if the maize harvest fails they are faced with hunger. Due to a severe drought in 2013 the maize harvest failed. Fr Jeya asked if we could help provide seeds for the next harvest. Thanks to our supporters we were able to do so on two separate occasions. We have since put Fr Jeya in contact with CAFOD so hopefully if this situation was to recur hopefully they would be able to help.

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 12 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 9 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 the 12 months from August 2014 African Mission has assisted Dr Towey in the following ways:

- We purchased 6 oxygen concentrators (the importance of which is explained below by Dr Towey)
- Provided 24 fingertip pulse oximeters
- Paid nursing course fees for three nurses from St Mary's Hospital
- Bought a compressor service kit to repair oxygen concentrators
- Bought tracheotomy tubes
- The following anaesthetic spare parts and accessories: Ambu Mark III valves & tube adapters, one box of ten bougies and intubation stylets.

Dr Towey writes – "For anaesthetists and nurses working in the operating theatre or in the intensive care unit the most important drug they use is oxygen and in Africa it can be one of the drugs that is in very short supply or if present then not managed well. For the last twelve months we have been doing our best to improve the capacity of the hospital to obtain and to manage our oxygen supplies in a better way.

Many of us in UK will think that oxygen comes in oxygen cylinders. However in Africa relying on oxygen cylinders is not a very easy or appropriate way to get oxygen. Most people in Africa live in the rural areas where the roads are often in poor condition and where the factories that make oxygen can be hundreds of miles away in the capital city. Many of these hospitals do not have the transport capacity to get to the big cities where the oxygen cylinders are sold. If the hospital is busy and needs a lot of oxygen the cost of transport has to be considered in buying this life saving drug. For many years now the consensus has been that for rural Africa the best way to get life-saving oxygen to the patients is to use the oxygen concentrator.

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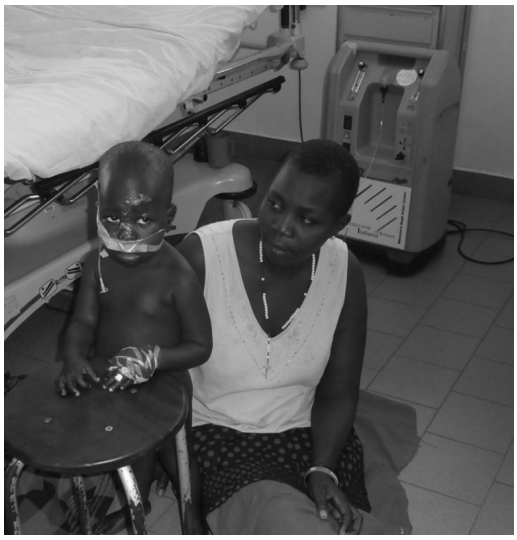
The oxygen concentrator is a truly brilliant machine whose technology has saved the lives of thousands in poor resourced countries and enabled life-saving surgery to be performed even in

the most remote areas of the world. Essentially an oxygen concentrator is an air pump which filters out the nitrogen from air and leaves us with almost pure oxygen when working well. This means all we need is a concentrator and a source of power for the pump to give the patient oxygen. If the source of power is solar, as we are using in our hospital theatre and intensive care unit we then have an economical and sustainable means of getting oxygen which is the foundation of good anaesthesia and intensive care medicine. Almost all patients passing through theatre and ICU will need oxygen.



As you can see from the photo (a child with burns) there is a concentrator in the background from which the oxygen is obtained. We are very grateful for the UK firm Diamedica for sending us an engineer who has been able to work with our engineers and help with their training in the servicing and repair of concentrators. We are also very grateful to the Difficult Airway Society in UK to give us the funds to buy three concentrators to renovate and upgrade the oxygen room in the Childrens Ward. We still use a few cylinders to act as a backup in case of power failure or for the transport of patients around the hospital or to other hospitals. The photo (below left) show a meeting of our engineers with the Diamedica engineer to plan our upgrading and repairs and the other photo (below right) shows the oxygen room now well-resourced with new oxygen concentrators for our very sick babies and children.

Very often the news that comes out of Africa is bad news and one develops a poor image of Africa which can paralyse even those who wish to help. For sure the gap between the health care of Europe and Africa is a scandal to any concerned person and in years to come people may wonder at how it was tolerated that even in the 21st century hundreds of thousands of people could die of dirty water or the absence of cheap immunisations. Every year in our ICU we see people dying from tetanus and typhoid that a few cheap vaccinations could have saved and many die from lack of oxygen in our surrounding hospitals.

If you wish to get a view of the bigger picture the statistics do give us some encouragement. The overall life expectancy now in Uganda is 60yrs. Ten years ago it was about 53. In UK it's about 81yrs so we have a long way to go. Also we now have more security as the Lord's Resistance Army has moved to neighbouring countries. War of any sort usually destroys the health care of the civilians first, the women and children's health care is often the first casualty. We thank God for the peace we now have and we thank God for the generous donors who give us the capacity to be effective health workers."

AFRICAN MISSION 14-15 ACCOUNTS

	Year ended 31st March 2015		Year ended 31st March 2014
Receipts			
Donations	67036		67671
Interest received	12		16
Total Receipts		67048	67687
Expenditure			
Medical/educational			
Uganda	13285		13599
Zimbabwe	49851		47291
	63136		60890
Administration			
Office costs	780		703
Fundraising	483		374
Salaries	6679		6624
Travel			
	7942		7701
Total expenditure		71078	68591
Receipts less expenditure		-4030	-904

	Year ended 31st March 2015	Year ended 31st March 2014
Cash at bank	25655	11459
Debtors		
	25655	11459
Liabilities	18606	380
	7049	11079
Reserves	11079	11983
Surplus/ deficit for year	-4030	-904
	7049	11079