

AFRICAN



MISSION

**African Mission
Annual Report
2016-2017**



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 since 2002 in St Mary’s Hospital, Gulu, Uganda.

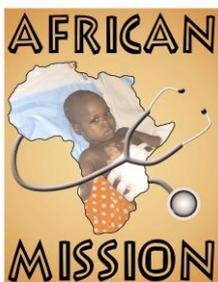
Dr. Towey has been in Uganda for 15 years and has been involved in the training of anaesthetic officers, nurses, and medical students over that time. He is now a part time volunteer and is focusing in the development of the intensive care ward, measuring the outcomes of specific diseases amenable to intensive care in rural Africa, sustaining the equipment for respiratory support, working to improve intensive care nursing and researching the data to indicate the effectiveness and sustainability of appropriate inexpensive intensive care in rural sub-Saharan Africa.

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.

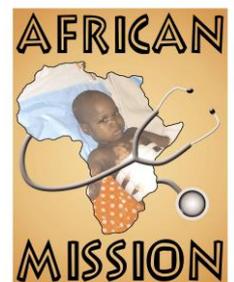
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African Mission Trustees: Tony Charlton, Nannette Ffrench, Pat Flood, Bernadette Hunt & Ray Towey



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Fatima Mission



Fr Jeya and Sr Clara

Fatima Mission is a very large mission (900 sq kms in size) based in rural Zimbabwe. The majority of those living within its boundaries are poor subsistence farmers reliant on Maize, Chomolia (a green vegetable) and a few cows, goats or chickens as their only source of food. The mission is run by a Roman Catholic order of Franciscan priests and sisters. It has a church, a pastoral centre, a number of primary and secondary schools, a clinic and a project for disabled children within its boundaries.

African Mission has been supporting various projects within Fatima Mission since 2010. Between April 2016 and September 2017 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 low expectations of them and of their futures. This is why Fr Jeya felt it was important to give such children an education and the chance of a brighter

future. It is with this in mind that he set up a project in 2010 specifically for those who are disabled.

In order for this to happen a number of problems had to be overcome. In addition to the problem of accommodation and school fees, a new toilet block was needed. The first thing that had to be done in order for this to happen was to replace the old toilet (a hole in the ground) with flushing toilets. African Mission funded this work in February 2010. Accommodation was found in the pastoral centre, a basic building without hot water, heating or beds. Thanks to our supporters African Mission raised sufficient funds to have hot water and heating installed in the pastoral centre. We also raised enough to buy bunk beds for all 36 children living there.

19 disabled children (9 are unable to speak, 3 are totally blind and 7 are partially sighted) live at the project during term time and attend a nearby school (with the exception of one who attends a different school). The school is the only school in the province offering a specific education for blind and mute children. In addition to their academic education they also learn skills to help them live and prosper with their disabilities. Before coming to Fatima many of these children led very isolated lives and were faced with a bleak future. Thanks to the educating they are receiving and the fact that they are living in community with others, their confidence and ability to relate with others is growing.

African Mission has funded all of these children's school fees and living costs throughout the 16-17 financial year at a cost of £470 per child.

Activities centre for disabled children



At the end of the school day however there are no activities to occupy the young people. Fr Jeya would like to rectify this by building an activities centre. What he has in mind is a large room with three smaller rooms off the large room. The large room would be dual purpose i.e it would be used as a dining room and a sports room. One of the three smaller rooms will be used as a library, a second room will be used as a music room and the third as a computer room. In August 2017 we had raised sufficient funds to send Fr Jeya £22,000 (approx) to pay for the steel structure for the activities centre. The total cost of the project is £54,564.

St Francis Primary School

St Francis Jameja Primary School is in a remote area of Fatima Mission called Managloba. The classrooms and teachers accommodation were in a bad state of repair. The 125 children who attend St Francis' are very poor, coming from the Tonga People. This school is their only hope of an education as there are no other schools within walking distance from their homes.



In the last 18 months African Mission has helped the school by funding:

- A new double classroom
- A new Teacher's cottage
- A water tank, stand & pump
- The funds necessary to complete a half built Teachers cottage

Report from Fatima Mission

By
Sr. Clara Beards



We are immensely grateful to African Mission for the tremendous help received during the past year. Without your help we could not have assisted so many blind and deaf children with education: socially, academically and culturally. Needless to say, the children themselves and their parents are immensely grateful to you. The children are becoming self-sufficient, independent and proud of themselves. This is shown particularly by their attitudes to others. The deaf children are very caring for the blind. They are also very responsible in doing cleaning, tidying dormitories; assisting with cooking, gardening and generally being very reliable. The blind children also help as far as they are able. They have a great sense of humour and keep everyone amused!

You are helping us in so many ways-- accommodating the children and providing lovely beds with mattresses and warm blankets. Water for bathing is now hot thanks to the installation of solar heating system. Electric lights are a great boon and electricity also provides the opportunity for videos at times. You also assist greatly with food and essential clothing especially school uniforms. These are costly items for which we thank you so much.

The children are doing well at school. Recently our zone had some days of cultural activities for the whole zone. It took place at Fatima High School and it included activities for the visually and hearing impaired children. Nearly all our children were involved - the blind were in the choir while the deaf joined in the rhythmic dancing!! Later one of our deaf boys and one of the blind boys were chosen to represent the zone at the Provincial Awards gaining prizes for "Disabled students who achieved remarkable feats against all odds".

Our Pastoral Centre is now looking so smart that various Church groups like to use this facility during school holidays when the children have gone to their own homes. Groups that have met there were Holy Childhood Congress; St Anna's Ladies Congress; Franciscan Congress; Youth Congress etc. They all thank you for this upgraded and pleasant facility.

Many buildings have been completed by your generosity. St Francis Primary School now has 2 completed Teachers' Cottages, accommodating 6 teachers. It also has a beautiful double classroom block, complete with benches, tables and teacher's desk and chair. The staff are truly grateful to be able to teach in such luxury! The children also are extremely happy and they are making great headway with their studies. Thank you so much for that.

The 3 houses for the blind are now completed, together with a septic tank for each one. They are waiting for electricity to be installed then they will be complete and ready for habitation. We know that the blind young people and their families will be extremely grateful - this will surely raise their status in society, for everyone longs to be a home owner! You have helped in truly extra-ordinary ways.



Recently a young university student stayed here for 3 months to study those with disabilities and to do research on them. He was impressed by the standards of living and the behaviour of the students. His studies showed that the area around the Pastoral Centre seriously needed upgrading. Fr Jeya had hoped to make this area into a facility for children's cultural and sporting activities but so far his applications to Trusts have been turned down. People seem not to know that the needs of children with disabilities are many and varied and they cannot be compared with the needs of other children.

Dr Ray Towey



Dr Towey has been working as an anaesthetist in Uganda at St Mary's Hospital Lacor, Gulu, Uganda 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 many years it 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 12 years ago and has a locally trained staff of specialised nurses with the capacity to manage the nursing care of patients with tracheostomies and to ventilate 3 patients at any time. It is a teaching hospital for anaesthetists, medical students, nurses, midwives, theatre technicians and laboratory technicians and it is attached to Gulu University Medical 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.

Since 2002 Dr. Towey has been involved in the training of anaesthetic officers, nurses, and medical students. He is now a part time volunteer and is focusing in the development of the intensive care ward, measuring the outcomes of specific diseases amenable to intensive care in rural Africa, sustaining the equipment for respiratory support, working to improve intensive care nursing and researching the data to indicate the effectiveness and sustainability of appropriate inexpensive intensive care in the rural sub-Saharan Africa.

In the 12 months since September 2016 African Mission has assisted Dr Towey and St Mary's Hospital in the following ways:

- By purchasing five oxygen concentrators
- By purchasing tracheostomy tubes
- By purchasing central line catheter tubes (Reimbursed by St Mary's Hospital, Lacor)
- By purchasing 13 fingertip pulse oximeters
- By purchasing spare parts and accessories for anaesthetic medical equipment
- By purchasing two computers for the medical school
- By paying the course fees and/or living costs for 4 nurses



Report from St Mary's Hospital

By
Dr Raymond Towey



As regards health care the worst place to be born and live in the world is sub-Saharan Africa. It is not surprising to me that so many Africans are risking their lives in the Mediterranean Sea to escape the poorest countries in the world. When insecurity is added to poverty the life expectancy reaches levels not seen in Europe since the 18th century and before. The good news is that when there is no insecurity the life expectancy in sub-Saharan Africa is improving.

In Uganda it is now around 60 years. In the UK it is about 80 years. This 20 years gap is a constant reminder that even in the best of times the health gap is a scandal to anyone who aspires to some measure of health care global justice. I wonder in generations to come if they will look back and wonder how we were able to tolerate such a disparity with equanimity in the 21st century.

In human terms you will see in our ICU patients dying because they have failed to receive a simple cheap immunisation such as a tetanus toxoid injection. Appendicitis and typhoid perforations of the bowel in Africa can be part of the surgical mortality. It has been estimated that throughout the world 5 billion people do not have access to safe and affordable essential surgery and anaesthesia. Even now there are thousands of patients with AIDS in sub-Saharan Africa who do not have access to anti-retroviral medication.



St. Mary's Hospital Lacor, Gulu, Uganda is a model of how we might bring safe surgery and anaesthesia to sub-Saharan Africa. It carries out over 5,000 operations each year, has a recovery ward and also an intensive care ward. African Mission has been very active in implementing oxygen therapy to the neonatal unit, the Children's Ward and developing the intensive care ward. It is inconceivable in any European setting to have an active hospital that is without an intensive care ward but in rural Africa any form of intensive care is very rare. After many operations patients may go back to a general ward with safety but after some major operations a general ward will not be safe because the staffing levels of nursing and the monitoring equipment is inadequate.

There is often a reluctance to even consider intensive care in Africa because of the expense it may involve but setting aside one area of the hospital with a good nurse to patient ratio better than the general ward, a sustainable oxygen supply and good monitors may in itself save many lives and cost very little.

The stress on the nursing staff who work in intensive care wards is such that many will refuse to go there but some may thrive on the challenge and also many will only be able to maintain such focused work for a limited time. The nursing management is a specialised skill. In St. Mary's Lacor over many years the ability to provide respiratory support to patients who are unable to breathe has been provided by using the Diamedica Glostavent ventilators and more recently the Diamedica Helix ventilator. Without doubt these machines and the nurses and anaesthetists skilled in their use have saved many lives. As with any machine their proper maintenance and repair is required and our engineers have an important and essential role to play. Our donors have supported the supply of spare parts to ventilators, complete oxygen concentrators and oximeters which measure the oxygen in the blood. These donations have made the work of the doctors, nurses and anaesthetists in the ICU both effective and sustainable. We are grateful and share with you our joy when we see a patient leave the ICU healed knowing we made a difference.

AFRICAN MISSION 16-17 ACCOUNTS

	Year ended 31st March 2017	Year ended 31st March 2016
Receipts		
Donations	72191	60893
Interest received	0	8
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Total Receipts	72191	60901
Expenditure		
Medical/educational		
Uganda	10225	14974
Zimbabwe	60587	29695
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	70812	44669
Administration		
Office costs	273	758
Fundraising	638	307
Salaries	6796	6796
Travel	767	
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	8474	7861
	79286	
Total expenditure		52530
Receipts less expenditure	-7095	8371

	Year ended 31st March 2017	Year ended 31st March 2016
Cash at bank	8717	15420
Debtors		
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	8717	15420
Liabilities	392	0
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	8325	15420
Reserves	15420	7049
Surplus/ deficit for year	-7095	8371
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	8325	15420