

# African Mission Annual Report 2017-2018



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.

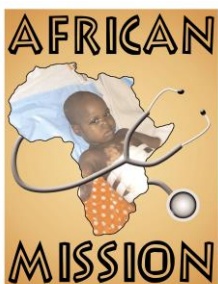
Dr. Towey has been in Uganda for 15 years and has been involved in the training of anaesthetic officers, nurses, and medical students over that time. He is now a part time volunteer and is focusing in the development of the intensive care ward, measuring the outcomes of specific diseases amenable to 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.

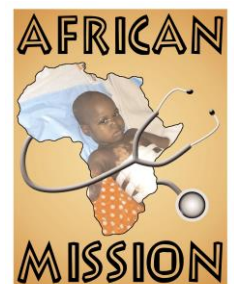
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African Mission Trustees: Tony Charlton, Nannette Ffrench, Pat Flood, Bernadette Hunt & Ray Towey



**African Mission**  
12 Melior Street  
London SE1 3QP  
Tele: 020 7357 9363  
Email: [office@africanmission.org.uk](mailto:office@africanmission.org.uk)  
[www.africanmission.org.uk](http://www.africanmission.org.uk)  
[www.facebook.com/AfricanMissionUK](http://www.facebook.com/AfricanMissionUK)  
Registered Charity 1099264



# Fatima Mission



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 known as The Order of Friars Minor Capuchin or Capuchins for short. It has a church, a pastoral centre, a number of primary and secondary schools, a clinic and a project for disabled young people within its boundaries.

African Mission has been supporting various projects within Fatima Mission since 2010. Between April 2017 and March 2018 we have helped the following projects:

## **A project to give disabled young people 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.

The 21 disabled young people (10 are deaf & unable to speak, 7 are totally blind, 3 are partially sighted and 1 is physically handicapped) 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 young people. 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 young people 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 young people's school fees and living costs throughout the 17-18 financial year at a cost of £485 per child.

### **Activities centre for disabled young people**

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. As you can see from the photo on the opposite page work has already begun. We still need to raise £16,595 in order to complete the building.

### **What it means to be given the opportunity to go to university**

Jonathan was a secondary school pupil at Fatima Mission. He was clearly intelligent and Fr Jeya felt he would benefit from a university education. Thanks to a family who have been very supportive of our work we have been able to cover his course fees and living costs. Jonathan writes below what this means to him.

*'The value of education is something that I have understood from a very young age. Neither my father nor my mother had that opportunity to go to school due to a poor family background. Due to this they faced many challenges in their personal and professional lives. This also affected me as there was a problem when it came to the payment of school fees.*

*My father is an illiterate man and lives in the countryside. He lacked exposure to beneficial organizations which helps to pay school fees. The available resources which are of paramount importance i.e. cattle, are only meant for farming, selling them will put us into a critical situation.*

*When I was still doing my advanced level I lost my mother and she left an infant who was three days after birth. Due to this the situation became worse at home. Some of my siblings who were still at primary level dropped school.*

*Under the hands of my parents, they made me realize the importance of education and as a result I developed a strong positive attitude towards learning. Fortunately God connected me to Father Jeya who paid my school fees for my advanced level. I thank Father Jeya in a special way for he made a great leap in uplifting my life.*

*Going to university has been my dream since I was in ordinary level. I dreamt of becoming a chemical engineer and I am now seeing my dream becoming true. I feel privileged to find myself among those students from rich families with good financial backgrounds. I am mingling with many students from different backgrounds and I am learning a lot from them. I have learnt to be responsible in life.*

*I am thankful to you the African mission for your special help for paying my school fees. I am grateful for the good work you are doing in improving my life. I greatly appreciate all your efforts. Without you I could never be able to go to university.*

## Report from Fatima Mission

By  
Sr. Clara Beards



Father Jeya has asked me to write a report to you on behalf of us both. Truly I feel extremely grateful to God for allowing me to work with Father Jeya for the past 12 years. Fr Jeya is full of love for everyone he meets and he works untiringly for each one. Nothing is ever too much trouble for him - from the smallest baby to the oldest and most sick person Fr Jeya gives his full time to each one. Of course his greatest love is for the handicapped, the blind and the deaf.

About 4 years ago Fr Jeya decided to build a "culture centre" for his handicapped children. Only the best would be good enough!! It had to be extremely large to give the children the opportunities of inside games; musical activities; computer studies; research in the library which was to hold braille books as well as coloured story books for deaf children; audio and visual equipment; etc. Fr Jeya applied to several organisations for financial help, all of whom knocked him back saying that such expense was too much for handicapped children. "Reduce your building and we will consider it." But African Mission understood the needs of these children. Rather than saying that their needs were less than that of others, both African Mission and Fr Jeya saw that, to bring out their full potential these children need MORE than "normal" children. After all, if Fr Jeya's dream building was to house 24 politicians or important people the building would be deemed "too small"-- but for Fr Jeya these children are the most important of all God's treasures!! So he is so very grateful that at last his project is going ahead, thanks to the generosity and love of those contributing to African Mission.

Indeed it is truly a miracle that Fr Jeya is able to do so much at this time in Zimbabwe. The economy is at the worst that I have seen since I have lived here for 33 years. There is very little cash in the country; diesel is often out of stock so that there are long queues at petrol stations and petrol/diesel is sold in limited amounts and at high prices; food is likewise limited - no flour; no sugar; little meat (which seems to have passed its sell by date), and worst of all, in this very hot, dry weather, no paracetamols (or other drugs) in the country. Despite all the disadvantages Fr Jeya continues the project, which, as you see from the above photo, is going up quickly and taking shape nicely.



As well as this building Father continues to support and help the three schools he has built in rural areas, deemed "inaccessible " by the Government; he is continually helping out parishes and schools with problems of electricity and plumbing. Father continues to offer accommodation to secondary school students who cannot afford boarding fees both in Lubimbi (about 100 students) and Fatima (about 30 students). He also pays school fees for children from the poorest families.

I think it is not possible to write all that goes on here in the Mission. My main aim is to thank you a million times for the amazing support you always give to us, and to let you know a little of how it is being spent. We thank you especially for your prayerful support and assure you of the regular Holy Masses, prayers and intense gratitude of a great number of people here, especially Father Jeya and me. May Our Lady of Fatima bless and reward each one of African Mission supporters, and especially Nannette [who founded African Mission].

# Dr Ray Towey



Dr Towey has volunteered as an Anaesthetist 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.

Since 2002 Dr. Towey has been involved in the training of anaesthetic officers, nurses, and medical students.

In the 17-18 financial year African Mission has assisted Dr Towey and St Mary's Hospital in the following ways:

- By purchasing five oxygen concentrators
- By purchasing a Helix portable ventilator
- By purchasing tracheostomy tubes
- By purchasing central line catheter tubes (Reimbursed by St Mary's Hospital, Lacor)
- By purchasing 10 fingertip pulse oximeters
- By purchasing spare parts and accessories for anaesthetic medical equipment
- By paying the course fees and/or living costs for 3 nurses
- By purchasing computers for St Mary's School of Anaesthesia

## Report from St Mary's Hospital By Dr Raymond Towey



The essential requirement of any hospital, especially one with an intensive care unit is to provide oxygen to critically ill patients. For those of us in Europe that may not seem like a difficult proposition but for rural Africa that can be a very difficult challenge. The problem is one of logistics as to get enough cylinders from a far distance would require a fleet of lorries which are just not available and by means of roads which are often in a very poor condition. St. Mary's Hospital Lacor has recently opened its own oxygen plant which has gone a large way towards solving this problem. The oxygen concentrator over the years has been a method of supplying life-saving oxygen and African Mission has been able to buy 5 oxygen concentrators recently to consolidate our oxygen therapy capacity.



An oxygen concentrator is a machine, see photo on left that generates oxygen from air. Oxygen is 21% of the air we breathe but when a patient is critically ill they need more than 21% to survive and recover. The value of oxygen was discovered during the First World War when soldiers who had been gassed had severe damage to their lungs and it was found that oxygen treatment could save many lives. One hundred years later there are still parts of Africa and Asia that

still struggle to obtain adequate supplies of oxygen for conditions such as pneumonia, burns and sepsis. Much of the work in the intensive care unit is to provide adequate oxygen to our patients so over the years we have used much of our donations for oxygen treatment.

An oxygen mask is fine when the patient has the ability to breathe but when the patient is very weak and their ability to breathe is impaired then they need a machine, a ventilator, to push the oxygen into their lungs. African Mission has been able to also purchase another ventilator for the intensive care unit in the last 12 months. The patient opposite was farming in a field when he was bitten by a snake and required hours of ventilation to sustain him until the venom had worn off. Building up our intensive care capacity for oxygen therapy and ventilation is an important long-term life-saving strategy.



Very often our intensive care nurses after spending years in intensive care develop special skills at managing critically ill patients even though their nursing qualifications are very basic. Upgrading the qualifications of these very skilled practical nurses produces a more comprehensively skilled nurse with both theoretical and a practical knowledge and provides Uganda with a health professional who can contribute better to the challenges they will face in the future.

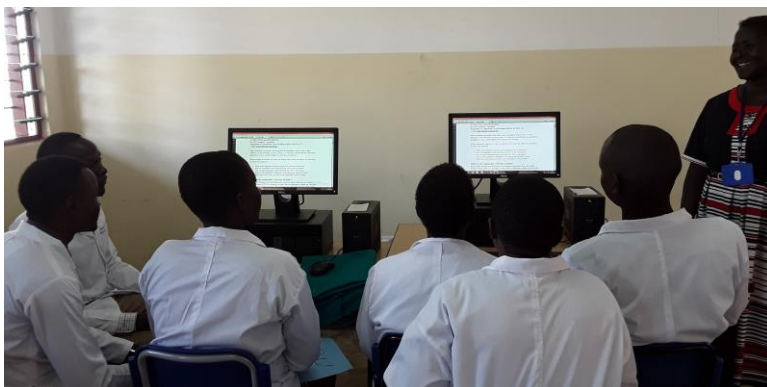
One of these nurses is called Joseph and I quote from some of his recent report below:

*'My name is Joseph and I hereby send my appreciation for the support rendered to me by African Mission for my upgrading in nursing education course from May 2017 to December 2018. I was born in northern Uganda in an area affected by the civil war of the Lord's Resistance Army to a single mother who is still surviving with four children. I am the last born and the only child who has undergone any formal education. My other family members are illiterate and peasant farmers.*

*I obtained primary school education through the government policy of free universal primary education (UPE).*

*I could not afford to go to secondary school but by good luck I obtained support of the Acholi Education Initiative (AEI) a non-government organisation to support war victim children. I saw how people suffered in the camp due to poor health conditions and this made me interested to become medical personnel so as to help my poor community who are suffering poor health and inadequate health personnel.*

*I obtained government sponsorship for my certificate in nursing and was posted to St. Mary's Hospital Lacor and inspired by the intensive care work and with the support of African Mission I have now undergone the Diploma in Nursing Course. This training will help me work in remote areas of Uganda and serve the vulnerable as a better nurse. On behalf of myself and my family thank you.'*



As the photo on the left shows, our School of Anaesthesia has also received a donation from African Mission for computers to assist the teaching programme which is able to provide well trained anaesthetists for Uganda. Hopefully they will take to their own hospitals the spirit of service and professionalism that St. Mary's Hospital Lacor is noted for.

## AFRICAN MISSION 17-18 ACCOUNTS

	Year ended 31st March 2018	Year ended 31st March 2017
<b>Receipts</b>		
Donations	70169	72191
Interest received	0	0
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<b>Total Receipts</b>	<b>70169</b>	<b>72191</b>
<b>Expenditure</b>		
Medical/educational		
Uganda	17922	10225
Zimbabwe	44559	60587
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	62481	70812
Administration		
Office costs	426	273
Fundraising	590	638
Salaries	6891	6796
Travel	0	767
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	7907	8474
<b>Total expenditure</b>	<b>70388</b>	<b>79286</b>
<b>Receipts less expenditure</b>	<b>-219</b>	<b>-7095</b>

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	Year ended 31st March 2018	Year ended 31st March 2017
Cash at bank	8507	8717
Debtors	-----	-----
	8507	8717
Liabilities	401	392
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	8106	8325
Reserves	8325	15420
Surplus/ deficit for year	-219	-7095
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	8106	8325