

African Mission Annual Report 2022-2023



African Mission donated a sturdy Diamedica anaesthetic machine to Kapoeta Civil Hospital in South Sudan (one of the poorest countries in the world). One of their anaesthetists, Agnes, was trained in St. Mary's Hospital Lacor, Gulu, Uganda

The Aim of African Mission is ‘to fight disease and poverty in Africa by supporting educational and medical projects’.

Background: African Mission began 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.

In Uganda Dr Towey 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 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.

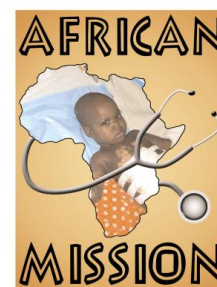
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African Mission Trustees: Tony Charlton, Nannette Ffrench, Pat Flood, Bernadette Hunt & Ray Towey



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Fatima Mission

Fatima Mission is a large mission 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 young people with special needs within its boundaries. Fr Jeya Muthusami has been the Priest-in-Charge of Fatima Mission since 2002 and Fr Tendai Dubet has been his Associate Priest, working alongside Fr Jeya since March 2022. Fr Tendai writes of his experience of Fatima below.



Fr. Tendai (Associate Priest at Fatima Mission) writes:

As each new day dawns, we the community of Fatima continually experience an out pouring of love and care. The most remarkable moments in the special children are when schools open and close. The joy and livelihood at the Pastoral Centre when schools are opened is tremendous. When closed you can only hear birds and a sounds of goats, pigs and cows. A big thank you to African Mission for putting a smile on these little one and most importantly for giving an opportunity for them to go to school and the many opportunities you offer them.



When one gives birth it is considered a blessing but when the child is discovered to be having what common knowledge would say is a disability, the perspective changes. Some are taken to be a burden, curse or a misfortune. This has led many to shun taking care of most of them. Sending them to school is seen at times as wasting resources and time. Perhaps the other challenge could be the challenge of being a Third World state because basic services or rights are at times viewed as luxuries. Most families can hardly have two meals in a day hence education to some may seem to be a want, rather than a right or need. To make matters worse education is fairly expensive in this part of the world and for them to be employed without educational skills becomes extremely difficult.

SOLAR GEYSER & TV PROJECTS

We are grateful to our donors, through African Mission, who made it possible to replace the solar geyser system at the pastoral centre. The solar geyser system provides hot water for the special needs children. The one which had been there had worn out. In addition to this our children were blessed with a new TV set that was installed in the multi-purpose hall. It primarily helps them for information, education and entertainment.



GARDENING

Work ethic is part and parcel of our culture. It is also a symbol of livelihood. In-order to increase their self-esteem and empower them with lifesaving skills we intend to introduce them to more in the future. According to what I have learnt from Fr Jeya and the Matron Miss Magret, most of them came knowing little or no work because they were dependent at home. Below is part of our garden with sugar beans, onions, spinach and tomatoes. We also have our special children harvesting beans and some collecting organic manure (with the Matron) to put on plants.



WE BID FAREWELL TO SR CLARA BEARD FMDM

Sr Clara is the face of Fatima to this generation. She came to Fatima in 1987 and spent most of her missionary life in Zimbabwe in Fatima. She is the longest serving religious after independence and worked with Fr Jeya for seventeen years. Her passion towards the poor was visible in the countless time she would visit people in their homes, stay with them and teach catechism. She was requested to go and stay in England and consequently left on the 23rd of September this year. It is always hard to say good bye, nonetheless we wish her grace and strength in all her endeavours. In the picture below Sr Clara had come to bid us farewell.



Thank you and stay blessed.
By Fr Tendai Dube OFM Cap.

Dr Ray Towey



Dr Towey has volunteered at St Mary's Hospital Lacor, Gulu, Uganda since 2002 (part time since 2008).

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. He is now a part time volunteer and is focusing in the development of the intensive care ward.

In the 22-23 financial year African Mission has assisted St Mary's Hospital in the following ways:

- By purchasing medical equipment which included: intubating stylets, tracheal tubes, nasal cannulas, guedel airways, tracheal stylets, 3 way tap T-pieces, catheters, ripple mattresses and disposable incision protection sleeves (£2,691 including shipping costs)
- By paying the course fees and living costs for a nurse (£1,557)
- By paying the school fees & living costs of a child living with an ongoing medical condition (£614)
- The printing & purchasing of 'Safe Anaesthesia' books (£568)
- For IT equipment (£100)

Dr Towey writes:

For those health workers in the intensive care unit, ICU, there is inevitably a narrow view of how the general health of the country in Uganda is seen. It is always good to step back in a sense and ask if Uganda or Africa itself is getting better in its healthcare? In the ICU where there is an overall mortality of about 30% and the constant 24/7 of daily work pressure it is good from time to time to view the overall scene and look at the data.



In the year 2000 the life expectancy in Uganda was about 50 years. In 2022 it was about 67 years. In UK it was 81 years in 2022. This does not mean people died at these ages but that very often the children and the elderly suffered high mortalities and this life expectancy age gives a good monitor of overall health care. It is always very difficult to get good data in Africa but the web page www.gapminder.org is a site that can give us good data with clear displays for those wishing to see the global view. The data above shows that since 2000 there has



been major improvements in healthcare in Uganda. There are several reasons why this has occurred. For many decades up to 2006 the Lord's Resistance Army, LRA, had been conducting a violent insurgency in northern Uganda and wherever there is violent conflict the entire healthcare infrastructure is destroyed or severely impaired. Patients cannot get to the health centres and hospitals, immunisations are not given, crops are not planted, malnutrition increases and the vulnerable sick become less able to resist disease. In modern warfare the civilian casualties are usually higher than the military casualties. When the LRA left, Uganda and the people of northern Uganda had a semblance of peace and stability then nutrition improved and immunisations could be given and health centres and hospitals could function more efficiently. Despite the Aids pandemic, the LRA war and the Covid

pandemic Uganda and Africa is improving.

The intensive care unit no longer admits neonates with tetanus because women are now getting their immunisations and the general nutrition of the population is better. We thank God for this. The most common admission to the ICU is for post-operative stabilisation of major surgery. From time to time we have conditions which require management by what is known as a multidisciplinary team, MDT. This describes how different specialties work together with patients with complex conditions. The child in the photo had meningitis diagnosed in the medical ward and was critically ill and was transferred to the ICU for ventilation of the lungs. Strong antibiotics were given and with the care of the skilled ICU nurses and whole team a good outcome was obtain.

The ICU promotes good cooperation among all specialities so that at the point of care the best advice and treatment is given to each individual. Thanks to all our donors who support this vital work.



AFRICAN MISSION 22-23 ACCOUNTS

	Year ended 31st March 2023	Year ended 31st March 2022
Receipts		
Donations	35670	47173
Interest received	0	0
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Total Receipts	35670	47173
Expenditure		
Medical/educational		
Uganda	6819	10532
Zimbabwe	21335	27075
	-----	-----
	28174	37607
Administration		
Office costs	640	380
Fundraising	0	0
Salaries	7132	7132
Travel	0	0
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	7772	7512
Total expenditure	35946	45119
Receipts less expenditure	-276	2054
	Year ended 31st March 2023	Year ended 31st March 2022
Cash at bank	11617	8073
Debtors	0	4229
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	11617	12302
Liabilities	0	409
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	11617	11893
Reserves	11893	9839
Surplus/ deficit for year	-276	2054
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	11617	11893

