

**African Mission
Annual Report
2011-2012**

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

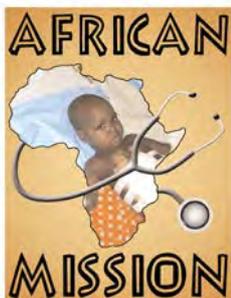
Background: African Mission was started in 2003 to support the work of Dr Ray Towey MB ChB FRCA. Dr Towey left his post as a Consultant Anaesthetist in Guys Hospital, London to work in Africa and since 1993 has dedicated his life to the improvement of health care for the poor in Africa. He has worked 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.

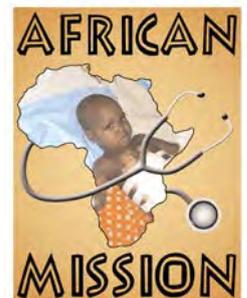
CONTENTS

Aims, Background, Contents & Trustees	Page 2
Fatima Mission (Dungu & St John’s Primary Schools).....	Page 3
Fatima Mission (Lubimbi boarding & study centre and Blind & Deaf project).....	Page 4
Fatima High School	Page 5
Dr Ray Towey.....	Pages 6 & 7
African Mission 11-12 Accounts.....	Page 8

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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 ten 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.

Two of the primary schools, Dungu (St Thomas') and Kavunikwa (St John's) Primary Schools were started in 2008 by the Franciscan Fathers and Sisters based at Fatima Mission. The majority of the local children in Dungu and Kavunikwa were not attending school at all. Those who were attending school had to do a round trip of 14 miles through the bush and on foot to get to the nearest school. Without these schools the children would have remained uneducated.



Dungu Primary School

Dungu Primary School is in an extremely remote area, a two hour drive from the main road (the only tarmac road in the vicinity). The children are very poor, coming from the Tonga People, one of the poorest groups in Zimbabwe. When two of our Trustees (Nannette and Ray) visited the school in January 2010 it consisted of 3 buildings; a single clay brick classroom with a thatched roof and 3 small windows (no glass), a double breeze block classroom with a tin roof, several window frames without glass, a sand floor and a small clay brick teachers cottage too small for purpose.

Since 2010 African Mission has:

- Paid for a new double classroom
- Paid for a new teachers cottage with 5 rooms
- Paid for tables & benches for 4 classrooms
- Supplied the School with textbooks, exercise books, chalk & pens.
- Supplied school fees and uniforms for 187 orphan children



New classroom with new tables & benches

St John's Primary School



New Teachers cottage

Another primary school within Fatima Mission is St John's. 312 children attend the school, 153 boys and 159 girls. There are 9 classes (5 outside) and 8 teachers. Once again it is in a very remote rural area, 3 kms from the nearest road. The children are very poor and the literacy rate is extremely low. This was due in part to the very poor condition of the school. Although there were 2 classroom blocks (with 2 classrooms in each) one of them was incomplete lacking a roof and windows. In 2011 African Mission

paid to replace the missing roof, install new windows and a concrete floor in the unfinished classroom block.

In 2012 African Mission has:

- Paid for a new teachers cottage with 5 rooms
- Paid for tables & chairs for 4 classrooms

In 2012 African Mission has paid the primary school fees for 100 pupils living within Fatima Mission's boundaries. 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 (fees & books) nor the £114 needed for a secondary school education. African Mission would like to raise sufficient funds each year to give 100 children the opportunity of a primary school education and 25 children the opportunity of a secondary school education.

Lubimbi boarding & study centre

Lubimbi is yet another remote rural area within Fatima Mission. It is 13 miles from the main tarmac road. The houses are very scattered making it impossible for some children to walk to and from school. In order to give the children an opportunity to obtain a secondary education Fr Jeya had opened his church hall near Lubimbi Secondary School. The children stayed here overnight (as it was too far for them to return home) and it also gave them the opportunity to study when school finished.

In order for this arrangement to evolve into a permanent boarding and study centre a borehole and dormitories were needed. A borehole in order to provide running water and separate male and female dormitories. Thanks to the generosity of a Grant Making Trust we were able to send Fr Jeya the necessary funds earlier this year. The new boarding & study centre should be complete by October 2012.

This year also African Mission has paid the school fees for 25 children to attend Lubimbi Secondary School (2 of the 3 terms in 2012. The 3rd term fees (Sept to Nov) remains to be paid).

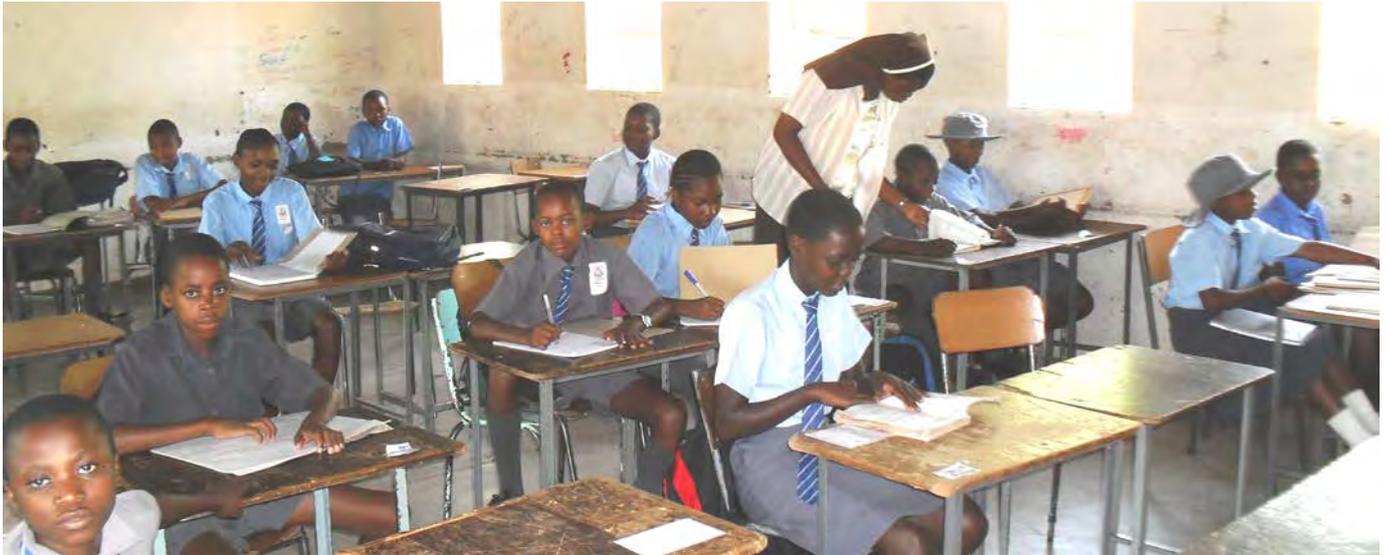
Blind & Deaf Project



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

In the last 12 months eight children and two adults have benefited from this project. Two of the children are fully blind, two are semi blind, three are deaf mutes and one is wheelchair bound. In addition to receiving a basic education the children are also helped with practical matters, washing & cooking for example. Their teacher is blind himself. The two adults are doing courses at a special school in Bulawayo. Hopefully the skills they are learning (making chairs & baskets) which help them obtain employment. African Mission pays the school fees, travel costs, clothing and living costs for all of the children and the two adults.

Fatima High School



Fatima High School (FHS) is a very different school from the other 5 secondary schools within Fatima Mission's boundaries. It is the only 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).

African Mission feels that it is important to give these poor children the opportunity of a good academic education and since 2011 has committed itself (funds permitting) to sponsoring 6 children every academic year. The cost per child per year is £420 (\$660).

When we visited the school in 2009 & 2010 there was a distinct lack of books, 10-15 pupils were sharing one textbook. Since then African Mission has provided the school with a number of textbooks for History, Geography, English, Religious Education & Science. We have also provided the school with a photocopier, a laptop, a projector and science equipment.

This year has seen an improvement in the number of textbooks available. The Zimbabwean government through the help of UNICEF has given a text book to each child in the school in the following subjects: Maths, English Language, History, Geography, Ndebele/Shona and Integrated Science. The remainder of the subjects have not received any textbooks nor have any A level books been received.



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. In addition to working in Theatre and in ICU Dr Towey also lectures at the attached Medical School. St Mary's is a church supported general hospital of 476 beds where 87% of patient costs are subsidised. It is in a remote rural area where for the last 21 years there has been a significant security problem. For 10 years it has had a small four-bed ICU near the operating theatre, which was recently upgraded to an eight-bed unit. It is a teaching hospital for Nurses 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 up to 70 miles away.

Dr Towey writes: Working in Africa as a doctor is of course a great privilege but also a great challenge. It is hard to believe the extreme poverty of many of the sub-Saharan African countries. Even after 20 years of African experience there are times I am shocked myself. The life expectancy in Uganda is 54 years whereas in the UK its 82 yrs. This simple statistic represents most inadequately the suffering of and grieving for many thousands of premature deaths. Watching helplessly while many young people die is the medical reality. At a recent medical meeting in London I presented the data of the age groups in our intensive care unit, ICU. Overall about 30% of our patients in the intensive care unit die and of all the patients in our ICU 44% are under 18 years of age. I hope shortly to place on the web page of African Mission a more detailed analysis of our ICU outcomes for those who would wish to see the specific areas and diseases the ICU is able to help.

It's not just a matter of the many diseases which are prevalent in Africa, diseases which we hardly ever see in Europe such as malaria and tetanus and typhoid but also the entire infrastructure is inadequate for what we in Europe would consider essential. Getting normal email, boxes by normal post, phone calls, driving on normal tarred roads, water and electricity at the hospital and in your own living quarters cannot be taken for granted. All of these essential logistical support structures have to be built from scratch. African Mission is my most significant logistical and donor support group which makes it possible for me to function with some efficiency in such an environment.

It is also a special privilege to work in St. Mary's Hospital Lacor, Gulu, Uganda which has as its special mission to bring quality care to the poorest. All patients are subsidised significantly for the hospital costs and there is no special fee to be admitted to ICU. Over the last year African Mission has been a support in many significant areas where the hospital in its overall plan has not been able to focus where I, in my close working contact with my colleagues, have been able to identify special needs. Our anaesthetists in theatre perform a very essential and skilful task but are often without adequate books of the correct level to study and reflect on their wide experiences. African Mission has assisted with book purchases.

Acquiring a laryngoscope for each anaesthetist, a special instrument for the anaesthetist to place safely a tube in the lungs of patients, has improved the safety of surgery in the operating theatre. Surgical mortality in Africa is an area which is gaining more international support and is where African Mission has assisted me over the 10 years that I have been at St. Mary's, Lacor.





The question which faces the physician in the context of extreme poverty is whether any form of ICU care can be sustainable. Hospital care of any sort is not cheap and is ICU care sustainable? Physicians have to face the reality that their resources are limited. The most complex equipment that the ICU possesses is the Glostavent ventilator for those patients who are too weak to breath on their own. Often this weakness is only a short interval and many of these patients recover. African Mission has been crucial in keeping our Glostavent machines in good working order with spares and upgrades that build a strong capacity for this facility. The electricity for the ICU is from solar power and the oxygen is mainly from concentrators which filter ordinary air, removing nitrogen and leaving almost pure oxygen. In this way our machines consume hardly any disposables and run cheaply. This means when I ask African Mission for spare parts it is a

very considered request for an item that will maintain our hospital care with sustainability. Your donations are making the hospital care efficient and sustainable and reaching direct patient care and supporting those on the very face of critical patient care. We now have a good supply of antibiotics which means we can reduce delays in the treatment of septic conditions thus giving the patient a better chance of survival.

I have included 3 photos of interest. The first is a mother and child whom the ICU cared for after a major operation. Mortality after any kind of surgery in a small baby is high in Africa and we are grateful to all the staff who contributed to this child's recovery. The photo on the right is of a boy who has recovered from tetanus after being on a Glostavent ventilator for 4 weeks shows him now in the process of rehabilitation. His poor nutrition is another area of challenge which we have to face in the future.



The above photo is of the team of people who contribute to the sustainability of our ICU care. Anaesthetists know their debt to engineers so that their life saving equipment works well. This third photo shows our hospital engineer getting instructions from the Glostavent engineer who was able to visit us this year from the UK. African Mission has supported many developments of life saving significance in the ICU and operating theatre. In the future we will need to maintain this momentum. Our anaesthetists and nurses need more educational opportunities if they are able to sustain the care they are giving now and this is an area we may need to focus on soon. Thank you for your prayers and financial support.

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

AFRICAN MISSION 11-12 ACCOUNTS

	Year ended 31st March 2012	Year ended 31st March 2011
Receipts		
Donations	93482	42448
Interest received	22	36
	-----	-----
Total Receipts	93504	42484
Expenditure		
Medical/educational		
Uganda	1908	3841
Zimbabwe	81626	42763
	-----	-----
	83534	46604
Administration		
Office costs	986	905
Fundraising	285	1002
Salaries	12887	12729
Travel		
	-----	-----
	14158	14636
Total expenditure	97692	61240
Receipts less expenditure	-4188	-18756

Statement of assets and liabilities

	Year ended 31st March 2012	Year ended 31st March 2011
Cash at bank	35749	14115
Debtors	-----	-----
	35749	14115
Liabilities	26487	665
	-----	-----
	9262	13450
Reserves	13450	32206
Surplus/ deficit for year	-4188	-18756
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	9262	13450

A.Charlton -Treasurer