

African Mission Annual Report 2015-2016



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

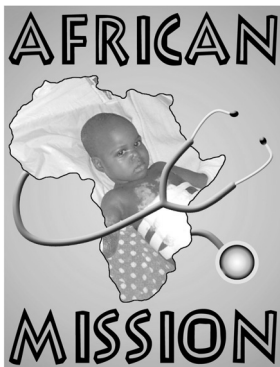
Background: African Mission was started in 2003 to support the work of Dr Ray Towey MB ChB FRCA. Dr Towey left his post as a Consultant Anaesthetist in Guys Hospital, London to work in Africa and since 1993 has dedicated his life to the improvement of health care for the poor in Africa. He has worked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

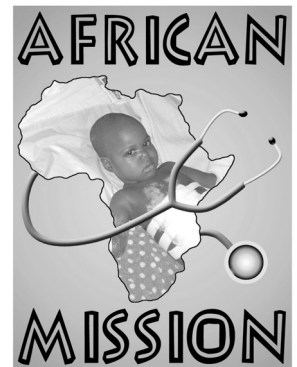
CONTENTS

Aims, Background, Contents & Trustees	Page 2
Fatima Mission.....	Pages 3-5
Dr Ray Towey.....	Pages 6-7
African Mission 15-16 Accounts.....	Page 8

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
www.africanmission.org.uk
www.facebook.com/AfricanMissionUK
Registered Charity 1099264



Fatima Mission

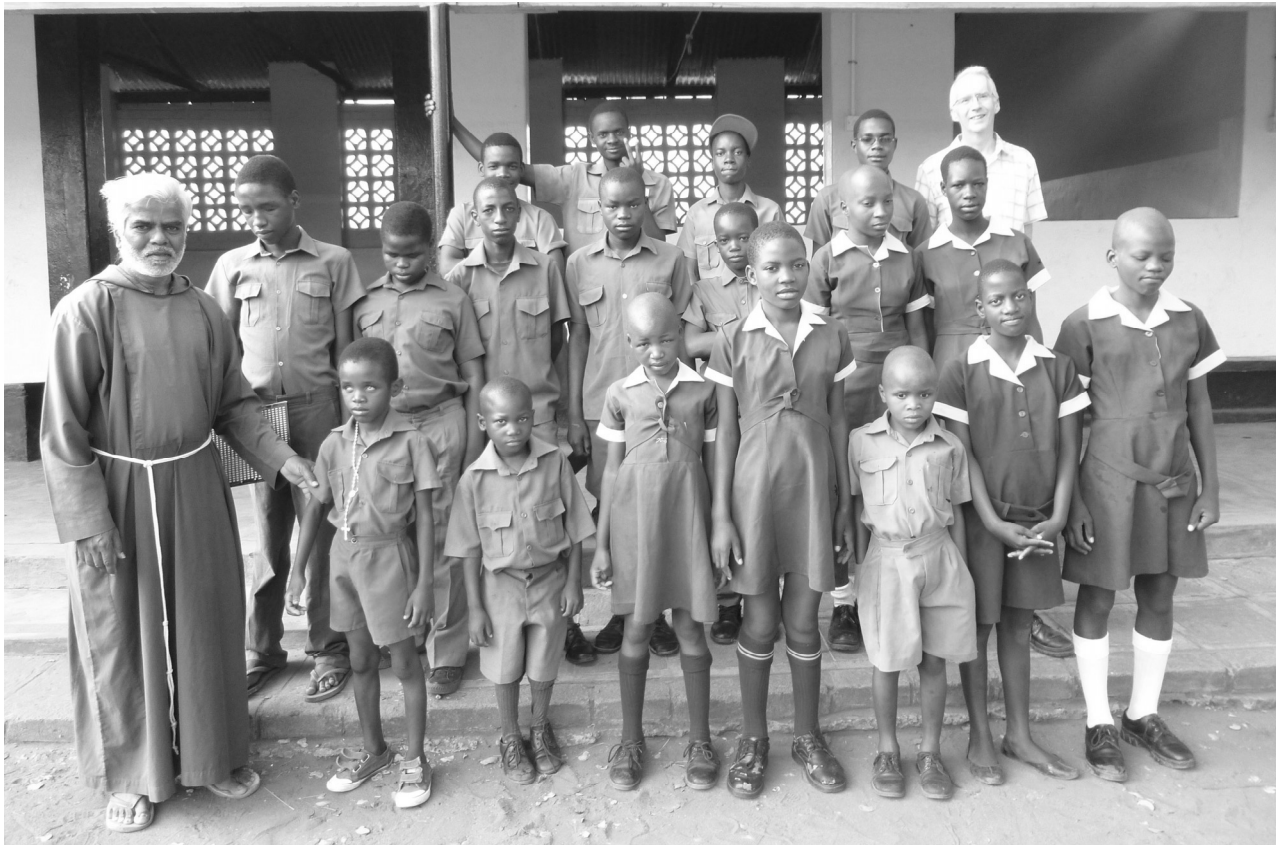


Fr Jeya, Paddy (African Mission Administrator) & Sr Clara – November 2016

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 14 years. It is 600 sq miles in size and has 16 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. Since April 2015-16 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 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 19 disabled children living in the pastoral centre, 18 of whom who are attending the local primary school. Of these 19 children, 9 are unable to speak, 6 are totally blind and 4

are partially sighted. African Mission has funded all of these children's school fees and living costs throughout the 15-16 financial year at a cost of £500 per child per year.

Fr Jeya is conscious that after school the children have very few activities to fill their time. He would like to provide them with a facility where they could play sport, read, learn a musical instrument or access a computer. He is hoping that he may be able to obtain the funds for this from a local Grant Making Trust but failing this he may call on our assistance.

In order to give these children a future once their primary education is complete, Fr Jeya is looking into the possibility of arranging vocational training for them. He has already done so for 3 blind adults.

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

Having completed a 2 year weaving course in Bulawayo, Fr Jeya (with our help) has renovated 2 old cottages into workshops for the 3 blind adults. He is also in the process of building three separate homes for them and as you can see from the adjacent photo two of the houses are nearing completion with the other one due to be completed by early 2017.



African Mission has paid for these houses and the ongoing living costs of the adults in question.

- **Upgrading the pastoral centre**



The pastoral centre (photo on left) is used to house 12 bush boarding girls (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 the 19 disabled children mentioned overleaf. A separate building, about 500 yards away, houses 12 bush boarding boys.

Once again thanks to the generosity of our supporters we have raised enough funds to provide electricity and toilets for the pastoral centre. We have also provided hot water and

heating, in addition to 40 beds for the children.

Due to the regular electricity blackouts (usually for an hour or two but it can be out for more than a day) the children in the pastoral centre have to mangle without water and electricity on a regular basis. In order to overcome this problem Fr Jeya would like to install a solar powered water pump and electricity supply. We hope to be able to cover the costs of these before Spring 2017.



“This is what I’ve been looking for”.

In 2009, Nannette Ffrench who founded African Mission and had been supporting Dr Towey’s work for well over a decade, felt it was time to expand the work of African Mission. In June Nannette and Dr Towey went on a fact finding trip to Zimbabwe to identify projects working with the poor. On seeing the very poor state of schools in a remote rural area of Zimbabwe called Lubimbi (part of Fatima Mission) Nannette said “this is what I’ve been looking for”. Those attending these schools were the local Tonga people, a very deprived ethnic group who had been displaced from their ancestral land in the building of the Kariba Dam in the 1950s.

The schools were in an extremely remote area, a two hour drive from the main road (the only tarmac road in the vicinity). Despite the schools being in a poor physical state, they were well attended with approximately 300 children attending each. The classroom furniture consisted of a few rough & ready wooden benches, some boulders to sit on and one desk for the teacher. Due to the remoteness of the area the teachers had to live on site and again the state of their accommodation was very poor.

Thanks to the generosity of our supporters in the last seven years we have been able to bring about major improvements to three of these primary schools.

1. St Thomas Primary School (163 boys & 137 girls)



- Double classroom x 2
- Teacher’s cottage x 1
- Tables & chairs x 4 classrooms
- Borehole for water
- Books, writing material & pens

2. St John’s Primary School (155 boys & 150 girls)



- New roof, windows & floor for a double classroom
- Teacher’s cottage x 1
- Tables & chairs x 4 classrooms
- Borehole for water

3. St Francis Primary School (125 children)



- Borehole for water (built)
- Double classroom x 1 (in process of being built)
- Teacher’s cottage x 1 (funding acquired)
- Double classroom x 1 (funding needed)
- Teacher’s cottage x 1 (funding needed)

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 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 11 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. 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 2016 African Mission has assisted Dr Towey in the following way:

- We purchased a Helix Ventilator and an Oxygen Concentrator
- Bought tracheostomy tubes (the importance of which is explained by Dr Towey below)
- Bought catheter tubes
- We paid the school fees and/or living costs for 5 nurses
- We purchased fingertip pulse oximeters
- Spare parts and accessories for anaesthetic medical equipment
- And we also purchased a Patient Monitor for a hospital in Ethiopia

Dr Towey writes – “An intensive care unit in rural Africa is a difficult service to sustain and St.Mary's Hospital Lacor Gulu is a very exceptional hospital to be able to provide such a facility. One of its very special services is the nursing care and management of patients requiring tracheostomy. A tracheostomy is performed when the patient has a difficulty in breathing due to an obstruction in the throat or when the patient requires long term ventilation on a machine. The nursing care is very demanding to keep the patient safe and prevent cross infection.

Looking back over the last 11 years we have had about 200 patients requiring tracheostomy care for a variety of diagnosis and our data shows that in this group our mortality is around 36% (see stats on facing page).

It's very important to collect this data as the demands of evidence based medicine practice requires us to demonstrate that the efforts of our surgeons, nurses and anaesthetists are not futile but contribute to good outcomes in the great majority of our patients.





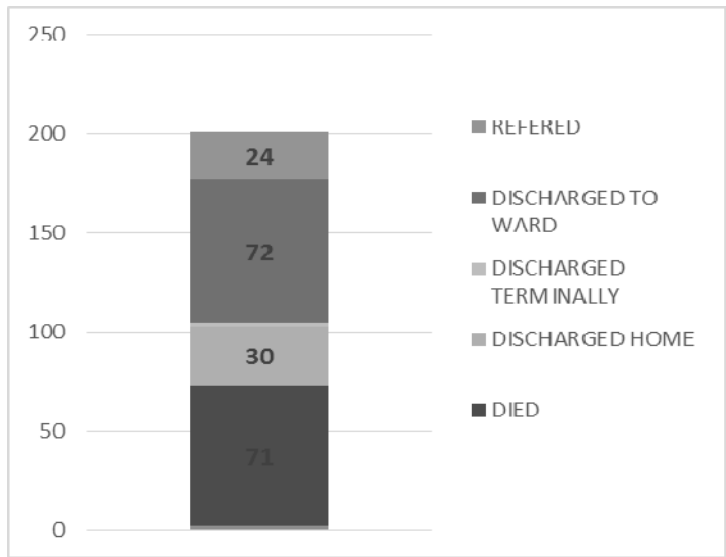
Each data entry of course refers to a unique patient who has their own special story to tell. The nursing care of a tracheostomy is very demanding and labour intensive to maintain it in a safe, clean and hygienic way and to prevent it blocking which would put the patient at great risk. Over the years African Mission has supported the purchase of numerous tracheostomy tubes and is now focusing in supporting tracheostomy tubes for the children.

their conditions resolve.

Many of these patients have conditions which require them to be referred for specialised surgical management in Kampala but many we are able to be discharged to their homes when

An example of how a tracheostomy can help - there was a one year old child whom I will call John admitted to hospital this year but that is not his real name. He had difficulty in breathing with signs that he had an obstruction near his vocal cords. He was taken to theatre urgently and a tracheostomy performed after which his symptoms and signs were resolved. After some days when John had recovered from the emergency he was examined under anaesthesia in theatre by a visiting ENT surgeon and it was felt that the cause of the respiratory obstruction could be caused by just the swelling of his vocal cords which might have been from some infection. He was given drugs to reduce this swelling and after some days the tracheostomy was removed but once again John was unable to breathe and the tracheostomy tube had to be replaced. After two months in the ICU John was examined once again in theatre under anaesthesia and no tumour or swelling was observed so again John's tracheostomy tube was removed. This time John was able to breathe normally and after a few days John went home breathing like any normal child of 1 year of age. After 2 months in the ICU his mother was very pleased that John could be taken home with a normal airway. We may never know the exact cause of John's initial airway problem but without a tracheostomy tube and all the skill of the nurses and clinicians involved the ultimate outcome might have been much different.

Collecting the data of how our patients with tracheostomy manage medically is an essential work which enables us to assess whether our efforts are effective. The training of a core of experienced nurses in the ICU with the skill to care for these patients is one of the most vital services the ICU offers and a supply of good quality tubes made available by our donors means that children in the ICU receive a sustainable specialised care".



**Tracheostomy patients approximately 200 from 2005-2016.
Mortality 36%**

AFRICAN MISSION 15-16 ACCOUNTS

	Year ended 31st March 2016	Year ended 31st March 2015
Receipts		
Donations	60893	67036
Interest received	8	12
	-----	-----
Total Receipts	60901	67048
Expenditure		
Medical/educational		
Uganda	14974	13285
Zimbabwe	29695	49851
	-----	-----
	44669	63136
Administration		
Office costs	758	780
Fundraising	307	483
Salaries	6796	6679
Travel		
	-----	-----
	7861	7942
Total expenditure	52530	71078
Receipts less expenditure	8371	-4030

	Year ended 31st March 2016	Year ended 31st March 2015
Cash at bank	15420	25655
Debtors		
	-----	-----
	15420	25655
Liabilities	0	18606
	-----	-----
	15420	7049
Reserves	7049	11079
Surplus/ deficit for year	8371	-4030
	-----	-----
	15420	7049