

# African Mission

## Annual Report

### 2024-2025



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.

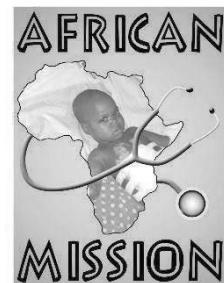
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**African Mission Trustees:** Tony Charlton, Nannette Ffrench, Pat Flood, Bernadette Hunt & Ray Towey



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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. Fr Tendai Dubet came to Fatima in March 2022 and Fr Itayi Mangenda arrived in October 2024.

In the 24-25 financial year African Mission has assisted Fatima Mission in the following ways:

- We covered the school fees and living costs for the 21 special needs young people living at Fatima Mission (£12,577)
- Covered the cost of Fr Jeya's internet (£511)
- Paid for the building of a piggery (£6,885)
- Paid to renovate a room into a dining room & tables and chairs for the new dining room (£4,891)

**Fr Itayi writes:**



*We want to thank African Mission and their supporters for your continued support and all the contribution you make towards the children with special needs in Fatima Mission. We have a total*



number of 21 children with special needs. We had hoped to increase the number to 22 children but the last child we offered a place to failed to turn up. It is becoming easier and easier to help these children because of the many projects funded by African Mission. We have received a great deal of support for various projects such as a multipurpose hall, solar powered water pump, solar geyser tubes [for hot water], a chicken co-op for both laying and broiler chickens, a piggery, a biogas (a renewable fuel) system for cooking and the expansion of the dining hall.

We no longer struggle or cry with power cuts because our solar power covers it and our children are never in the dark. In the hall children watch the news and other activities are carried out there too, such as instrument practice and playing. We also have no water shortages for our boreholes supply enough water. Our children use hot water for bathing from the solar geysers and it has

saved time and resources. The children now have a much better diet. We have chickens which give us eggs and broiler chickens to eat. We also we have pork for the children, thanks to our piggery.



Some of our children who are deaf and mute went to Harare last term for a quiz competition and they did extremely well. Also two of our boys flew to Namibia for Southern Africa athletics and they came back with bronze medals (see photo on left).

All of the above is possible thanks to the support and sponsorship of African Mission. In the last report it was mentioned that the piggery was 90% complete. It is now completed and we have a total of 33 pigs.

The Biogas system paid for by African Mission is a way of reducing deforestation, as we no longer need wood for cooking. It allows us to make use of the pig waste by turning it into gas for

cooking. This project is complete and is already in use. It has become easier for those cooking for the children (see photo on right). We again thank African Mission for accepting this idea and funding it.

As well as benefitting the children on a day to day basis, these various projects are also helping the children to learn practical skills e.g. how to take care of the chickens and the pigs. At weekends, when not at school they help with the various projects. We are very hopeful that the skills they learn will benefit them in later life after they have completed their studies.

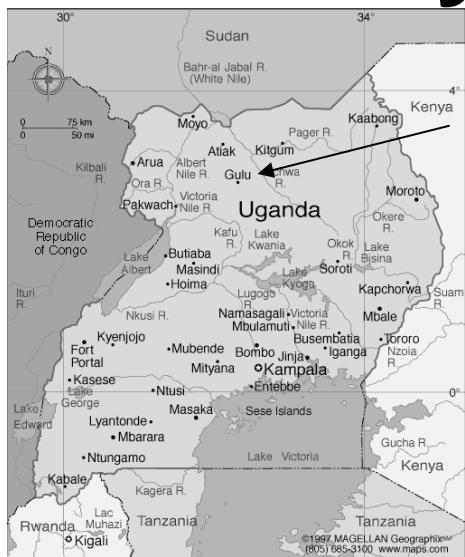


As mentioned above the extension to the dining hall has yet to be completed. Almost everything that is needed has been bought so hopefully by the end of this term (mid-December) the children will be able to use the new dining room.

We sincerely thank African Mission and its supporters for they support you have given to help these children with special needs. Your support is benefiting the children and indeed all of us living here at Fatima Mission.

With thanks  
Fr Itayi 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 24-25 financial year African Mission has assisted St Mary's Hospital in the following ways:

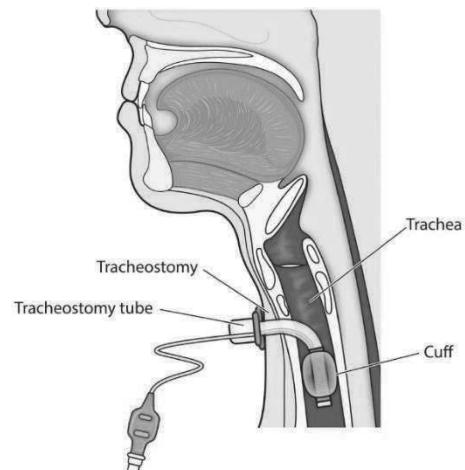
- By purchasing medical equipment (£6,319 including shipping costs)
- By paying the school fees & living costs of a young person living with an ongoing medical condition (£634)
- The printing & purchasing of 'Safe Anaesthesia' books x 20 (£540)
- By paying the course fees and living costs for a nurse (£1,148)

We also purchased a 10ltr Oxygen Concentrator & Pulse Oximeter (£1,379) for St Joseph's Hospital Kitgum, a community hospital serving the town of Kitgum and surrounding areas in South Sudan.

## Dr Towey writes:

*Intensive care in rural Africa has many difficulties but in St. Mary's Hospital Lacor Gulu the staff have risen to the challenge in many ways which has made the reputation of the hospital one of the highest in Uganda. One of the special skills of the ICU nurses is their experience in managing patients with tracheostomies. A tracheostomy is opening in the neck which allows a patient to breathe even when there is an obstruction in the throat from a tumour or some other tissue. The performance of a tracheostomy by the surgeon can be an urgent lifesaving procedure in the operating theatre or it may be a planned procedure in the ICU when the patient has been on a ventilator for some days and it is decided that as the ventilator support is required for more days it is better to move from a tube in the mouth to a tube in the throat permitting better care for the lungs and better feeding and better comfort.*

*In Africa it is not easy to obtain good quality tracheostomy tubes and African Mission has been able over many years to offer support of good quality tracheostomy tubes. This has been one of the most important contributions it has made to the hospital. Nursing a patient with a tracheostomy is a very skilled procedure especially in the early stages and the nurses in the ICU have many years of experience in this important skill. It requires careful suctioning to maintain the patency of the*



tube. Blockage of the tubes with secretions can be a life-threatening event and the nurses have to recognise this danger and deal with it rapidly when required. With good quality tubes the nurses' skill is complemented and supported and the patient mortality reduced. A good quality tube will possess an inner tube so that this can be removed easily when there is risk of blockage. It can then be washed and reinserted. The number of tracheostomies performed in our ICU and theatre is about 3 per month. We thank the generosity of our donors that enable us to provide this crucial support.



This patient in the photo below on the left collapsed after a Caesarean section under spinal and became critically ill. She was transferred to St. Mary's Lacor. After several days of medication and oxygen

therapy in the ICU she is out of danger. The maternal mortality in Uganda is 15 times that of UK.



The patient (on the right) was bitten by a snake and developed paralysis. When she came to the hospital she could hardly breath. She was put on a ventilator and after 2 days began improving. About 15,000 people die of snakebite poisoning each year in sub-Saharan Africa but it is likely this number is an underestimate as collecting data in Africa is very difficult and very inaccurate. The anti-venom medicine in Africa is not very



effective because it comes from India and the anti-venom needs to be locally produced to be effective.

## AFRICAN MISSION 24-25 ACCOUNTS

	<b>Year ended 31st March 2025</b>	<b>Year ended 31st March 2024</b>
<b>Receipts</b>		
Donations	39624	60545
Interest received	0	0
	-----	-----
<b>Total Receipts</b>	<b>39624</b>	<b>60545</b>
<b>Expenditure</b>		
Medical/educational		
Uganda	11208	23044
Zimbabwe	24865	21919
	-----	-----
	36073	44963
Administration		
Office costs	542	554
Fundraising	0	0
Salaries	6621	6621
Travel	0	0
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	7163	7175
<b>Total expenditure</b>	<b>43236</b>	<b>52138</b>
<b>Receipts less expenditure</b>	<b>-3612</b>	<b>8407</b>
	<b>Year ended 31st March 2025</b>	<b>Year ended 31st March 2024</b>
Cash at bank	16412	20024
Debtors	0	0
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	16412	20024
Liabilities	0	0
	-----	-----
	16412	20024
Reserves	20024	11617
Surplus/ deficit for year	-3612	8407
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	16412	20024

