

# Friends of Murambinda Hospital



UK Registered Charity 1073978



## ANNUAL REPORT

## 2008-9

## Contents

Background .....	3
Introduction .....	4
Report from Mary Miller from Murambinda .....	4
Expenditure .....	6
Staff Salaries.....	6
Fuel .....	7
Vehicles.....	8
Stationery.....	9
Incinerator repair.....	9
Food.....	10
Pharmacy .....	11
Donors.....	12
Finance report.....	13
Trustees.....	13
How to donate.....	14
FMH Contact Details.....	15

## Background

Murambinda Mission Hospital (MMH) is the Designated District Hospital for Buhera District in Manicaland Province, Zimbabwe. The Hospital was founded in 1968 by the Sisters of the Little Company of Mary, under the Catholic Church's Archdiocese of Harare. The Hospital carries out its mission to care for the poor by serving a population of almost 300,000 people in an area with a diameter of 200 kilometres.

The hospital's mission - to care for the poor - was as relevant in 2007 as it was in 1968, and it continues to be pursued with energy and dedication.

## Geography & Resources

Buhera District consists mainly of 'Communal Land'. This means there is no title ownership of land, (except within designated growth points, Murambinda and Birchenough Bridge). Land use is governed through a system of traditional leaders and elected councillors. Buhera covers an area of 5,364 km<sup>2</sup>. The area can be designated 'poor' in many ways:

- **Agriculturally:** 50% of the area is at low altitude with very low rainfall, and a miniscule land area is under irrigation. Irregular rainfall leads to poor harvests and food shortages.
- **Commercially:** 'Growth points' are centres that have been subsidized by the government to develop urban type residential areas, commercial enterprise and small industry. There are two 'growth points' in this area, but there are no major urban towns.
- **Industrially:** Dorowa Minerals – a phosphate mine – is the only sizable industry in the area, employing 300 persons.

Through hard work and experience gained from previous periods of hardship, the population of Buhera has developed a remarkable capacity for survival. However, poverty remains a great hindrance to the development of Buhera and its people. MMH, among others, aims to assist the community to overcome these hurdles.



## Introduction

Dear All,

Our work is entirely reliant on your donations. We receive no government grants. We spend none of your donations on expenses, administration, fundraising or publicity, so your donations go entirely on projects. One of our trustees, Mary Miller has spent a large proportion of the last year in Zimbabwe, supporting, monitoring and working in partnership with Murambinda Mission Hospital. Her report is illuminating.

Thank you once again for your help and support over the past year.

Mike Thompson

Chair FMH



## Murambinda Mission Hospital 2008-09 – A Personal Experience

I have just returned from 18 months at MMH, as a trustee of 'Friends of Murambinda' and as a Play Therapist helping to establish the new Child and Adolescent Resource Centre (CARC). I've been asked to write a few words about what it was like over the past year.

Most of you will know this was a difficult year for Zimbabwe and Murambinda was hard hit. As inflation rocketed and supply systems broke down, food was hard to find and Mr. Ruzengwe, the Internal Domestic Supervisor, spent increasing amounts of every day desperately scouring the district for supplies. At one stage patients could only be given milkless tea and sadza in a whole day, with a bit of protein every two or three days. However our donors – you – responded at once to an urgent appeal and FMH and TB Alert between them were able to send money that meant patients now eat a nourishing diet again, with more variety and meat or beans, sadza and vegetables every day.

Diesel too was a problem – a necessity to run the ambulance and vehicles and the generator to cope with the increasingly long (and unpredictable) periods each day without electricity. 4-hour round trips to Mutare were needed at least twice a week in the bakkie (Pick-up truck), carrying 4 or 5 fuel drums. These were made harder by the proliferation of road blocks during the period of intense political repression and often the drivers weren't back till after dark, sometimes without having been able to get fuel and having to try again the next day. Money from FMH allowed the Hospital to buy a 5,000 litre fuel tank, which transformed the situation.

The government grant to the Hospital, for running costs and drugs, became increasingly valueless and in August ceased altogether, as did the payment of staff salaries, so for most of the year the Hospital was entirely dependent on donor funds. Staff repeatedly expressed to me their personal gratitude to FMH, without whom they would have had no livelihood at all, and Murambinda was one of the few Hospitals in Zimbabwe to remain open and fully functional throughout the year. Inevitably this meant that patients came from far and wide, increasing the workload of the staff. From November on this was made worse by the cholera epidemic: a cholera camp was established in the Rehab Centre at Murambinda, run by MSF but staffed by MMH nurses, who had to add to their existing workload a 12-hour shift in the cholera unit, in what had previously been their off-duty time. For the 12-hours they received 5 US dollars. When I left in April the number of cholera cases had fallen greatly but there was a fear that it could re-emerge at any time as the basic causes – lack of clean water and sanitation in high density areas, which were then transported to the rural area as people travelled – had not been addressed.

After the national parliamentary and presidential elections last March, there was a difficult period when the army arrived in Murambinda to assist the local population in preparing for the 'run-off' presidential election in June. Field operations by NGOs, including food distribution, were prohibited, so the services of MSF and Dananai were greatly curtailed and we could only worry about what was happening to vulnerable patients in the remoter areas normally served by outreach teams. With a 6 p.m. military curfew, it was even more difficult than usual for patients to travel to the hospital and June was an eerily quiet month. Hospital staff had their work disrupted almost daily by visits from party cadres requiring immediate attendance at political meetings, where people were instructed in how to vote. MSF withdrew their expatriate staff from the area and Dr. Monica, Sister Barbara, my husband and I became the only white faces in Murambinda – an influx of members of the security forces from outside the area resulted in my husband being taken from the bike shop in the Growth Point for interrogation, until fortunately the local CHIO head returned from a meeting, explained that he was a long-standing friend of Murambinda Hospital and instructed them to let him go!

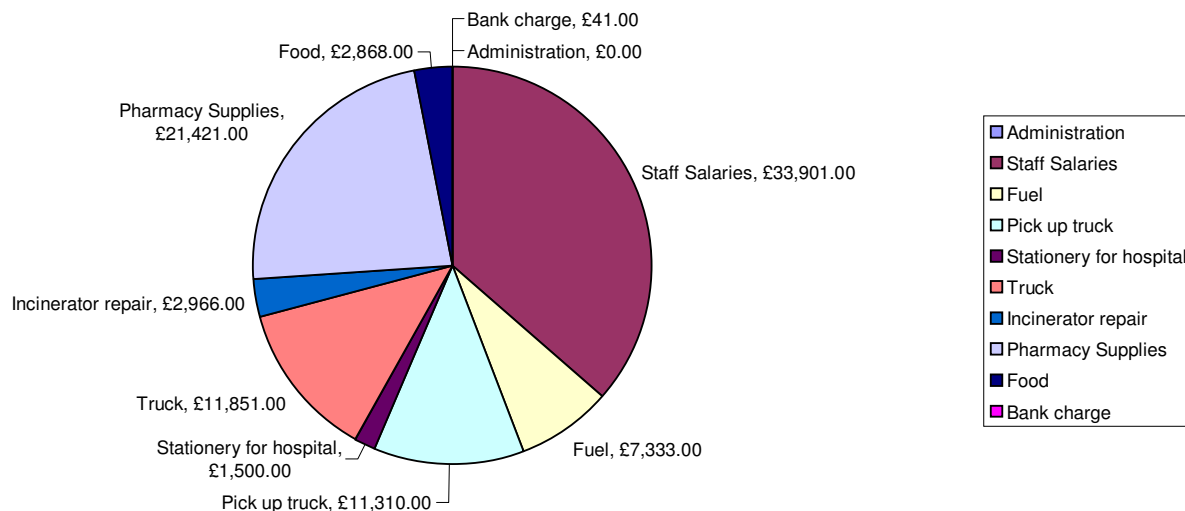
In July when the curfew lifted we saw an influx of victims of political violence to the Hospital – patients who had been forbidden to attend the Hospital earlier were now brought with unhealed wounds, mainly from beatings to the buttocks and feet, many of which now required skin grafting. It was a year of contrasts – between fear and cruelty on the one hand and hope and compassion on the other, as Hospital staff continued despite it all to care for patients; and between the erosion of all services nationally by lack of resources, and the generosity of donors that meant that MMH services survived and even moved forward. An example was CARC, which was created and developed from January 2008.

It was a year when friends were needed, and John and I felt privileged to be there on behalf of Friends of Murambinda Hospital. Just before our departure the whole community was shocked and saddened by the re-emergence of Dr. Monica's serious illness – we wish her well. She continues to work, and so does 'Friends of Murambinda'. As we left, all those in the Hospital community begged us to bring back to you their heartfelt thanks for your continuing support.

Mary Miller



## FMH Expenditure 2008-9



### Staff salaries supplements: £33601 allocated

Murambinda Mission Hospital's greatest resource is its staff. The salary supplements scheme aims to retain staff. In 2008 many government hospitals had to close in part because salaries had dropped to such a low level that in some cases the bus fare to work exceeded pay. Because of hyperinflation Government staff salaries to Registered General Nurses had fallen to US\$ 1.33 per month! That is approximately the price of one loaf of bread a month. Our salary supplement provided US\$ 20 per month for 40 nurses, as well as other supplements for key personnel including doctors. This together with supplements from other institutions enabled the staff to feed their families, pay school fees and keep the hospital open.

*"Nursing staff are in demand in the country considering a big brain drain in the country and that there are Non Governmental Organisations whom are running HIV and AIDS programs and are recruiting Nurses. Health Institutions in Zimbabwe are competing to get Nurses; some organisations paying in foreign currency and offering highly attractive packages.*

*Murambinda hospital has managed for the past two years to attract and retain nursing staff by giving its Nursing staff an allowance in foreign currency starting January 2007.*

*The staff establishment was filled up by end of December 2007; unfortunately Murambinda*

*hospital is surrounded by Non Governmental Organisations whom are looking for Nurses.*

*Murambinda wishes to retain the quality of staff it has, whom are dedicated and committed to work with little supervision".*

*Mr Mudzi Donor Secretary Murambinda Mission Hospital*



## Fuel: £7,333 allocated.

Without your donations diesel could not have been bought by the hospital as foreign currency was the only means of buying it. This would have prevented the supply trucks from getting food and medicines for the hospital, blood for transfusions, oxygen for acutely ill patients, stopped the generator from supplying electricity and the pump from pumping water from the borehole to the hospital. The diesel tank donated by FMH last year has enabled fuel to be bought in bulk at better rates and ensured a more secure supply.

*“Murambinda hospital use diesel on vehicles, generator and water engine.*

*Murambinda makes two to three trips to Mutare every week on hospital business that is patient transfers and other hospital business. Without fuel hospital won't be able to transfer patients to provincial hospital and make trips to do shopping for the patients and other hospital business.*

*The water levels in the river has gone down and likely to dry up very soon and this will mean water crisis in Murambinda as the river is the main source of water used in Murambinda. We therefore expecting to be running the water engine to supply water in the hospital and this require a lot of diesel since the engine will be running everyday.*

*Electricity remains a major concern in the country and there is load shedding happening to try to ration the limited resource. Murambinda hospital uses the standby generator to supply electricity to the hospital. The generator uses diesel and if the hospital does not have diesel therefore it will not be able to run the generator” Mr Mudzi Donor Secretary Murambinda Mission Hospital*

REDAN TRANSPORT		DELIVERY NOTE		DATE: 19/03/09	01284
15 LORELEY CLOSE, MSASA Phone: 091 2243 604 / 091 2247 437		CUSTOMER NAME: MURAMBINDA DISTRICT		COLORED FROM: MURAMBINDA DISTRICT	REDAN REF:
ADDRESS: HOSPITAL		OFFLOADED AT: HOSPITAL		DRIVER'S NAME: LUKE	TRUCK REG: 445 6441
TEL No:		PRODUCT LOADED: DIESEL		TRAILER REG:	
COMPARTMENT:		TOTAL DIESEL: 6000 LITRES			
DIP READING (cm):		SIGNED DRIVER: Jwa			
VOLUME (Litres): 2500 3500		TOTAL PETROL:			
LOADING NOTE No:		PRODUCT DELIVERED: DIESEL			
COMPARTMENT:		TOTAL DIESEL: 6000 LITRES			
DIP READING (cm):		SIGNED DRIVER: Jwa			
VOLUME (Litres): 2500 3500		TOTAL PETROL:			
INED CUSTOMER: BENTANIN		PRINT NAME: BENTANIN		SIGNED DRIVER: Jwa	
<b>CONDITIONS</b> Please note Redan terms and conditions apply:- not tow the tanker under any circumstances. Delivery volumes are calculated from dips taken of the truck tanks, which have been independently calibrated. Customer tank dips are NOT acceptable under any circumstances. If tanks are calibrated and the driver is not to offload until dips have been done and quantities to be delivered have been verified. We will not be held responsible for damages or injury which may occur whilst a person not in our employment is directing our drivers. Our drivers are under instruction from management to refuse to operate their machinery if they consider the operating environment unsafe.					

*“We are very grateful for your support, this project has helped us a lot, and fuel problem is now a thing of the past. We are able to maintain our fuel stock levels above minimum levels we have calculated our re-order level that gives us allowance to source fuel without leaving hospital dry. We always have enough fuel for our vehicles, ambulance to transfer patients and for the generator. Murambinda is running its generator almost on daily basis for alternate power supply to the hospital as the electricity situation in the country is worsening.” Mr. Mudzi*



### Pick up truck: £11,310 allocated

The hospital is 2-3 hours from the nearest towns by metalled roads. Frequent trips are necessary to collect food and medicines, bandages, oxygen, blood for transfusion. In addition the hospital has responsibilities to outlying clinics that require visits via unmetalled roads that are at times very rough. Time had taken its toll on the hospital's trusty Land Cruiser and its reliability was now in question with potentially disastrous results. We were happy to support this proposal and to facilitate the purchase from a vehicle dealership in Bulawayo.



### Truck: £11,851 allocated

Having helped to fund one vehicle, in October 2008 we received a second application. This was in part because the increasing difficulty of sourcing food and other supplies within Zimbabwe was necessitating more trips to Botswana and South Africa. A larger vehicle would mean fewer costly long trips.

*“Murambinda Mission hospital desperately need a second vehicle, because it is very difficult to rely on one vehicle for hospital business not considering patients transfers since they are done exclusively on ambulance. Murambinda is a very busy hospital and sometimes we need two vehicles to do hospital business at the same time and that is impossible with one vehicle. There are times when there will be business to be done in Harare and in Mutare the same day but with one vehicle it becomes difficult this has happened several times and hospital ended up borrowing vehicle from Dananai at times putting Dananai on disadvantage as they will also need their vehicle for their activities.*

*In event that the one vehicle we have for hospital business is send for service that will leave hospital with no vehicle. The reason why we keep ambulance for exclusively patients transfers it is because emergency cases are not predicted and if we take the ambulance to Mutare for other business anything can happen that will cause emergency transfers.*

*With two new vehicles Murambinda hospital feels this problem about vehicles will be a thing of the past.”*





## Stationery: £1500 allocated.

Stationery is mainly used for the following;

- human resources management: that is for employees' documentation including employee's files and correspondence.
- Other departments for patient documentation that includes patient files, stationery used by nursing staff on patient history taking this includes pens and exercise books.
- Recording and keeping of books of accounts
- Communication that involves letter writing, memos and filing of all correspondences

## Incinerator repair: £ 2966 allocated.

*"Murambinda hospital uses an incinerator for burning up surgical disposals from the wards that include used syringes, sharps, and gloves.*

*For infection control purposes it is recommended that every hospital has an incinerator where they can burn or destroy disposals from the hospital. It is very important that used sharps are destroyed because when get in contact with other people they can cause injuries and during this era of AIDS pandemic this can cause transmission of the deadly disease from one person to another.*

*Incinerator is a machine that is used to burn up or destroys things it produces heat that can destroy anything to ashes. Hospitals without incinerator uses pits they put the disposals in the pit and pour inflammable liquid to burn the disposals it has been discovered that with the pit disposals are not destroyed totally and with time these pits become full and are closed and people dig another pit. It is very possible that the disposal can be exposed and can cause injuries especially with sharp things. Children want to play near the dumping pits and it is likely that children may get in contact with the disposals.*

**WOODLANDS ENGINEERING (PVT) LTD**  
3 Chimanimani Road  
P.O. Box 1559  
MUTARE  
Tel: 60193 / 63934  
Cell: 011 226806  
Cell: 011 208635  
Fax: 60193

Yat No: 10012013  
No 4339

**INVOICE** 06/01/2009

M. Mr. Mudzi  
Murambinda Hospital  
Murambinda

Order No. \_\_\_\_\_ Delivery No. \_\_\_\_\_

To repair hospital Incinerator as per government requirement	
Total Price including vat	US\$4,834.00

MUTARE PROVINCE/REGION  
TERMS: STRICTLY 15 DAYS  
US\$4,834.00

*The main reason of using the incinerator is to make sure that all used disposals are totally destroyed and minimise chances of spreading infections.*

*Murambinda Mission hospital uses an incinerator to burn up used things from the hospital. The incinerator has developed problems and is not working properly. Murambinda hospital is currently using dumping pit. The dumping pit is in the hospital compass and it produces heavy smoke when burning the disposal that is health hazardous*

*Murambinda hospital for the safety of people and for infection control purposes would like to repair the incinerator so that it can be used for burning up disposals as there is no guarantee that things that are burnt in the pit are totally destroyed." Mr Mudzi Donor Secretary.*

## **Food: £2868 allocated.**

*“There is shortage of basic commodities in the country and that has increased demand and pushed up prices. Many retailer shops have closed because they have no stock to sell a few wholesalers that are still doing business are importing groceries from neighbouring countries (Botswana and South Africa) and are charging exorbitant prices for their goods.*

*Prices of food in the country are sky rocketing making it difficult for many households to feed their families it has also affected hospitals as they are finding it difficult to buy adequate food for the patients. The situation is getting worse and this has seen some hospitals reducing number of admissions and even planning to stop admitting patients and treat them as outpatients.*

*There are cases that need to be monitored and for that reason patients should be admitted.*

*Murambinda hospital provides breakfast, lunch and supper for its patients. Because of shortages of food and continuous increase in food prices Murambinda is reducing the amount of food given to the patients and this has also affected the diet of the patients as the hospital is failing to maintain a balancing diet.*

*There are patients who need more food like TB patients, the drugs they take requires more food.*

*The current patient diet is lacking proteins and the type of food that gives proteins are very expensive in Zimbabwe (e.g. Beef, Milk, dried fish).*

*Below is the current everyday diet for Murambinda patients.*

*Breakfast....Porridge without Margarine/Peanut butter. (Just salt and sugar added)*

*Lunch.....Sadza and cabbages*

*Supper.....Sadza and cabbages (sometimes with not enough cooking oil)*

*Then twice a week they get two meals with sadza and beef or milk.*

*Murambinda would like to give a standard balanced diet to its patients.*

*Murambinda hospital is requesting for funds to buy the following food items so that it can maintain a standard diet for the patients.”*

1. Sugar 200kgs at Z\$500Milion per 20kg .....	Z\$5,000,000,000.00
2. 200 litres cooking oil at Z\$800Million per 2litre...	Z\$80,000,000,000.00
3. 50 kgs. salt	Z\$1,000,000,000.00
4. Dried Fish 24kgs	Z\$750,000,000.00
5. Beans 100kgs	Z\$5,000,000,000.00
6. Maize 30 x 50kgs	Z\$4,000,000,000.00
7. Peanut butter 40kgs	Z\$3,600,000,000.00
8. Royco soup 90 x 75g	Z\$1,000,000,000.00
Total	Z\$100,350,000,000.00
<b>Grant Total</b>	<b>Z\$100,350,000,000.00: 1,254£</b>
<b>Exchange rate: Z\$80,000,000:1£</b>	

*Mr Mudzi Donor Secretary*

## Pharmacy supplies: £21,421 allocated.

*“Pharmacy supplies are difficult to get in Zimbabwe as there is shortage of foreign currency in the country which has caused manufacturing companies to stop manufacturing due to shortages of raw materials. Zimbabwe is now relying on imported products but due to shortages of foreign currency in the country a few companies are able to import pharmacy products.*

*With month on month hyperinflation throughout causing rocketing price increases, the Pharmacy department is finding it very difficult to cope. Maintaining the stocks above the minimum is a tall order. The cheapest supplier in the country, Natpharm (wholly owned by the government) is currently running below minimum stock, with most drugs and surgical supplies not available.”*

*Mr. Mhlanga Pharmacy Technician Murambinda Mission Hospital.*

For most of the supplies Durbin a UK based company was the most cost effective solution. We placed a large order which arrived successfully and as a donation it was not liable for customs duties.



## Donors

We are very grateful for all those who have made a donation in the last year including the following.

A & N Brichieri-Columbi	I E Monro	Ms C Whittaker
A & P Cudworth	I Mathieson	N & S Stone
A E Bell	I&E Dunn	N Carden
A McCall Smith	Inverclyde taxis	N Kuenssberg
A Weatherhead	Iona Comm Fam Gp	N. Pressick
AF Wilson	J & A Connolly	Neil MacGregor
		Norman Stone & Sally Magnusson
Alice Rigby	J & H Burleigh	Oscar Newson
Alison Totty	J & J Slater	Our Lady/St Swithuns
		Southsea
All Saints Gosforth	J & M Miller	P Hynes
Anna Poloni	J & M Potter	P Millar
Anonymous donors	J Harvey	Pere Philippe Waffelaert
B Laine	J Hay	R & C Rigby
B Lodge	J Jameson	R & H Scott
Belger/ Todd	J Matthews	R & J Last
Bill & Brenda Martin	J Millard	R Belger
Bob & Mary Paris	J Raimondo	R Burridge
Burridge	Jane Wilson	R Stott
C & J Jones	Jo & Birkin Haward	RE Millard
Callum & Sophie Miller	J Yuill	Sir Roy Scott
C Connolly	J&C Cooper	RPharmS (John)
Catherine Sherwood	James Miller	S & C Doran
Cathy Hewitt	Jane Wilson	S Parkin
Cathy Crawford	Jean Rowan Hamilton	Simon Rowland
C Takundwa	Jeely Piece Club	Smiths
Castlemilk High School	Jennie Struthers	South Shawlands C.of S.
Cheltenham CV Rotary Club	Joan Fletcher	Susan Stevenson
Chris Mullin MP	JV Connolly	St John's Harpenden
Clare Connolly	K & B Saunders	St Mary, Wimbledon
D & M Connolly	K Howard	T Rault-Smith
D & R Stepien	L Walker	Tibden Trust
D Marshall	Lord Smith of Kelvin	V Graham
Deborah Miller	M & C Benson	W & E O Neil
Derek & Helen Pope	M & C Williams	Wolsingham PCC
Dorothy McClements	M Gill	
Prof D A Chamberlain	M Hart & P Jennow	
E Lockhart	M J Dennis	
E Lyall	M Macintosh	
E Slater	M McTaggart	
E Thompson	M Thompson	
Elim Church	M Thomson	
Eric Lomax	M&F Connolly	
Eston Trefoil Guild	M&M Quigley	
G & K Clark	M&T Connolly	
G & S Milne	Madeleine Thompson	
G West	Marion Mitchell	
Glasgow Cathedral	Martin & Robbie Johnstone	
Hospitallers of St. Lazarus	Mayor J Fletcher	
Howard & Germain	Miller Primary School	
I & E Johnston	Mr C Miller	



## FINANCIAL REPORT 6.4.08-5.4.09

BALANCE BROUGHT FORWARD £ 36,269.00

INCOME £ 80,161.00

Standing orders	£	14,083.00
Interest	£	1,417.00
Reclaimed tax	£	7,116.00
Other donations	£	57,545.00

PROJECTS FUNDED

Salaries	£	33,901.00
Food for patients	£	2,868.00
New vehicles	£	23,161.00
Fuel	£	7,333.00
Stationary	£	1,500.00
Incinerator	£	2,966.00
Essential medical equipment	£	21,421.00
Bank charges	£	41.00

EXPENDITURE £ 93,191.00

BALANCE AT YEAR END £ 23,239.00

N.b. Apart from £41.00 bank charges, every penny donated went to Murambinda Mission Hospital. The trustees bear all administrative costs themselves and give their time freely.

## Trustees

We have five trustees, Dr John Connolly, Mrs. Mary Miller, Dr Carolyn Rigby, Dr Michael Thomson, and Dr Michael Thompson. All have worked at Murambinda in the past. Mary was at Murambinda on and off for much of the last year to help build our partnership with staff at Murambinda and to monitor projects.

## Gift Aid Declaration

Friends of Murambinda Hospital (Reg Charity

1073978)

I

title

of

(address)

Postcode

would like Friends of Murambinda Mission Hospital to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I will notify Friends of Murambinda Hospital if I no longer pay an amount of income tax equal to the tax reclaimed on my donations.

Signature

Date

Please return this half of completed form to

Dr C Rigby, Treasurer,  
Friends of Murambinda Hospital  
East Park Cottage  
Hutton Lane  
Guisborough  
Cleveland TS14 8AA

Please cut-----

### BANKERS ORDER FORM

To the manager of my bank

Date

/ /

Name of my bank

Bank plc

Address of my bank

Postcode

Please pay Friends of Murambinda account no. 40-52-40 00006100

at Cafcash Ltd, Kings Hill, West Malling, Kent ME19 4TA

the sum of  
£

every

month/quarter/year\*

\*delete as required

starting on

/ /

until further notice.

Please debit my account no.

Name (capitals)

Address

Postcode

Signed

Please return this half of completed form to your bank

## FMH Contact Details

<b>The Treasurer</b> <a href="mailto:richardrigby@doctors.org.uk">richardrigby@doctors.org.uk</a>	East Park Cottage, Hutton Lane, Guisborough TS14 8AA
<b>The Chair</b> <a href="mailto:f.m.h@live.co.uk">f.m.h@live.co.uk</a>	55 Wilbury Avenue Hove BN3 6GH
<a href="http://www.fmh.org.uk">www.fmh.org.uk</a>	

### Donations

Please donate what ever you can by sending cheques payable to “Friends of Murambinda Hospital” to the treasurer at the above address or by filling in a standing order form overleaf. If you are a UK tax payer please also complete the Gift Aid form so that we can reclaim the tax from the Inland Revenue. If you have a non UK bank account please contact the treasurer or Chair for SWIFT and IBAN details.

### Fundraising

If you would like to organise a fundraising event we are happy to provide publicity materials including leaflets, a small exhibition and Powerpoint presentation, and perhaps a speaker. Please contact the Chair; details above.



- Murambinda Mission Hospital is a beacon of good care. It is more reliant than ever on external funding due to conditions within Zimbabwe. Help it to survive in these turbulent times.
- FMH relies entirely on donations to pay for the projects we are asked to fund.
- Be assured all donations go to help projects at Murambinda,

