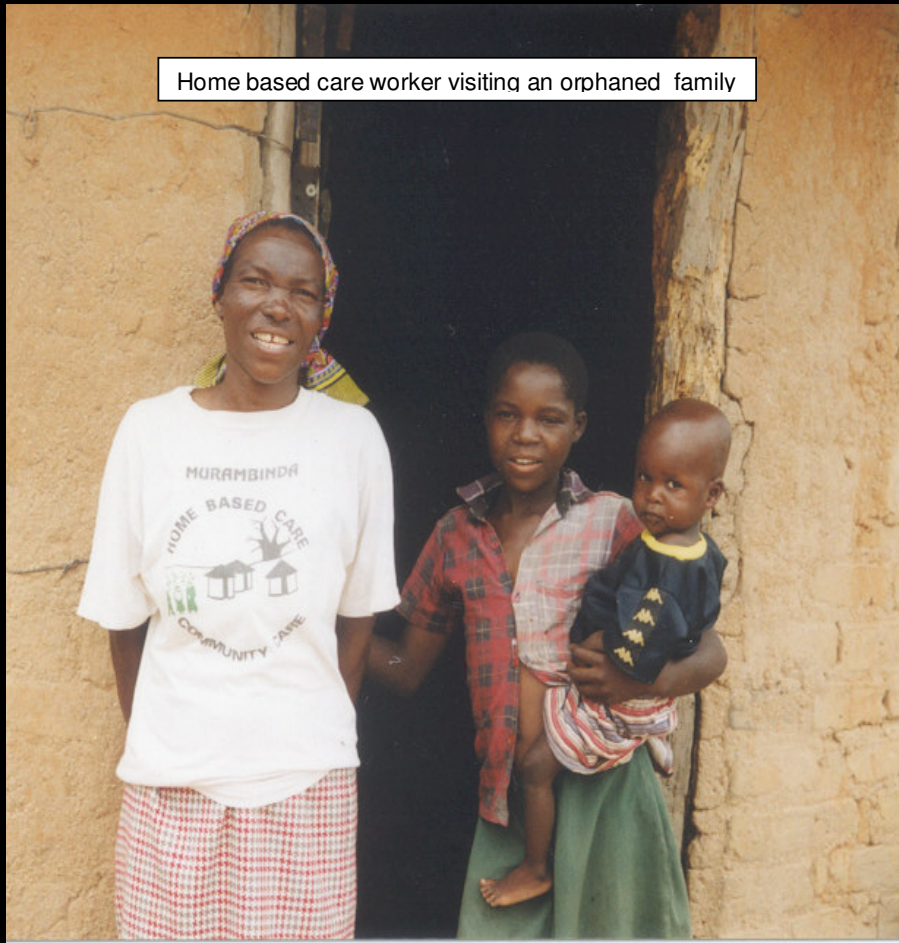


FRIENDS OF MURAMBINDA HOSPITAL

Home based care worker visiting an orphaned family



Annual Report 2004

Registered Charity No. 1073978

MURAMBINDA MISSION HOSPITAL

**P.O. BOX 20, MURAMBINDA
ZIMBABWE**



ANNUAL REPORT 2003

We support the work of the Murambinda Mission Hospital ,and one of the ways we gain information about the hospital is through the annual report produced by the hospital every year. It is very important that we know where your money is going. Throughout this report we will include excerpts from the Murambinda report for 2003 (the excerpts will be printed in red) and we will send the report ,in full ,to you if you need it.

Introduction to the Murambinda Mission Hospital

Annual Report for 2003

Murambinda Mission Hospital is a Catholic institution founded and run by Little Company of Mary since 1968, under the Catholic Church Archdiocese of Harare, Zimbabwe to care for the sick and the poor. It also acts as the District Hospital for Buhera District in Manicaland Province of Zimbabwe and caters for a population of almost 300, 000 people.

The year 2003 saw the hospital struggling to recover from a very harsh 2002 and continuing to face more financial crisis as the state of the Zimbabwean economy continued to deteriorate and the drought continued for two straight years.

It was through the perseverance of the hospital staff as a whole and with the help of donor support that the hospital pulled through these hardships and manage to give quality care for the community.

BACKGROUND

Geography

Buhera District consists of 'Communal Land'. This means there is no title ownership of land. Its use is governed through a system of traditional leaders and elected councillors.

Buhera covers an area of 5,364km². The area can be designated 'poor' in many ways:

Agriculturally; 50% of the area is at low altitude with very low rainfall. Very little area is under irrigation.

Commercially; two 'growth points' exist, which are centres that have been subsidized by government to develop urban type residential areas, commercial enterprises and small industry. There are no major urban towns.

Industrially; Dorowa Minerals – a phosphate mine- is the only industry in the area, employing 300 persons only.

The farmers of Buhera are mainly subsistence farmers.

However, poverty remains a great hindrance to the development of Buhera and its people. Murambinda Mission Hospital, among others, aims to assist the community to overcome these hurdles.

Sustainability

A sizeable increase in grant aid from the Ministry of Health and Child

Welfare, combined with large contributions from International and private donors, kept the hospital viable, in 2003. Among other items, donors contributed in kind or financially for perishables. For example pharmaceuticals, food, focused operating expenditures for selected operations like Maternity and allowances were provided. In some cases outright donations for long term capital investments were made, e.g. a new Autoclave was finally installed and paid for supported 80% by donor funds, paint for the hospital and nurse training school was purchased and supported to the tune of 25% by donor funds, the painting of the hospital and the Nursing school was supported by donor funds.

(Murambinda Mission Hospital Annual Report 2003)

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Murambinda Hospital is in the Buhera region of Zimbabwe. It is a poor area of semi arid land mostly inhabited by subsistence farmers.

What is Buhera like ? Here is an extract from a letter from Dr. Monica Glenshaw District Medical Officer Murambinda Hospital

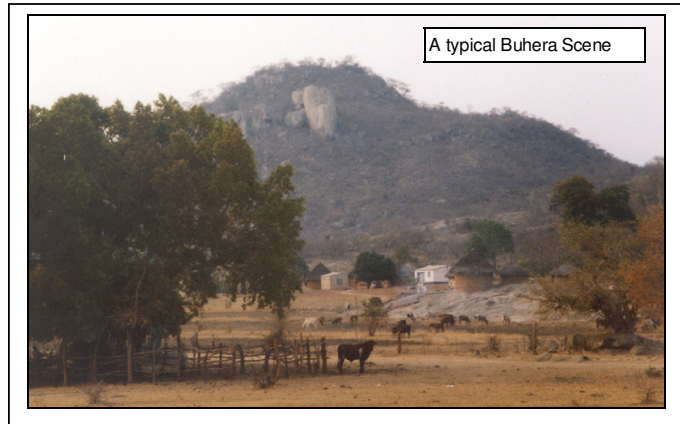
The landscape is what we would call hilly savannah and thorn bush. Scattered throughout this landscape are small farms consisting of two or three fields where the farmer, often a woman, grows maize

,or in the drier southern part of the district sorghum, together with beans, sweet potatoes, and pumpkins. Usually there is a small vegetable garden where tomatoes and sweet cabbage and onions are grown. All this depends on the rain fall which is very unreliable.

Buhera is a dry low lying area, with relatively poor soil. Life in general is a struggle, and many of the men go to work in the larger towns of Zimbabwe. The main source of cash for the majority of the people in Buhera is money brought in by persons working in the towns.

Buhera is the second poorest district in Zimbabwe. The area is totally made up of what is called communal land i.e. there is no title to land. The chief grants land to members of his tribe. The people of Buhera are a hardy lot, they put up a stiff fight during the war of liberation, and in good years they harvest enough to feed themselves and are independent. This year the rains were initially poor and when they did come in good amount Feb./March it was too late for much of the maize crop and there was no seed to plant late, thus times of food shortage continues, aggravated by the fact that food to buy commercially is in short supply, and if available at a price the local Buhera person cannot afford.

Literacy rates are just below the national average of 40-50%, but this will fall, as cash for building fees, a fee charged to the parents for school development, but in fact a school fee, becomes scarcer and scarcer. The number of Orphan headed or Granny headed families grows with the AIDS epidemic. The HIV+ rate here is 30%, the infant mortality also just higher than the national average of 65/1000, life expectancy, about 47years as for the rest of the country.



A typical Buhera Scene

FMH Annual Report 6/4/03-5/4/04

Another difficult year has passed for Zimbabwe, the people of Buhera and for Murambinda Mission Hospital. From a distance some tragedies can seem too big to contemplate and our efforts too small to be worthwhile.

However through your donations to FMH, in the last year Murambinda Hospital has achieved many things. The Nurse Training School has reopened, the hospital has continued to function with three doctors in post when many similar rural hospitals have none, the pharmacy has been able to manufacture on site useful medicines unavailable at other health care facilities. There have been 6063 admissions, 1652 births and 239 major operations.

As a result of a commitment to high standards and a pioneering approach the hospital has been able to forge links with other non-governmental organisations to provide a base for supplementary feeding schemes, run a Prevention of Mother To Child Transmission (PMTCT) HIV programme, start a Voluntary Counselling and Testing (VCT) clinic with a linked Opportunistic infections clinic and improve follow up of TB cases.

We aim to provide long-term support in partnership with those working at the hospital. We listen to those working in the hospital and respond to the needs they identify. At times they may seem unglamorous demands such as salary support for administrative staff, but having stability in such posts can make the difference between chaos and a hospital that runs smoothly and is attractive to other international donors. FMH's role is vital as Zimbabwe government's financial support declines in real terms. Thank you for your support.

Your efforts are worthwhile and needed more than ever.

Mike Thompson
Chair FMH

Tuberculosis and HIV/AIDS related disease were the major cause of morbidity and mortality in the General Inpatient Department during the year. This could be due to the fact that an individual with HIV/ AIDS has a 10% risk annually to acquire tuberculosis (Murambinda Mission Hospital Annual Report 2003)



Hospital Infrastructure

Water Supply

In drought years staff have in the past suffered from lack of running water. A supplementary piped borehole water supply has been constructed to ensure a more reliable water supply for staff thanks to a donation of £1824. Many thanks to Bernadette and Stewart Reid and for Wetherby District Lions Club for supporting this project. *Pictures from the hospital staff detailing the progress of the water project are on the next page.*

Paint

Much of the outside of the hospital had not been painted for 20-30 years. The inside had been painted more recently but for hygiene reasons regular repainting is necessary. We contributed £ 3000 towards the cost of repainting.

There was measles outbreak in Zangama from April to August 2003 and it was only discovered in August. This was because it occurred in a strongly apostolic faith region. National immunization week for measles was carried out in the District.

A second outbreak occurred in October in the same region stretching from Zangama to Muzokomba and a mop up immunization had to be carried out in those areas successfully. This exercise was run and supervised by MoH&CW, for which the hospital is very grateful, as handling measles at Secondary care level is quite a task. (Murambinda Mission Hospital Annual Report 2003)

Murambinda Mission Hospital

Staff Water Project

In Pictures



General view



Project gathers momentum



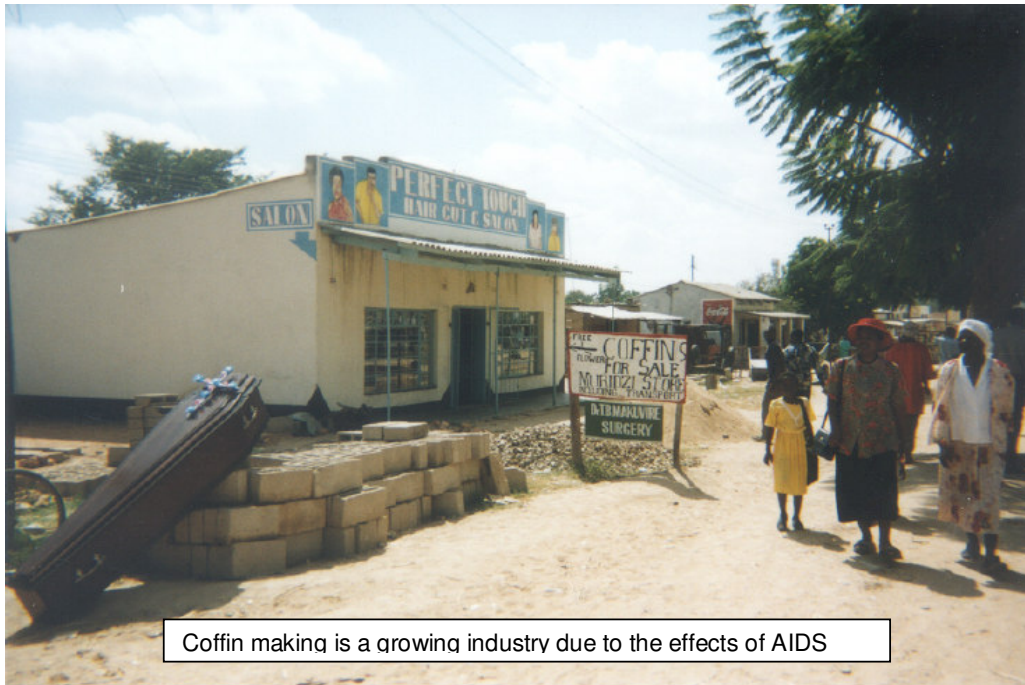
Stand Pipes ready for taps



Happy families with water splashing out

Never underestimate the value of good clean water.

There was also a cholera outbreak in the beginning of the year in Chiweshe with six suspected cases, three of the cases were confirmed positive whilst two were unknown and one negative. Murambinda Mission Hospital Annual Report 2003



Coffin making is a growing industry due to the effects of AIDS

Hospital Supplies

The price of basic drugs in 2003 skyrocketed on a daily basis making Mr. Mbizi the pharmacy technician's job very difficult and this also meant that the supply of essential drugs became erratic. (Murambinda Mission Hospital Annual report 2003)

Pharmacy

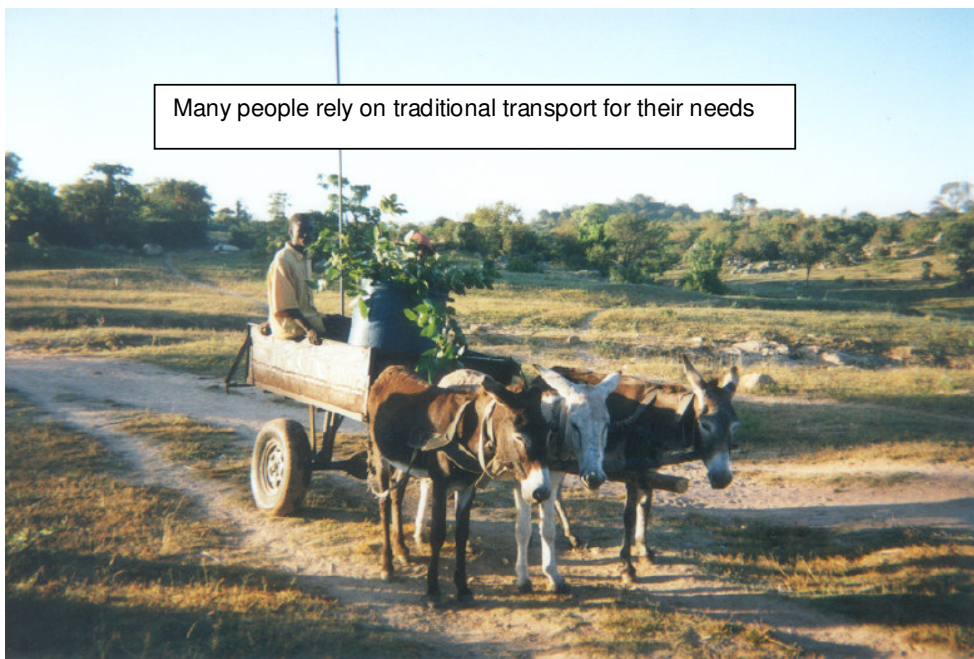
Economic difficulties have made imported medicines scarce and very expensive. FMH donated £2800 towards the cost of raw materials to allow manufacturing of certain medicines at the hospital. These include treatments for burns, stomach problems and painkillers.

Blood glucose testing strips are vital in the management of diabetics and those in comas. The costs have been exorbitant in Zimbabwe. We supplied glucose testing strips from the UK at a cost of £1182. From 2004 we are also contributing £9000 a year to help the pharmacy to stock at least a limited list of essential medicines. **Sadly our funds allowed us to commit only half the amount requested by the hospital.**

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A diabetic clinic was organized and held every first Thursday of the month. During this diabetic clinic patients were taught about proper diabetic diet, medication and how to inject themselves correctly, to recognize danger symptoms of hypo/hyperglycaemia, proper feet and nail care and all the health awareness needed for diabetic patients. The clinic faced the problem of lack of insulin and Dextrostix towards the end of the year, this was explained to the patients who were very understanding. (Murambinda Mission Hospital Annual Report 2003)



Many people rely on traditional transport for their needs

HOSPITAL PEOPLE

Nurse Training School

The nurse training school had been closed since 1996 due to the lack of a suitably qualified tutor. FMH paid the costs for one of the hospital's senior nurses Sr Mudzingwa to obtain the necessary degree to allow her to become a nurse tutor. The training school has reopened and is offering a 2 year basic training course to 15 nurses. Another 6 will start in June. This increases local educational opportunities, helps improve the hospital's prestige and also helps the hospital's staffing problems. This year we funded educational equipment including a television and video, and IT training at a cost of £570. For the next 2 years we shall be contributing £600 a year to help support the development of the training school.

Donor Secretary

As the Zimbabwe government's funding of the hospital declines after allowing for hyperinflation, the hospital is increasingly dependent on non-governmental funding for survival. Applying for funds from such bodies and providing the necessary monitoring information, if successful, is very time consuming. FMH continues to fund the post of donor secretary to undertake this role.

HUMAN RESOURCES

2003 proved to be a very taxing year for the staff of Murambinda Mission Hospital both at the workplace and socially. There was severe staff shortage especially in the maternity department, which was running with a skeleton staff. This affected the smooth running of the hospital with staff members being moved from their respective departments to go and relieve pressure in maternity and out patient departments.

Sadly the hospital lost one staff members, Ms Chinodya after a relatively short illness, Sr Mashinya, left the hospital in February for employment elsewhere, Sr Machaka left the hospital to take up employment elsewhere in December. Sr Madziya joined the staff in February.

Mr. Mutangadura joined as EOH in February, but asked to leave again in July to pursue further studies, the EOH post was filled by Mr. Shuwa until October, when he also resigned for 'greener pastures'.

Much preparation for the opening of the Nurse Training school in 2004 has been under taken, including two three month attachments for Sr Mudzingwa and Sr Matava to Mutare Nurse Training School

Murambinda Mission Hospital Annual report 2003

Doctors

We continue to provide incentives to encourage doctors to work at Murambinda Mission Hospital which has historically been an unattractive setting to doctors because its isolated rural site offers few of the advantages of larger urban hospital practice. The bonus payments are as follows; after 1 year's service £ 800, after 2 years £1600, 3-5 years £1200 per annum, 5-10 years £1800 per annum, and 11+ years £2400 per annum.

We are fortunate to have Drs Thabani Mupudzi, Felix Kwenda and Monica Glenshaw in post when many similar rural hospitals now have no doctors.

There have been 2 Rabies deaths in the district. These were patients who lives could have been saved after a dog bite, but rabies vaccine became out of stock in the whole country for the greater part of 2003 and for a full vaccination after a dog bite it now costs Z\$1,200,000.00 which is unaffordable for both our poor clientele and the hospital.

Murambinda Mission Hospital Annual report 2003

Staff Support

We provided £500 for the staff development fund towards the cost of professional development and training.

Salary supplements

The Zimbabwe government pays the salaries of most of the staff but at a lower rate than for non-mission hospitals. Hence there is an incentive for staff to leave to go to urban hospitals. For certain key posts FMH supplements salaries to help encourage staff to stay at Murambinda. Having stability of staff is a key factor in a successful hospital.

The situation became worsened for our clients/ patients who have chronic diseases, as they could no longer afford monthly drug purchases. An example is insulin the price changed from Z\$15 000 to Z\$60 000/mth [this being the Murambinda hospital charge, in fact, the real rate could have been as high as Z\$ 600,000/mth/patient]. Murambinda Mission Hospital Annual report 2003)



Posts wholly funded by FMH	Current post holder
Nurse aide General hand Clerk Donor funds secretary	Mrs Tarisai Mangwanani Mr Raviro Mutero Mr Forward Chikaka Mr Saul Nezandonyi
Posts partly funded by FMH	
Pharmacy technician Anaesthetic nurse specialist Pharmacy assistant General Medical Officers District Medical Officer Senior Volunteers x6 Junior Volunteersx4	Mr Mbizi Mr David Murendo Mr Lindiwe Wagoneka Drs Thabani Mupudzi and Felix Kwenda Dr Monica Glenshaw

DROUGHT

Drought and food shortages have remained a problem. There are no commercial farms in Buhera so that land redistribution has not had any direct effect. Since most local people grow their own crops to eat, last year most people would have gone hungry without food aid. FMH has not been directly involved in providing food aid as the scale of the problem is beyond our means, and because other organisations have stepped in. The World Food Programme of the United Nations has been feeding approximately $\frac{3}{4}$ of the population, Medecin Sans Frontieres (MSF) continued to run therapeutic feeding programme at the Waiting Mother's Shelter (Matumba) at Murambinda Hospital and the Catholic church has been distributing meals to several hundred daily at Murambinda.

THERAPEUTIC FEEDING CENTER

The continuous drought affecting Zimbabwe for the second year running resulted in an increase in the number of children with malnutrition in the district. There was need for a feeding scheme to cater for these unfortunate children. Medicines Sans Frontier – Luxemburg (MSF) entered a partnership with the hospital to open and run a therapeutic feeding centre at the hospital called Therapeutic Feeding Centre (TFC). They took over the other part of Matumba shelter and renovated and refurbished the place putting up beds and also did the same to the old rehabilitation centre. Arrangement were made to ensure that all the children below 5 years who were eligible for admissions to TFC were referred to the hospital and their parents had their bus fares reimbursed. Initially the death rate at the centre was high but as the intervention took roots there was a drastic reduction in the death rate and a great cure rate for children admitted to the centre. The feeding centre has become popular and a great help for the community, as it seems the drought will continue into 2004.

Murambinda mission Hospital Annual Report 2003

ECONOMIC INSTABILITY

Hyperinflation exists and the Zimbabwe dollar is able to purchase less and less in real terms. In Spring 2003 banks in Zimbabwe were offering parallel exchange rates of around Z\$800 to £1. A year later the rate is Z\$8000 to £1. In order to ensure that money donated to FMH is used as effectively as possible we have enabled Murambinda hospital to open a sterling account so that money donated is relatively immune from depreciation until the time it is spent. It also allows the hospital to purchase some essential imported goods such as medicines that are only available in “hard currency”.

DENTAL COMMUNITY OUTREACH PROGRAMME

Dental pain causes a disproportionate amount of misery. In the current economic circumstances many people are unable to afford transport costs to and from Murambinda Hospital. The hospital dental technician requested funding to enable him to travel to secondary schools to offer dental services to pupils and to anyone in the surrounding community free of charge. We funded the cost of £463.

As a result programmes were held at Hande and Mamunyadza Secondary Schools with 272 patients seen and treated. *Please see the next page to read the original proposal for this scheme.*

NOV03/4 DENTAL OUT OUTREACH PROGRAMME.

We hereby write to you requesting funding of dental outreach programme.

(1)DENTAL DEPT

The dental department is part of Murambinda Mission Hospital and it serves the whole of Buhera district. All operations of this department are directly supervised by Dr Monica Glenshaw. As the hospital is down on its knees it has to resort to other sources of finding.

(2) BUHERA DISTRICT

Buhera district is still the second poorest in the country. It has an estimated population 350 000 people of which 46% is living below the poverty datum line. The district has very limited resources, being in a low lying area with low rainfall, making it an area highly prone to drought. The district is poor in infrastructure with one tarred road, three small mines. The population is mainly made up of women and children, as the men are forced to leave to developed areas to seek for employment.

These factors together with high inflation and high cost of living combine to show that the district is extremely poor, therefore the population struggles for even the basics of life. More over these reasons force the people to endure toothache since they cannot afford to meet the costs of dental treatment and transport to the hospital. The hospital has therefore decide to appeal for funds so that instead of the patients struggling to come to Murambinda, we go to where they live and carry out tooth extractions free of charge. Some patients come from as far as Birchenough bridge which is 100km away to seek dental services.

3. HAVE WE DONE A DENTAL OUTREACH BEFORE?

Yes, we have gone to the community and the response was overwhelming despite the poor campaign. The results showed that having done proper campaign we can attend to not less than 85 people per day.

4. HOW MUCH IS NEEDED FOR THE PROJECT?

Z\$125 062 500 approximately 15 000pounds

(5) BREAKDOWN OF THE WHOLE AMOUNT

Cost of 1 tin local anaesthesia = \$850 000

Cost of 1 box needles = \$100 000

125 tins X \$850 000 = \$106 250 000

25 boxes X \$100 000 = \$ 2 500 000

Subtotal = \$108 750 000

Grand total tax inclusive = \$125 062 500

6 WHICH MATERIALS ARE NEEDED AND IN WHAT QUANTITY

125 tin local anaesthesia
25 boxes needles

7 WHAT WILL HAPPEN DURING THE PROGRAMME?

Tooth extractions and dental health education will be done in targeted areas.

8 WHERE EXACTLY WILL BE THE PROGRAMME?

At schools –primary or secondary schools. Therefore the authorities of the targeted schools will write reports of their observations and they will be send to you. 5 Schools have been targeted

9 WHICH IS TARGET GROUP?

Anyone in need of a tooth extractions

10 HOW LONG WILL THE PROJECT TAKE?

Five consecutive weeks

11 WHEN WILL BE THE PROGRAMME IMPLEMENTED?

It depend will with the availability of funds. We intend to carryout the project early 2004. But if the funds are not secured by then we are left with no choice except delaying the project.

12 HOW WILL YOU KNOW IF THE PROJECT HAS BEEN DONE?

Dr Monica Glenshaw will be directly responsible for the whole programme, there fore she will write reports to you. Photos of happy children and their parents who will have benefited will be send to you. The headmaster’s report on their observations will also be send to you.

13 IF FUNDS ARE DONATED WHERE SHOULD THEY BE SEND?

If funds are donated they should be send to Murambinda Mission Hospital or deposited direct into Murambinda Mission Hospital bank accounts

We will be more grateful to hear from you.

Yours faithfully
Richard Maisvorewa

DENTAL DEPARTMENTAL

There has been a sharp increase in the number of patients visiting the department. In the year 2003, 842 patients visited the dental department at Murambinda Mission Hospital compared to 662 patients in 2002. Most of the patients had one or more teeth extracted. The sharp increase is mainly due to escalating costs of dental treatment, since people from Chivhu, Rusape and Sadza catchments areas are coming to Murambinda because their dental clinics are very expensive. Government Hospitals have been charging \$15 000.00 for a tooth extraction in the year 2003. If the situation persists then the number of patients visiting the dental clinic might double.

Dental outreach programmes were done at Mamunyadza Secondary School and Hande Secondary School. At Hande Secondary School 152 patients visited the Mobile Dental clinic and 120 patients visited at Mamunyadza School.

In total 842 teeth were extracted at the hospital, Hande and Mamunyadza. As usual, tooth extraction constituted the bulk of dental work.

Shortage of dental equipment and local anaesthesia used for dental procedure still hinders effective dental delivery service.

Table 15. Dental statistics 2002-2003

	2002	2003
Extractions	413	810
Fillings	23	6
Scaling	24	33
Total consultations	662	842

Murambinda Mission Hospital annual report 2003

Dananai

NUTRITION GARDEN

Dananai is the home based care service working from the hospital supporting the terminally ill and communities, families, and individuals affected by HIV/AIDS including orphans. We received a request from Dananai to help a community nutrition garden that supports approximately 80 orphans in Mataranyika near Murambinda. The Village Care Committee had been given a field by the headman and the community had helped the orphans to successfully grow a crop. However to improve future food security and hence reduce future dependency on food aid, funding for digging a well and for fencing to keep out cattle was requested. We were able to provide the £320 needed. The funds exceeded the actual cost so that with our permission the excess was able to buy goats and guinea fowl for breeding purposes.

ORPHAN EDUCATION

We continue to fund the secondary school fees of 5 orphans via the Dananai Home Based Care Programme

On the next pages we include a report received from Dananai which details a rural project which was helped by FMH..

MURAMBINDA HOME BASED CARE
BOX 16
MURAMBINDA
ZIMBABWE
Phone 021-2264

12.03.2004

Friends of Murambinda Hospital
East Park Cottage
Hutton Lane
Guisborough
Cleveland
ENGLAND TS 148 AA

Attention : Dr C. Rigby

Dear Carolyn

Greetings from Murambinda.

Please find enclosed an account of how we used the funds from Friends of Murambinda together with supporting receipts and photos.

It is encouraging to see how communities can develop and work towards self reliance . They do need help where they cannot manage and your funds has been and will continue to be a great benefit in the Mataranyika community.

We in Dananai and on behalf of the people appreciate your interest, support and contribution.

Thanking You

Yours Sincerely



Ms Charity Sithole



Sr Aine Cunniffe

**REPORT ON THE UTILIZATION OF FUNDS RECEIVED FROM FRIENDS OF MURAMBINDA
HOSPITAL 2003 – 2004**

DANANAI HOME CARE AND ORPHAN PROGRAMME, MURAMBINDA, ZIMBABWE

NAME OF PROJECT: MATARANYIKA GARDEN, GOAT AND GUINEA FOWL PROJECT

FUNDS RECEIVED FROM FRIENDS OF MURAMBINDA HOSPITAL: Z\$ 2,659824.17

UTILIZATION OF FUNDS:

- The garden was fenced using a local person with the required skills. The man who did the fencing contributed the gate free of charge as a contribution towards the welfare of the orphans.
- The well was sunk manually and the masonry work was completed with slab, windeles, bucket and chain. All done by local skilled people.
- Seeds were provided in the garden using other funds.
- 8 Guinea fowl and 6 goats were purchased from local people. The orphan programme already had initiated a project with traditional chickens (Traditional chickens are almost non existent in Zimbabwe)
- So the guinea fowl are being integrated with the traditional chickens.

BENEFITS TO THE COMMUNITY AND CHILDREN:

87 PEOPLE ARE INVOLVED IN THE PROJECT, THIS INCLUDES APPROXIMATELY 63 ORPHANS AND THE REMAINDER ARE CHRONICALLY SICK BUT MOBILE PEOPLE LIVING POSITIVELY.

- Food security. Children are taught about food security.
- People were involved men, women, children
- Access to clean water
- During the recent drought water was available for the garden
- Local skilled people were employed and this gave employment
- The project is community owned and community driven.





Early Stages
of the well



Garden fenced
Water available
and maize
grown



Well completed
water being
used

MURAMBINDA HOME BASED CARE

GOAL

To reduce the impact the HIV/AIDS on the clients and families in North Buhera through care and prevention.

Throughout 2003 our programme provided Pain and Symptom control, emotional and spiritual care to the chronically and terminally ill persons in our catchment area. Materials needed to care for the sick were provided in a specially prepared kit and facilitated the care in the home. Food supplements were also provided. We have an average of 700 – 750 clients on our programme at any time. Caring and training of family members was made possible through our community care volunteers. We collaborate with 351 volunteers (52 male 299 female) and they are an invaluable component of our Home Care Team.

We also focus on keeping our clients well through treatment and prevention of opportunistic infections. We can say we see good results when our clients get the medical care they need, supplementary food, friendship and support in the community. Thus we see prevention and care blend together.

CONSTRAINTS:

The escalating cost of drugs, food, fuel and materials needed to provide kits for home care affected us and at times we could not cope with the costs. Shortage of fuel during the year hindered our outreach on a few occasions.

ORPHAN PROGRAMME ANNUAL REPORT

Even though 2003 was a difficult year we saw much growth in our orphan programme. This was especially in the area of taking responsibility for the orphans in their communities.

Small projects such as nutrition gardens, chicken projects, goat project have been very successful and the children actively involved in all activities. One nutrition garden, which lacked water, had a well sunk.

We also have another mushroom project though its not yet functional. We hope it will function as soon as possible. Dananai gave assistance in the form of fees, uniforms, clothes, seeds, and general support i.e. encouragement. We have planned to move on to other areas like Munyanyi, and address issues of involving the community in the care of orphans. Psychosocial support

especially recreation & sports for youth in & out of school has been introduced as well.

DANANAI PREVENTION PROGRAMME (PEER EDUCATION)

Since its birth in 1994 the prevention programme has worked tirelessly to provide better and more directed assistance to the Buhera North community in the fight against STI/HIV/AIDS. The three core goals of the programme are targeted at improving the lives of the vulnerable members (single women and commercial sex workers), P.L.W.H.A and workplace members. Some of the tools/strategies used to realize these goals include community and workplace peer education, trainings on STI/HIV/AIDS prevention and income generating single women.

The overall objective for 2003 was to promote behaviour changes and encourage the participation of the community in all prevention activities. This also resulted in a greater demand for HIV/AIDS awareness campaigns to cater for families and other underrepresented groups in the community mainly youths, which has broadened the target population of the programme.

Exchange visits were conducted with Masvingo, Beit Bridge and F.A.C.T Mutare and these presented an opportunity for the programmes, which took part to enrich and empower one another.

The fuel shortages which were experienced during the year, made it difficult for some of the planned weekly zonal workshops to be carried out as planned. To remedy the situation, group leaders were instead trained and they then went on to train their fellow peers at their respective zones. Feedback from the training meetings was then shared at monthly meetings.

FUNDRAISING

Without our donors we could do nothing, we have no other source of funds. **This year as in all previous years not a penny of donated money has been used in administration.** All administrative costs have been borne by the trustees.

We particularly thank those donors who contribute regularly through standing orders. They allow us to plan ahead and commit to the longer-term projects such as staff salaries that are vital to the hospitals future.

See www.fmh.org.uk for standing order forms and Gift Aid forms.

Thank You

We are always on the look out for new ways to raise money.
Many thanks to Rachel Gospel and Mark Reid who organised a sponsored walk at Hawes on 29th June 2004 which raised £1352.



FUNDRAISING

FMH received a very generous donation of £2,000 in March from a fundraising night held by the Scotland / Zimbabwe group. Nearly £2,000 raised the same night for a youth project in Bulawayo.

The group booked a church in Edinburgh and sold 450 tickets (the maximum capacity) at £6.00 each.

The aim of the night was to be both informative and enjoyable, and there was a highly varied programme. Alexander McCall Smith, the author of the 'No.1 Ladies Detective Agency' books, had offered to do readings and donated books for auction. We also had live Mbira music, two singing groups and 3 amazingly talented Edinburgh schoolboys who played the piano, the saxophone and the saw respectively. The musical climax, however, was the playing of 'Nkosi sikelel' iAfrika' by the RTO (Really Terrible Orchestra) in which Sandy McCall Smith plays the bassoon. He then delivered an inimitable mix of reading, comments, jokes and answers to questions (Mr. J.L.B. Matekoni's initials stand for John Limpopo Basil – the reason he never reveals this is that he is embarrassed about the Basil).

I was asked to give a 5-minute input about MMH and I talked very briefly about the setting and current circumstances of the hospital, and then about the courage and determination of staff and patients (quoting a comment from one of the nurses during my last visit, "The worse things get, the more we laugh.") I also mentioned the singing, an echo of which we had heard that evening from a Zimbabwean women's singing group, and I said that FMH retains personal contact with the hospital and can guarantee that every penny raised goes directly to the needs there, without the corruption that is inevitably a growing problem for aid efforts in the worsening economic situation. I mentioned Aine's 'goats and guinea fowl' request as this is the kind of thing people like to hear.

There was a great response – people were paying up to £120 for a paperback book in the auction – and 3 people later gave individual donations specifically to FMH because they were so impressed by the work of the hospital.

It was a highly successful and enjoyable night, due to very hard work by the committee of the Scotland / Zimbabwe group (not me) and the generosity of Sandy McCall Smith. Many, many thanks to them all.

Mary Miller

FINANCIAL REPORT 6.4.03- 5.4.04

RECEIPTS

Standing orders [£1142.00/month]	£13839.00
Interest	£529.76
Inland revenue	£3980.03

One- off donations

ISPED (University of Bordeaux)	£12241.03
Castlemilk Brownies	£100.00
Medical Aid Sacred Heart	£1200.00
Bridport WI	£25.00
Guild of Busby Parish Church	£50.00
Sale of Cakes	£50.00
Sponsored walk	£1351.50
Sale of Children's Clothes	£52.50
Sale of Baby equipment	£80.16
Barnes-Connolly Wedding	£3617.06
Sponsored run	£200.00
Tibden Trust	£4000.00
Donations from Individuals	<u>£3375.88</u>
	£26343.13

TOTAL **£44691.92**

DEPOSITED SINCE 5.4.04

[*Castlemilk Sunday Club* *£100.00*
Scotland Zimbabwe Group (talk by Alexander Mc Call-Smith)
£1985.00
Samuel Storey Family Charity *£500.00*]

EXPENDITURE

Water Project	£1824.00
Painting of Hospital	£3000.00
Dentist	£463.00
Pharmacy supplies	£7300.00
Dananai Nutrition Garden	£320.00
Glucose testing equipment	£1182.40
TV/ video for Nurse Training School	£570.00
Drs Mupudzi & Kwenda bonuses	£1600.00
Monica's bonus	£2400.00
Dental outreach	£5000.00
Wages	£9340.00
Medical equipment	£6625.00

TOTAL **£39624.40**

REGULAR EXPENDITURE / YEAR

SCHOOL FEES- students now finished their O levels

Due 5/04

PHARMACY ALLOWANCE (£750.00/MONTH)- £4500

Due 10/04

DOCTORS BONUSES- will be £5600.00

BANK BALANCE 5.4.04: £26167.00

LIST OF DONORS 2004

Michael Thomson
Robin Stott
Karsten and Brenda Saunders
Daniel Connolly
Rachel Gospel
John Slater
Ann and Phil Cudworth
William Mitchell
Catriona and Sean Doran
John and Mary Miller
David Stanley
Richard and Carolyn Rigby
Marion Howard
Malcolm Todd and Helen Belger
William O'Neil
Michael Thompson and Kay Shepherd
D. Stepien
Keith Howard
Philomena Hynes
Cynthia Takwunda
Iain Yuill
Clare Connolly
Nicholas Kuenssberg
Mavis Bates
Sarah Miller
Lorna Hudson
John and Ann Connolly
Judith Harvey
Congregation of Guisborough Methodist Church
Guests at the Barnes- Connolly wedding
Castlemilk Brownies
The Scotland-Zimbabwe Group
IH & IA Whyte
P Cleary
Madelaine Thompson
Sally Kuenssberg
Dominic Thompson
C. Hume
PN & RM Walker
Medical Aid Sacred Heart
Bridport WI
Guild of Busby Parish Church
B Murray

Mme Devos
Rev P Waffelaert
T. Litis
Mr and Mrs Brichieri- Columbi
The Tibden Trust
J. Marathe
The Samuel Storey Family Charity
E.V. Luth Kirchenk
IM Miller
The University of Bordeaux

**Friends of Murambinda Hospital (FMH) is Registered Charity
No 1073978**

GOVERNING DOCUMENT

Declaration of Trust 17 December 1998

TRUSTEES Dr. John Connolly (Recruitment Officer), Dr. Carolyn Rigby (Treasurer), Malcolm Todd (Publicity Officer), Mrs. Mary Miller, Dr. Michael Thomson and Dr. Michael Thompson (Chair).

Applicants wishing to become trustees to apply to the Chair for election by the trustees.

CORRESPONDENT ADDRESS

FMH, 35 Port Hall Road, Brighton BN1 5PD Tel/Fax
01273 231899

email fmh@fish.co.uk
www.fmh.org.uk

BANK

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

Charitable Objects

The relief of sickness and the promotion of good health among the population of Buhera District Manicaland Zimbabwe by the support of Murambinda Hospital and its associated facilities, and by aiding health education and health promotion initiatives.

The relief of poverty and sickness of orphaned children in Buhera District and the advancement of education of such children.