Friends of Murambinda Hospital

UK Registered Charity 1073978

ANNUAL REPORT

2006-7

Contents

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 adverse macro-economic and health circumstances drain what little the hospital has from the population of Buhera District. Thus, 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^2. 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. The rains of the 2004/2005 season were very poor, which lead to increasingly desperate 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,
News from Zimbabwe can lead to apathy or despair. With inflation running at several thousand percent a year one wonders how any system can function. With strikes by doctors and nurses in Government hospitals, shortages of fuel and lack of food it is easy to despair. Yet paradoxically Murambinda Mission Hospital acts “as a beacon of hope for the sick in the area and beyond” (The Sunday Mail 4/2/07 Harare), as other services decline its importance increases. As transport gets more difficult and other services collapse it is getting closer to its original pre independence role as the sole health provider to local people. Thanks to the hospital’s partnerships with MSF (Medecin Sans Frontieres), TBAlert and other bodies it is now seen as a more attractive career move for nurses and junior doctors. The reason other partners have been attracted to Murambinda hospital is simply because it works. That is due to the extraordinary dedication of its staff and the support they are given by you the donors. We at FMH thank you and encourage you to continue so that we can maintain our long term partnership with Murambinda Mission Hospital and the people of Buhera. In these difficult times your help is more valuable than ever.

Mike Thompson
Chair FMH

A villager from the Betera area, Mbuya Mareva Wanepo, had lots of praise for the hospital:

“That hospital is the best in the country. It is well stocked with drugs and I don’t know what we would do without it. We are grateful to the sisters and doctors who work hard,” said Mbuya Wanepo.

The Sunday Mail February 4-10 2007

A Medical Elective at Murambinda 2007: Reflections of a London Medical Student

I had little idea what to expect initially, but by the time I arrived at Murambinda I'd been told so many good things about the hospital and it's staff, I was feeling quite reassured that a friendly place was waiting for me. This was right. I was made to feel instantly welcome. I had a really great little house to stay in within the hospital grounds, surrounded by the vegetable plots of the hospital staff. It was like living in the middle of a big fruitful market garden. I enjoyed sitting out on my steps on the sunny evenings with my text books (failing to work much because the view was too lovely), watching everyone watering their mealies after a long day of parching sun. Murambinda at this time of year was HOT! Murambinda offered many of the things needed for everyday life, fruit and vegetables could be bought from the marketplace across the road. . The idyllic setting of the hospital grounds couldn't entirely protect my perception from understanding the disarray and desperate state of the country in reality. Beyond the hospital gates lay miles of sandy, barren soil upon which the residents of the Buhera district were trying to eke out a survival. I can only call it sub-subsistence farming. This was evident in the cases of malnourished children filling the Theraputic Feeding Centre at the hospital.

The poverty of the local population, the impact of the economic situation, and the quality of the soil were all reflected in the patients who presented to the hospital. People would arrive in very advanced stages of disease, often due to the inability to conjure up the bus fare to travel to Murambinda. People often presented too late, or after months of awful pain. Some children with meningitis would have been ill for an alarmingly long time before coming in, and only would then be brought when the desperate parents realised that they could hope no more that this would be ok and their child would probably die. And we were seeing the ones that made it in. This was one of the hardest frustrations for me to cope with. I was terribly upset on the occasions when a child did die. I found that so hard to see, and the frustration was felt most then.

There was not the plethora or medications available as we have here in the UK. Treatment was often limited to one drug only, and often supplies of that drug were low or exhausted, or the drug was simply unaffordable. From what I knew of the situation in other hospitals, Murambinda is working something of a miracle for the people of Buhera. Murambinda had a remarkably decent supply of medications compared to other hospitals in Zimbabwe, who were notoriously deplete of drugs, the rich in Harare were paying vast amounts to bring in medications from South Africa for their relatives. Medicins Sans Frontiers were providing ARVs to those with stage 3 and 4 HIV in the region, free of charge. I was quite moved by the hope that this seemed to offer to so many people. The Opportunistic Infections clinic (OI) at Murambinda told me that their HIV patients on ARVs were walking into clinic now, and barely any were coming in wheelchairs as most did during the initial months of the programme. In a humanitarian situation that I feared so often was hopeless, at a time when other hospitals were crippled by strikes, there were real instances of hope and improvement seen at Murambinda.

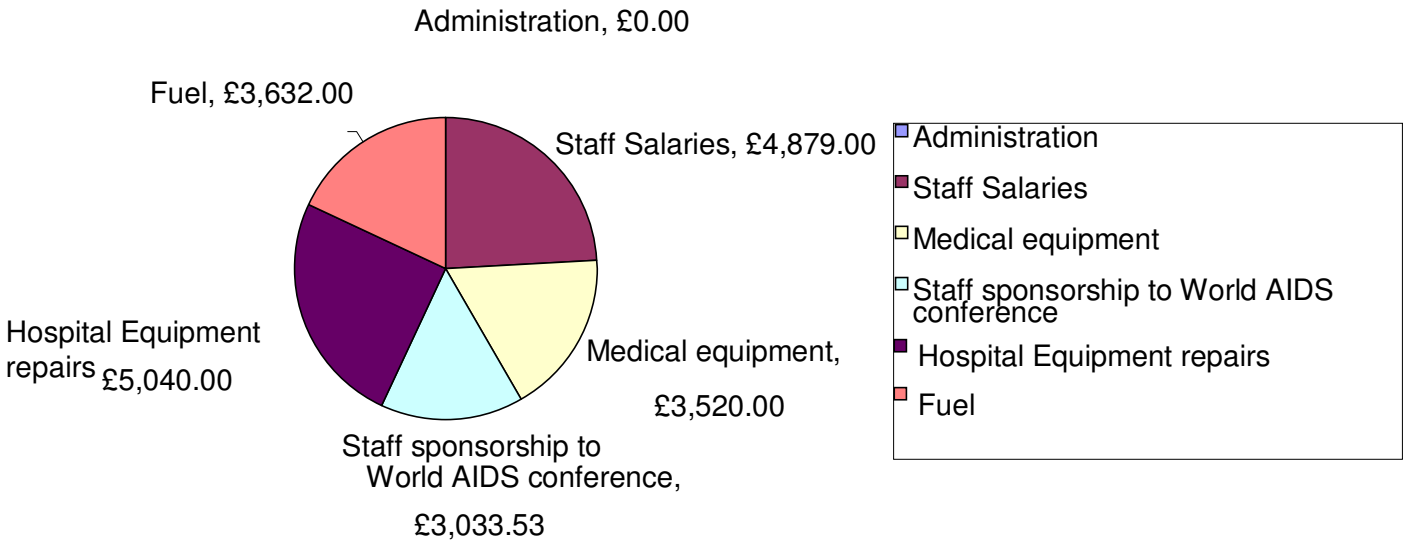
I don't believe I have ever spent time somewhere that has prompted me to think so deeply about such difficult issues as Murambinda. I walked around the hospital, and spent evenings staring out towards the river across the mealie patches, and found that I was really wrestling with my perception of the pain and suffering that I would see many days. I saw so many patients whose predicament horrified me. I was left wondering how people went on walking, and smiling and trying to survive, I fundamentally stumped by the humanity I was amidst and how people operated emotionally. Often people younger than me, would have lost their entire family (spouse/child/parents), be barely

surviving, and be living with a life-sentence diagnosis, for something that might be treatable in other countries, and was once treatable in Zimbabwe. All that awaited many patients was more pain and suffering than that which they had already impossibly endured. I could only wonder what would happen to me if I came from Buhera, and lived as these patients were having to. A lot of cultural curiosity was generated, and most of my questions about people's emotional journey are still unanswered in many ways.

Amidst this pain and dark prognoses, I was deeply moved by the life and energy in people. There is a real gentleness and acceptance to aspects of people in Zimbabwe, which is a generalisation, but one that I believe is correct. People smile in Buhera much more than they seem to in South London. The staff at the hospital were fantastic, and I'll miss having colleagues as lovely. Everyone was incredibly friendly, and you felt that you could approach anyone at any time with your questions and requests to learn from them. The nursing students were great fun, and we did some learning from each other, about life in our countries, and we tried to help each other's learning; they'd often ask me questions that I couldn't answer, so I'd have to go and look up answers for us all, then we'd discuss it the next day whilst preparing for the next patient in theatre. They were my most effective study-aids. Dr Monica, Sister Barbera, and the Doctors (Dr Chidovi, Dr Ndue, and Dr Makwindi) were great fun, and incredibly kind to me, I really felt looked after and as though I was amongst friends. It was quite sad leaving, and wondering about the futures of the younger doctors as they try to build and sustain their families.

The forces behind Murambinda have really impressed me with the ability to keep on going and to keep on striving for improvement and to keep on coping with an increasingly impossible reduction of resources and enormous disempowerment. A very effective balance of making things work from nothing, yet having the energy to strive to improve services is being struck at Murambinda, and it's astonishing to see when you have some idea of the circumstances people in Zimbabwe have to operate within now.

Anna Morrish
Final Year Medical Student
St Georges, University of London



Projects we were unable to fund due to lack of funds

New communications equipment; a telephone system for the hospital, new computers, and a new printer. Cost approx £16,000
An extension to the hospital nurse training school Cost approx £127,000

Medical Equipment: £3520 allocated. The hospital had shortages of essential equipment. We were glad to be able to give funds for equipment which should directly benefit care following this application.

"*There is no allocation from Government that caters for the purchases of hospital equipment. Given the tight limited budget Murambinda hospital is not able to buy needed hospital equipment. This therefore forces the hospital to use old equipment, which is dysfunctional at times, and ineffective, this may lead to over use of the few equipments available and can worn out easily and ending up with nothing to use.*
Murambinda hospital is kindly requesting for funds to buy needed hospital equipment.
WHAT IS NEEDED

- *4 x Oxygen gauges @ Z$135,000…….. Z$540,000 : GBP1,080*
- *10 X Sphygmomanometer @Z$30,000……Z$300,000 :GBP 600*
- *10 X Stethoscopes @ Z$8,000…… Z$ 80,000 : GBP 160*
- *8 x Back rests @ Z$30,000…….. Z$240,000: GBP 480*
- *6 X Oxygen humidifiers @ Z$100,000…… ….. Z$600,000 :GBP1,200*

Total costs……..Z$1,760,000 : GBP3,520."

Staff Salaries: £4879 allocated as a result of the following application.

"Inflation, high cost of living has caused increasing brain drain in Zimbabwe. Murambinda Mission hospital two years ago experienced a big staff shortage. In 2005 Murambinda started giving an incentive allowance to its essential staff and the situation improved significantly. Murambinda for the past two years has managed to retain and attract staff, this indicated by less number of vacant posts. Murambinda Mission hospital does not have a special budget for incentives. The hospital gets Z$90,000 from the Government to run the hospital which is not sufficient even if added to hospital user funds to meet the running costs.

This is a request to FMH to continue in supporting Murambinda Hospital with funds to give out Essential staff allowance.

BACKGROUND TO APPLICATION.

Murambinda Mission hospital applies for continuation of staff salary support. This project has proved very successful; Murambinda Mission hospital has managed to retain its staff had only one resignation in the year under review and had four new appointments...

HOW WILL IT BENEFIT THE HOSPITAL/COMMUNITY

This project is boosting workers morale and could see staffs are willing to give their best because they are getting a better reward. The community is happy because their hospital has adequate qualified staff to take care of them."

Hospital Equipment repairs: £5040 allocated. It is unthinkable to have a hospital without facilities to sterilize equipment and incinerate waste effectively. It is difficult to run a school of nursing without a photocopier. We were glad to be able to respond positively to this request.

"Autoclave machine is very important since it is used to sterilise all instruments that are being used in the hospital, it would be very unhealthy to use instruments that are not sterilised. The small autoclave cannot meet the demand of the whole hospital. It is therefore very important and as well essential to have the big autoclave machine working and be able to sterilise enough packs needed for the hospital everyday.

Hospital generator is very important as it gives alternate power supply when there is power cut off. Most of hospital activities require the use of electricity, [operations in theatre, laboratory tests, run autoclave machine, mortuary, and coldroom for hospital food, lighting in the hospital especially during the nights].

Incinerator is very important to the hospital for disposal of used things. There are things that need to be burnt and not to be disposed everywhere to prevent spread of infections for example syringes, gloves etc.

Murambinda School of nursing desperately needs to repair the photocopier machine as it is very useful for the day to day running of the school. Photocopier machine reduces too much use of the printer and it is cheaper to run than the printer as prices of printer cartridges are skyrocketing."

PROJECT COST

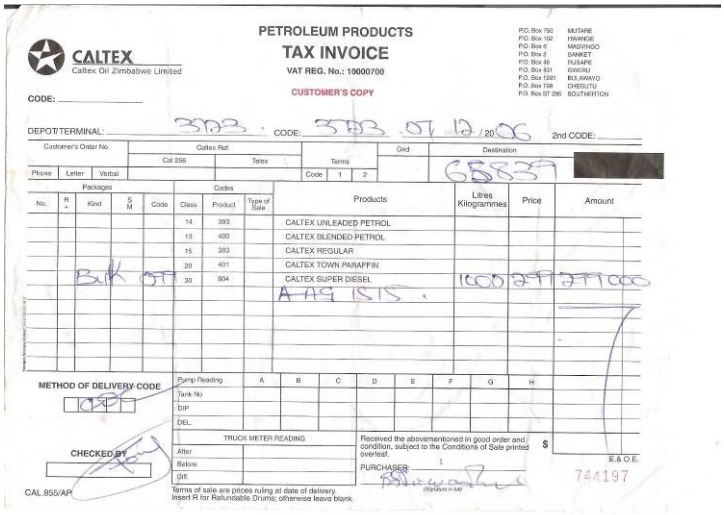
GENERATOR
2 X 220V Contactors……..Z$3,000,000
1X Phase relay……Z$1,000,000
Labour…….Z$ 500,000
AUTOCLAVE
Rewinding Electric mortar……..Z$1,100,000
Servicing pump……... …Z$ 200,000
Labour……..Z$ 400,000
INICINERATOR
Repair of Incinerator…….Z$2,900,000
PHOTOCOPIER
Repair of photocopier……Z$3,500,000.

TOTAL COSTS……..Z$12,600,000 = GBP5,040."

Fuel: £5,500 allocated to allow the hospital ambulance, supply truck, standby generator and borehole water pump to work following this application.

"*Murambinda hospital owns four vehicles which need fuel [diesel] to operate. Zimbabwe for over a year now is experiencing electricity power shortages. Murambinda hospital for this reason has to run the standby Generator to supply electricity in the hospital.*

Whilst there is big need for fuel , fuel is very difficult to get in Zimbabwe .Due to Shortages of foreign currency ,which is needed to import fuel there has been an erratic supply of fuel in the country causing some of the Fuel dealers to run dry. In an effort to improve the fuel situation there was an introduction of fuel coupons which are bought in foreign currency only. This facility is still operating very well and has benefited a lot to people and organization s that have access to foreign currency.


PETROLEUM PRODUCTS
TAX INVOICE
VAT REG. No.: 10000700
CUSTOMER'S COPY
CALTEX
Caltex Oil Zimbabwe Limited
CALTEX UNLEADED PETROL
CALTEX BLENDED PETROL
CALTEX REGULAR
CALTEX TOWN PARAFFIN
CALTEX SUPER DIESEL
METHOD OF DELIVERY CODE
CHECKED BY
PURCHASER
E & O.E.

Murambinda hospital in 2005 applied for funds to buy the coupons from FMH and was given. Murambinda hospital in the year under review did not face any fuel problem, since it was getting the coupons.

Murambinda therefore is kindly requesting FMH to extend the fuel project for another year."

Staff Sponsorship to World AIDS Conference: £3033.53

We supported this because we believe it is important that local frontline clinical staff are represented at the World Aids conference. We also believe that it is beneficial to such staff to be feel closer to the worldwide campaign against AIDS. Murambinda's profile was raised by Sr.Rumbanduro's presence and by the poster she presentede and this may have long term beneficial effects. She has also been able to give useful feedback and educational sessions to staff at Murambinda.

Interview with Sr. Rumbanduro, Sister in Charge, Maternity Department
By Kirsten Scott

Sr. Rumbanduro went to the World Aids Conference, held in Toronto from the 13th to the 18th of August. She was funded by the Friends of Murambinda Hospital. She presented a poster presentation on the 16th entitled "Working in partnership to enhance care and treatment of HIV infected persons – an example in rural Zimbabwe".

What were your impressions of your trip and the conference?

It was the first time to travel by air and also my first visit to North America so it was very exciting. The airport in Toronto was very big and busy and it was surprising to see that there were very few people in the streets, unlike Zimbabwe.

At the conference itself, Bill and Melinda Gates donated US$500 million to the global fund to fight HIV/AIDS, TB and Malaria. Bill Clinton put in an appearance at the question and answer session. I was impressed that the treatment of children with HIV was a major topic of discussions and talks. It seems like it had been sidelined in the past and it was high time that it became a major focus.

One of the things that impressed me the most was the number of famous people including those in power who came out publicly to talk about their HIV status. As someone living with HIV positive I have sometimes found it difficult to tell other people about my status. Seeing so many people talking openly about it inspired me and helped me to see that I should not be afraid of disclosing my status to my work colleagues and friends. I was saddened that the price of ARV's (anti-retrovirals) is still very high and that there seems to be no promise to lift the patent on the drugs despite many people campaigning for the cause. There was a big demonstration by some people from India against the continued use of the patent.

Was there anything at the conference that you particularly disagreed with?

One thing that I was not happy about was that some leaders from Southern African countries were not present at the conference. They did not even send representatives from government health departments. The leaders met daily to discuss the way forward and it seemed silly that those from the countries hardest hit by the epidemic were not present for the discussion. In order for us to really solve the problems relating to HIV/AIDS it is necessary to have political involvement and support. Leaders from developing countries in South Africa should meet to campaign for cheaper ARVs.

It also seemed problematic that most of the research presented was done in developing countries by people from developed countries. I think that it would be better to empower researchers in the developing countries.

Institut de Santé Publique,
d'Epidémiologie et de Développement

Working in partnership to enhance care and treatment of HIV infected persons: an example from rural Zimbabwe

XVI International AIDS Conference, Toronto, Canada * 13 – 18 August 2006, [Poster N°WEPE0557]

Rumbanduro E M', Mukotekwa T", Engelsmann B', Perez F'
* Murambinda Mission Hospital, Buhera District, Zimbabwe, ² Institute of Public Heath, Epidemiology and Development (ISPED)-Zimbabwe, ³ ISPED-University Victor Segalen, Bordeaux, France

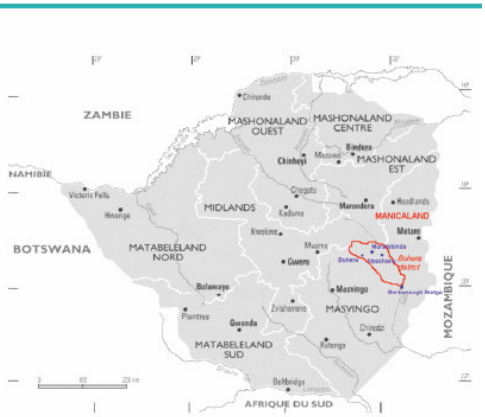
Issues

- Providing quality & comprehensive HIV care services require a diverse range of skills and resources
- In rural Zimbabwe, the ability of a standard district hospital to provide these requirements is limited
- Multi-partnering at district level can be used as one strategy to overcome this limitation

Context

- Buhera district, Zimbabwe:
  - Rural District
  - Population: 250 000
- HIV seroprevalence: 20.3%[1]
- Murambinda Mission hospital:
  - district referral hospital
  - 120 bed capacity

[1] National Survey of HIV and Syphilis Prevalence among Women attending ANC in Zimbabwe 2004



Overview of Murambinda partnership strategy

- Special focus partners with specific skills are involved
- All partners are to report to district health authorities and reference hospital
- Program ownership remains within the district health authorities

The Murambinda partnerships:

Dananai Home based Care 1995

- Early 1990s significant increases in the pressure of bed occupancy due to HIV related chronic illnesses
- Facilitated creation of a local Home Base Care program
- The chronically ill discharged into this program remain closely linked to the hospital

ISPED PMTCT 2001

- In 1999 Murambinda became part of the Zimbabwean national sero-prevalence survey
- PMTCT program initiated 2001 with technical assistance from the Institute of Public Health, Epidemiology and Development (ISPED) of the University Bordeaux, France

PSI New Start 2003

- Implementation of PMTCT services created a demand for general testing
- Limited capacity to address increased demand
- Another partnership was created with Population Services International (PSI) to offer voluntary counseling and testing services (VCT) for the general population
- Murambinda VCT ("New Start") centre opened in 2003

MSF-Luxembourg OI/ART 2004

- HIV infected clients identified through different partners, but
- no access to OI/ART treatment available
- The participation of yet another partner was promoted (MSF-Luxembourg) to provide comprehensive OI management and ART services
- OI/ART clinic launched in 2004 and comprehensive package is now available

Lessons learnt

- For multi-partnering to work there has to be strong leadership to manage coordination
- Coordination has to embrace both technical and administrative issues to facilitate quality delivery of service

Challenges

- Systematic coordination of the various partners not easy
- Creating a recognised inter-partner service referral system for patients
- Coordination of overall district/individual partner documentation, data collection and information exchange

Acknowledgements

Buhera disitrict authorities – Murambinda Mission Hospital, Murambinda Hospital Partner Coordination Forum, Dananai Home Based Care Programme -Buhera, MSF-Luxembourg, ISPED Buhera PMTCT Program, Elizabeth Glaser Pediatric AIDS Foundation

Do you think that you will change anything about your daily practice now that you have been to the conference?

I will definitely think more about the issue of mother to child transmission of HIV. Before I went to the conference I was happy to just give nevirapine monotherapy to babies of HIV positive mothers. Now I would like to make a register of all HIV positive mothers to ensure that their children are followed up and put on ARVs at 18 months if they are still positive. The maternity department at Murambinda could do this in conjunction with the opportunistic infections clinic. I also realised that nutrition was an important part of HIV care. Although nutrition is not a substitute for ARVs it does help to stave off infections. Food security is critical for survival in people living with HIV/AIDS.

What else did you learn at the conference?

-I was interested to hear that a certain donor agency had funded special nursing homes and clinics for children with HIV in 10 African countries. Surprisingly, Zimbabwe was not one of these countries, despite being one of the hardest hit by the epidemic. I thought that this was probably for political reasons.

-It was also interesting to see how people with HIV/AIDS are cared for in Canada. They had a special lounge where they could meet to share their experiences and were provided with free (nutritious) food. They seemed to spend most of their time discussing every day events and not focusing on HIV. They also received excellent health care and support.

-I also feel that a healthy, well educated workforce is important for any organization to survive or develop. People often delay seeking treatment because they are afraid of losing their job, or they are too proud or they are scared of the stigma of HIV. Better education and clearer work policies would help to encourage people to be open about their status.

-I also felt empowered by the conference: I met so many other people who were living with HIV who were healthy. Some of them had been near death before starting ARVs and I felt like we shared a common experience. It boosted my morale to see so many HIV positive people making a contribution to the care of other people.

Is there anything else you would like to say?

I would just to say that I was so proud to be chosen to go to the conference. I never dreamed that I would be given such an opportunity and I am incredibly grateful to Dr.Monica, Sr, Barbara and the Friends of Murambinda Hospital for helping me to make the trip to Toronto a success.
If funds are available I would like to subscribe to the International AIDS Society so that we can update our practice in Murambinda in line with advances in global research.

Medical Students

In the last year Kirsten Scott spent her medical school elective at Murambinda in August and September 2006 and Anna Morrish in January 2007. Both are studying at Kings College London and both report an outstanding learning experience that has changed their outlook on medicine and life. In general the hospital prefers having two medical students at a time. We are happy to advise and to help facilitate other health professionals' visits to Murambinda.

We rely entirely on donations to pay for the projects we are asked to fund. We are very grateful for all those who have made a donation. Be assured all donations go to help projects at Murambinda, All administrative costs are met by the trustees, we have no paid employees, no advertising or fund raising cost

FMH are very grateful to the following who gave generously in 2006-7.

Antunes family
All Saints Church,Gosforth,
Dr Jack Barker
Alice Elsie Bell
A & N Brichieri-Columbi
Nigel & Elaine Carden
Professor Douglas Chamberlain
Church of Scotland (Castlemilk East)
Clare Connolly
Mr and Mrs Daniel Connolly
Phil & Ann Cudworth
Catriona & Sean Doran
Dr. Vanessa Graham
Guisborough Methodist Tuesday at 8 Ladies Group
Judith Harvey
Mr. Keith Howard
Marion Howard & Richard Germain
Grethe & Boy Hoyer, Denmark
Dr Philomena Hynes
James and Laura Kelly
Chris & Elizabeth Jones
Sheena Kennedy
Nicholas and Sally Kuenssberg
Miss Betty Laine,
Mr. RW & Mrs. JJ Last
Lazarus Partners, Brendan Wood International Toronto, ON, Canada
Neil MacGregor,
Debbie & John Matthews,
Sunanda Ray & Farai Mazimbamuto,
Alexander McCall Smith
Dr. John Millard
Mr. William Mitchell
Mr Chris Mullin MP
William & E. O'Neill
Mrs. Susan Paul (Scotland Zimbabwe Group)
Derek & Helen Pope
Dr Stephen Pope
Tim Rault-Smith
Dr. Arthur Rushton
Pat Bryden treasurer for Scotland Zimbabwe Group
Karsten and Brenda Saunders
Mrs P H Scudder,
Dr Peter Sheppard,
John & J. Slater
Smith family (from Traidcraft Sales)Gosforth
St Swithun's Catholic Church, Southsea
David Stanley and Paula McKeon
D. Stepien
Dr Robin Stott
Cynthia Takundwa
Dominic Thompson
Micheline & Ted Thompson
Madelaine Thompson
The Tibden Trust
Helen Belger & Malcolm Todd
Alison Totty
Mrs Joyce Tweedie
Fr P Waffelaert Abbaye de Maredsous Belgium.
Greg & Mary Wells
Mr R. J. Winslade
Woodside Surgery, Loftus
Iain Yuill

FINANCIAL REPORT 6.4.06- 5.4.07

BALANCE BROUGHT FORWARD	£	19,611.50
INCOME	£	48,744.87
Standing orders	£	12,344.00
Interest	£	1,239.55
Reclaimed tax	£	5,652.92
Other donations	£	29,508.40
PROJECTS FUNDED		
Salaries + salary supplements	£	4,879.00
Sr Rumbanduro's Conference	£	3,033.53
Hospital equipment	£	3,520.00
Fuel	£	3,632.00
Running costs	£	5,040.00
EXPENDITURE	£	20,144.53
BALANCE AT YEAR END	£	48,211.84

n.b. Apart from £40.00 bank charges, every penny donated went to Murambinda Mission Hospital. The trustees bear all administrative costs themselves and give their time freely. Salaries are lower this year because we have adjusted the time of payment from December to April to fit in with expected pay rises so will show on next years accounts. This also accounts for the large end of year balance.

Trustees

We now 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 visited in January 2006 to help build our partnership with staff at Murambinda and to monitor projects. Monitoring and supportive visits was also carried out in September 2006 and April 2007 by TBAlert a UK based charity with whom we have close links. A trustee is planning a visit in Autumn 2007 and Spring 2008.

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

The Treasurer richardrigby@doctors.org.uk	East Park Cottage, Hutton Lane, Guisborough TS14 8AA
The Chair fmh@fish.co.uk	55 Wilbury Avenue Hove BN3 6GH
www.fmh.org.uk	

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.

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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.