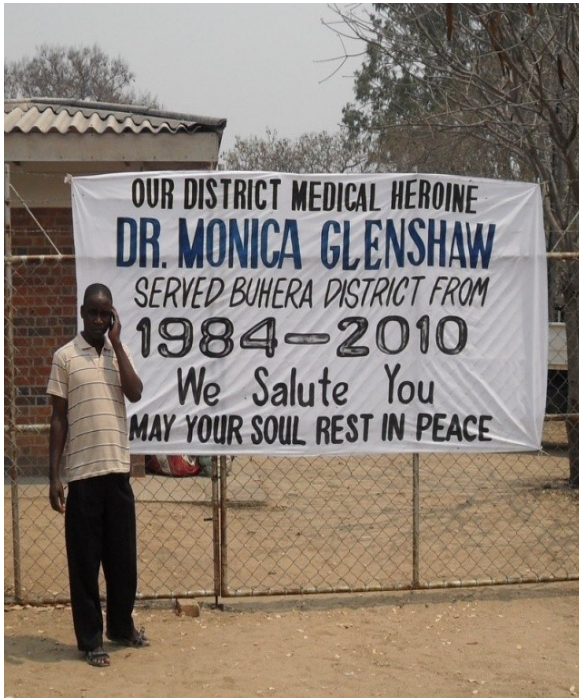


# Friends of Murambinda Hospital



UK Registered Charity 1073978



ANNUAL REPORT

2010-11

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## 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.

This mission - to care for the poor - is as relevant in 2010 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

The death of Dr Monica Glenshaw on 20th September 2010 overshadows all other events at Murambinda Mission Hospital. She served the people of Buhera district with utter dedication for 26 years. She left a deep imprint on all those fortunate enough to know her and in particular to those of us who worked with her. May our sorrow motivate us to act to support those working at Murambinda to help it to be a living memorial to her dedication. We must not let her absence lead to the hospital's decline.

On a positive note two new Zimbabwean doctors, Dr. Nyamhunga and Dr. Kusakara, joined the staff in August and September, to replace Drs. Mabaya and Mwerenga who left for Harare. Dr. Rushwaya joined in October. Dr Nyamhunga is now the acting Medical Superintendent. The hospital is attempting to recruit a senior doctor.

The new Hospital Management Board which includes representatives from the Little Company of Mary, Buhera Rural District Council, the Ministry of Health and Child Welfare had two sittings in year 2010.

As ever we are entirely reliant on your donations.

Standing Orders are most useful to help our planning- a form is available at the back of this report

Or you can donate at [www.fmh.org.uk/donat.htm](http://www.fmh.org.uk/donat.htm), where there is also an online donations facility that does not charge you or us any commission.

You can also donate upto £10 by texting FMHG11£10 to 70070 with no transaction costs to you or us.

As ever our administration, management and promotion costs are all borne by trustees and not taken from funds donated.

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

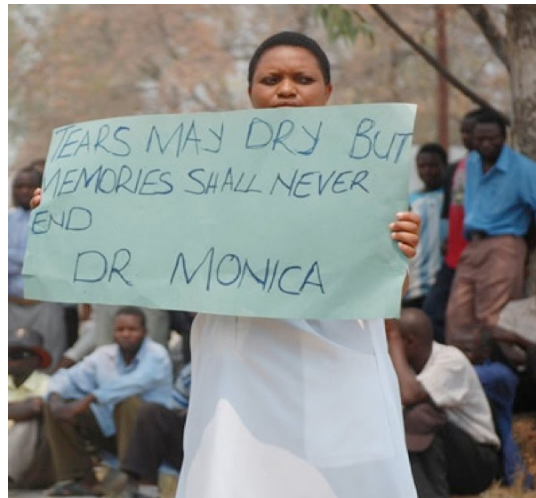
Dr Mike Thompson  
Chair, FMH

# Address by Rev John Miller at Funeral Mass in Harare, 22/9/10

## Monica Rose Glenshaw

(16 November 1941 – 20 September 2010)

DMO at Murambinda Mission Hospital, Buhera, Zimbabwe.



Monica was born in South Africa in 1941, the youngest of the three children of Harold Frederick Arthur Glenshaw and Martha Rose Marie Pollock Glenshaw. She grew up in the gold-mining village of Van Dyk, 70 km from Johannesburg, where her father was the assayer, testing the quality of the ore. She was born on November 16<sup>th</sup> 1941. I was born in the same week in the UK, and we counted ourselves twins.

Today I share the sorrow of us all at her passing. Gathered here are family and friends from near and far. And we are joined by the thoughts and prayers of hundreds in Zimbabwe and round the world. Hosts of e-mail messages are being exchanged, expressing love for Monica, and telling of her profound influence on people. Among the many far-travelled who are here this afternoon are Monica's brother Michael and his wife Sylvia from Bulawayo, her nieces Ann and Mary from South Africa, her nephew Andrew from the UK, and her dear friends Christiane and Monica from Botswana, and Rosemary from Australia.

In 2001 I sat down with Monica and chronicled her life, and the pathway of her work as a doctor.

Her School grades were too poor for her to become a Vet as she had wished. She took a 2-year diploma in Agricultural studies working first on a large estate in Natal where she was in charge of a herd of dairy cattle, then in Pietermaritzburg with the Department of Agriculture. Challenged by her brother Peter to do something better with her life, and introduced by him to the women's organisation The Grail in Johannesburg, Monica studied for access to University, and her academic and political education took off. First a BSc in Chemistry and Botany, then she enrolled in the University of Witwatersrand to

do medicine. As a medical student she was perhaps 10 years older than the rest of the class, but she revelled in the study. With the Grail, helping with sewing classes in Soweto, and visiting Grail members in Atridgeville, Pretoria, she learned about the conditions in which the black population lived, and to which she had been earlier been blind. She developed a sense that, as she put it, she 'had a debt to pay'.

She did her practical and elective work in black and coloured hospitals, Baragwanath in Soweto, Hlabisa and Nqutu in KwaZulu Natal. Once qualified, Monica moved step by step along a road which was to lead to Murambinda. At each step she learned skills and developed her abilities.

- At the Charles Johnston Memorial Hospital in Nqutu, she acquired basic rural hospital skills.
- With the Christian Medical Agency of Zambia, as the Doctor in charge of the Mission Hospital at Mpanshya she was called on to shape developing services, and began to learn how to carry these larger responsibilities.
- At Karete Hospital in Zambia she experienced running a hospital when drugs were in short supply.
- In 1979 she returned to South Africa, to Johannesburg.
- But by 1981 she was ready to go north again, this time to Zimbabwe, to a job with Oxfam in Mutare.

By 1985 she knew that she was ready to make a final commitment of herself to one place, one hospital, one community, until the end of her working life. To enter a new job with the established intention of remaining there for a long time affects how you work. 'A whole section of your brain rests,' said Monica. 'All the questions of "What am I going to do next?" are quietened and you can think of other things.'

When a vacancy arose in Murambinda she applied and was appointed. The hospital served the community of that rural area of 300,000 people, an area which had known prolonged poverty. She was appointed as Government Medical Officer, one of three doctors in the hospital, and then Medical Superintendent of the Hospital and District Medical Officer for Buhera. She set herself the task: 'To make the health services for the people of Buhera better.' And this is exactly what she has done with unfailing energy drive and compassion for the past 25 years.

Monica worked in close harness with the Hospital's matron from 1980, Sister Barbara Armstrong of the Little Company of Mary, the Order which established the Mission Hospital. And while Sister Barbara sustained the highest quality of nursing care in the hospital Monica drove forward innovative improvements.

- In the years immediately following her arrival the number of clinics in Buhera was raised from 19 to 27. Monica set various targets for improvement, an early one being to install running water at all the outlying clinics.
- In 1996 with money from the World Bank Monica supervised the upgrading of services at both Murambinda and Birchenough.
- Monica introduced the Nurse Training School in Murambinda, which has provided high quality local training for nurses – a training characterised

by the LCM Sisters' insistence on the highest standards of care together with kindness.

- Through the initiative of one of the doctors who came to work at Murambinda the Hospital established a structure for home-based care – Dananai - for sufferers from HIV/AIDS. Monica formulated a plan to introduce it across Buhera District, and supported the introduction of a similar scheme at Birchenough Hospital.
- Monica welcomed the presence in the hospital of young doctors in their early years of practice. Many of these, in Africa and in Europe, cherish their years spent at the hospital under Monica's guidance, and they retain an unbreakable friendship with the country and the hospital as a result.
- In 2001 in partnership with a young Doctor Anna Miller, Monica was instrumental in pioneering the introduction of PMTCT, the Prevention of Mother to Child Transmission of HIV. The protocols developed at Murambinda were to be introduced across Zimbabwe and far beyond.
- Monica welcomed the arrival in 2002 of Medecins Sans Frontieres, MSF, as an on-site partner with the hospital. In partnership with the structures and resources of MSF the Hospital became known across Zimbabwe and far beyond for the quality and reliability of its systems of care.
- In 2008 such were the difficulties that NGOs were closing down and sending their personnel out of the country. There was a shortage of food, and money made no sense. Who but Monica would think of introducing at that moment a new service for the support of children with HIV? But that was what she did, and from the moment the Resource Centre, CARC, began, it has been meeting a profound need for the children and their carers.
- I have been told that statistics show that the prevalence rate of HIV – that is those who living with the Virus – is far higher in Manicaland than in any other Province of the country, which surely may be attributed to the effectiveness of the treatment offered through the Hospital.
- Monica knew that this month the Provincial Medical Director for Manicaland had nominated her as the Province's candidate for a prestigious international prize for outstanding medical service.
- Every day, every weekend, every night, Monica might be seen going about the Hospital, steady in every emergency, wise in every crisis, unselfish whenever someone asked for help. She was anguished at suffering, in pain at the death of every mother for whom she could do no more.

But while she gave selfless attention to her work in often most challenging circumstances, and while she always seemed to have the very simplest of personal needs, Monica loved life. How she enjoyed life!

She had a tremendous intellectual appetite, and loved reading. She explored ideas in the fields of politics economics and philosophy, and kept herself aware of latest developments. She recognised the significance of the spiritual dimension of life, and undertook the search for assurance in a variety

of religious experiences. Most recently she decided to continue her explorations within the Roman Catholic faith in which she had been brought up.

And she had a wonderful circle of friends in the sphere of the arts and in a kind of alternative society. She loved their company here in Harare, and out in Chindima, where she had built the cottage in which she imagined spending her days of quiet retirement.

She loved her garden. She loved a sun-downer on her veranda when the day was ending, and a morning coffee with Sister Barbara at the weekends. And she loved the companionship of animals. Most recently her life became enriched by the beloved Jack Russell named Nutu, a character to equal Monica herself. In my mind I can see what one day I saw through the window of the house in which Mary and I were living in the Hospital. What a commotion. A huge turkey was running across the ground squawking in fear of its life. Behind, bouncing on her tiny legs, was the fierce Nutu in pursuit, barking, barking. And bringing up the rear, Monica, chasing after the two of them to try to forestall disaster, shouting in her unmistakable voice, 'Nutu! Nutu!'. It was like a picture from a Children's story book.



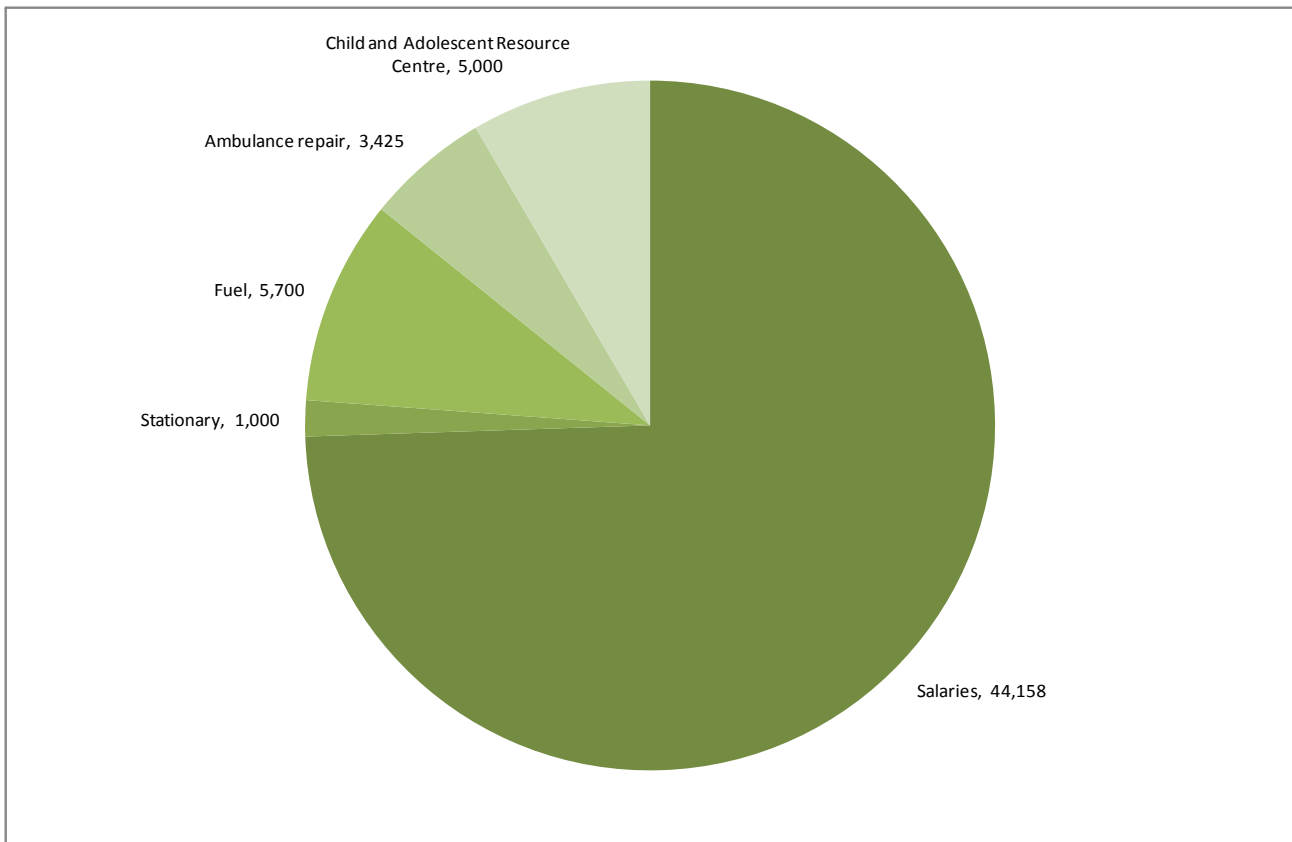
We know the sufferings Monica has gone through in these past two years with such courage. But she was constantly looking forward. Just on Saturday morning, there, she was planning to be back in Murambinda this week. She made a list of topics to be discussed with the Organiser of the Children's Resource Centre, CARC. Here it is. On the back of an envelope. She was also planning a complete re-organisation of the hospital services, integrating them all with each other in a more inclusive way – it is brilliant and absolutely in line with the most advanced thinking on health systems. Here it is on the back of an envelope.

But as we know, these plans were not to be. And her condition suddenly worsened and on Sunday she had to be admitted to hospital. And on Monday, surrounded by the tender care of those who loved her, her dear life drew to its close.

But we meet here today to remember Monica with joy and with gratitude. And as a person from my own standpoint would say,

'Her name is written in heaven.'

## FMH Expenditure 2010-11



### **Staff Salary Supplements: £44,158 given by FMH**

*Murambinda Mission hospital "pool of healing" is a pool of healing because it is helping people from all walks of life that need our health care services. Murambinda hospital seeks to care for the poor; we believe that the support our nursing, medical, administrative staffs are giving to our Zimbabwean community during these difficult times is an essential service.*

*Murambinda hospital remains the busiest hospital in the country this is because of the excellent services being provided, in Business Murambinda should be called a one stop shop where you can find everything.*

*Remuneration of Government employees including Murambinda hospital employees has caused some dissatisfaction to staff to the level that employees lose interest in their work, they look for greener pastures everyday, and they have no dedication to their work. This situation has adversely affected the health delivery system in the country.*

*Murambinda hospital through giving salary supplements has managed to retain its staff this has contributed hugely to the making of a good name. The Government of Zimbabwe has recently reviewed the salaries but the increase is*

*not meaningful as employees got a rise of between 10 to 50 dollars depending with the grading.*

*The salary situation in the country has driven out professionals to neighbouring countries where they are paid good salaries, It has been difficult for Murambinda hospital to hire a Laboratory Scientists as well as Radiographer, there are a few professionals in the country*



*therefore the few that are still in the country are on great demand and only hired by Non Governmental Organisations paying good salaries.*

*Murambinda is kindly requesting Friends of Murambinda Hospital to continue with salary supplements.*  
*Mr Mudzi Donor Secretary*

## **Stationery: £1000 donated**

*Murambinda hospital requires a budget of around US\$4,000 a year for office supplies this include hospital and the school of nursing. Paper is the most needed supplies, we are using more paper to print patient admission charts, each patients will have four sheets(admission front sheet, temperature sheet, kardex and fluid sheet) and our admissions are on average 9,000 per year and more paper is being consumed at the training school and consumption in administration offices for printing.*

### **Why is this project important?**

*Office supplies are very essential for the proper running of offices, and if staff have everything that is needed for the office they do their job properly, their level of work will improve and their output will be more productive.*

*Shortages of office supplies may cripple the functions of an office for example if there is no paper , you cannot print important documents, you cannot take phone messages, you cannot receive fax, or print an important document.*  
*Mr Mudzi Donor Secretary*

## Fuel :£5700 donated

Fuel has become one of the biggest expenditure of the hospital, consumption of fuel has gone up to between 1,500 and 2,000litres a month please find attached copy of the fuel ledger book. We need fuel for vehicles and for generators, ambulance and generators being the most fuel consuming assets.

Date	Vehicle	Used	Balance	Date	Received	Filled	FUEL USED	Balance
12/02/10	generator	90L	3222					
12/02/10	T35	86L	3136	15/02/10		Ambulance	65L	1315
20/02/10	Ambulance	45L	3081	15/02/10		Generator	135L	1180
20/10	generator	190L	2891	15/02/10		H. Rider	60L	1120
5/04/10	generator	100L	2791	18/03/10		Vigo	60L	1060
25/04/10	generator	170L	2621	18/03/10		T35	75L	985
8/05/10	Ambulance	53L	<del>2571</del>	18/03/10		generator	120L	865
8/05/10	Ambulance	53L	2571	17/03/10		Ambulance	60L	805
22/05/10	generator	80L	2491	17/03/10		generator	40L	765
23/05/10	generator	60L	2431	24/03/10		T35	50L	715
22/05/10	Vigo	50L	2381	27/05/10		Ambulance	60L	655
27/05/10	generator	100L	2281	29/05/10		Vigo	60L	595
8/2/10	generator	85L	2201	29/05/10		generator	75	520
1/3/10	generator	145L	2056	25/05/10	5000	M.D.A.		5520
3/03/10	generator	30L	2026	26/05/10		Generator II	100L	5420
10/3/10	generator	75L	1951	31/05/10		generator	60L	5360
4/03/10	generator	75L	1876	3/06/10		VISO	70L	5290
4/03/10	Ambulance	60L	1816	11/10		VIGO	59L	5231
7/03/10	generator	75L	1741	6/10		VISO	55L	5176
21/03/10	Vigo	48L	1693	7/03/2010		generator	65L	5111
10/3/10	Ambulance	60L	1633	31/10		VISO	40L	5071
2-03/10	Ambulance	60L	1575	9/11/10		generator	100L	4971
2-03/10	generator	135	1440	10/11/10		generator	80L	4891
2-04/10	generator	40	1280			generator	100L	4791

We are running generator on daily basis to supply electricity to the hospital during power cuts. Power cuts in Zimbabwe are a daily thing and it is a way of rationing the shortly supplied resource in the country. We have a second generator given to training school which is mostly used during the night when there is no electricity. The generator at training school is mainly to supply electricity to the classrooms for lighting. Nursing students use the classrooms for studying purposes during the night therefore it was difficult to use the classrooms when there were power cuts. Before the generator was connected students were walking all the way to hospital and do their studying in the Hospital Board room.

Murambinda hospital uses a lot of fuel for the ambulance; we continuously see cases that require referral. Murambinda hospital refer patients to Mutare Provincial hospital nearly 170Km away from Murambinda, patients are transferred on ambulance which consumes 60litres of diesel a trip. On average we make 8 trips a month to Mutare with patient transfers.

## **Why is this project important?**

This project will help us with funds to buy fuel for the hospital.

When we have adequate fuel we are able to do the following,

1. run the hospital generator to provide alternate supply to the hospital when there are power cuts
2. provide transport to patient transfers
3. make business trips (for supplies , attending meetings )
4. transport for day to day hospital activities(refuse collection)



**Mr Benjamin Tirivanhu supervises a fuel delivery.**

## **Child and Adolescent Resource Centre (CARC): £5000 donated**

*CARC is supporting children living with HIV and AIDS to achieve a satisfactory life. Most children are orphans and are cared for mainly by elderly grandmothers who are themselves HIV negative. The caregivers themselves are not able to meet all their material needs because they are too old to work. Many depend on food handouts . A few are not on food aid and Murambinda Mission Hospital gave food handouts to these children.*

*Most of the children could not afford school fees and school uniforms. Some did not have decent clothing and had to share blankets. There is one child who is the head of a family and she did not even have soap. Extreme poverty levels exacerbate psychosocial issues.*

*Murambinda hospital hopes to extend CARC activities to the whole district.*

*Sessions were scheduled for every Friday and one Saturday per month. Children are supposed to come for sessions twice a month but almost all children come for every session. All facilitators would plan a session for every age group. The four main activities would centre on:*

- a) Health education
- b) Social activities
- c) Cultural activities
- d) Spiritual support and education.

***All activities were delivered using play.***

*It is very important that CARC has its own permanent structures for the children and have adequate resources to effectively deliver its services to the community.*

*A playing ground is necessary so that children are introduced to sporting activities, thus playing volley ball, tennis and more games. The premises should be fenced for security reasons.*

### **PROJECT COSTING**

#### **Project budget.**

	<i>Unit cost</i>	<i>Total</i>
<i>Fencing of the CARC area</i>		<i>2,000.00</i>
<i>Developing a play ground</i>		<i>3,000.00</i>
<i>10 benches</i>	<i>50.00</i>	<i>500.00</i>
<i>1 office desk</i>	<i>250.00</i>	<i>250.00</i>
<i>3 office chairs</i>	<i>120.00</i>	<i>360.00</i>
<i>6 standard chairs</i>	<i>30.00</i>	<b><i>180.00</i></b>
<i>Shelves in storeroom and in office</i>		<b><i>1,500.00</i></b>
<b><i>TOTAL</i></b>		<b><i>7,790USD</i></b>
<b><i>TOTAL IN GBP</i></b>		<b><i>£4,868.75</i></b>

## Ambulance engine repair: £3425 donated

Murambinda hospital is a very busy district hospital admitting on average 90 patients per day, Murambinda hospital transfers on average 20 patients per month with over half of the number requiring transport to the referral hospital. Murambinda makes on average 8 trips to Mutare on patient transfer.

Our ambulance has developed an engine problem; we sent it to a Mazda dealer in Mutare for repairs. We got a quotation of 6,000USD for the repairs (see attached) and we found the cost of repairing too high and we have decided to buy a new engine from South Africa. We are making enquiries with friends in South Africa on the price of a new engine but we strongly feel the price will be less 5,000USD. Murambinda hospital is kindly requesting FMH to help with funds to buy new engine for the ambulance.



**AMTEC WORKSHOPS**  
A Division of Amtec (Private) Limited  
22 Dawson Street Yeovill Mutare Telephone 020 - 64208

**ESTIMATE** No 5922  
PRICES ARE SUBJECT TO PRICE INCREASE  
Date: 12-11-2010

For mechanical repairs of:  
Make: MAZDA Type: B200 Kilometre: \_\_\_\_\_ Reg. No: AM 3158  
Owner: MURAMBINDA Address: MURAMBINDA Phone: \_\_\_\_\_  
Account: CASH Assessor: MABELE Excess \$: \_\_\_\_\_  
Remarks: CHECK OIL; ENGINE OVERHEAT

QTY.	PARTS	\$	c	REPAIRS	\$	c
				Brought Forward for Parts		
8L	ENGINE OIL				837.50	
	ENGINE OIL FILTER 2785				825.00	
1	DIESEL FILTER 2194				972.00	
1	AIR FILTER				916.00	
	TIMING BELT				940.00	
1	TENSIONER				980.00	
	OVERHAUL CHECK SET				9200.00	
4	PISTON AND RING SET				9600.00	
3	SILICONE SEAL				97.00	
2	FAN BELTS				950.00	
1	CRAWLER MATS				9900.00	
	OIL PUMP				9450.00	
	WATER PUMP				9100.00	
	OUTER/INNER A/C HEAD					
	ACCU BLOCK					
	SYNTHETIC OIL					
	POISSA CANNISTERS					
	RECONSTRUCTION CLIP PARTS				980.00	
	FLUSH RADIATOR				970.00	
1	616 END BEARINGS				930.00	
1	MAIN BEARINGS SET				970.00	
1	THROAT HOSE SET				940.00	
	Carried Forward: \$			Total General: \$		

N.B. This estimate cover visual damage only and does not include hidden damage which may come to light during repairs.  
This required for repairs: \_\_\_\_\_ Carried forward to Page No. \_\_\_\_\_ \$ \_\_\_\_\_

# Donors

Our thanks goes out to each and every donor, from those who arranged sales, sacrificed presents, gave royalties or raised sponsor money. Every contribution large or small is much appreciated both from those listed below and those not mentioned.

A & B Brichieri-Colombi	Dorothy Millar Charitable Trust	JV Connolly	R Burrige
A & P Cudworth	Durham Rotary Club	K & B Saunders	R Millard
A Kuczynski	E Lockhart	K Howard	R Pile
A McCall-Smith	E&M Thompson	Linda Goldberg	R Scott
A&W Brichieri-Colombi	EA Lyell	Louise Coidan	R Stott
Alan Miller	Elizabeth Glenshaw	M Hart & P Jennow	R&J Last
Alfred Sheddon	FA Steele	M J Dennis	RE Millard
Alice Bell	Friends of St Colin's	M Mitchell	Rosemary Austen (AUS)
All Saints Gosforth	Friends of St Colm's	M Thompson	S & C Doran
AM Russell	G & S Milne	M Thomson	S Falconer
Androssan Presbyterian Council	G&M Wells	M&J Connolly	S Kennedy & M Robertson
Ann Lyall	Gordon Presbyterial Council	M&T Connolly	S Stirling
Ann Shearer	H&T Putnam	Martin Johnstone	Stella Parkin
Annie McKay	Howard & Germain	Mary Paris	Sue Fox/Dennis
Anon	I E Monro	Mearns Kirk	Susan Fraser
Anthony Green	I.D.Hobson	Mearns Kirk Church of Scotland	Susy Billington
B. Laine	Iain & Isabel Whyte	Michael Dodds	T McCulley
B&M Lodge	Iain Matheson	Middlesbrough Caledonian Society	T McCulley & I Gibson
Belger/ Todd	Iona Family Group	Miller Contacts	T Rault-Smith
Bill Colombi	J & A Connolly	Mrs Bielby	Teresa Lawlor
BJ Fox	J & J Slater	MV Connolly	Thomas McCann
Brian Brown	J & M Miller	N Kuenssberg	Three Course Theatre Company
Bridge of Allan P.C.	J & M Potter	N Portergill	Tibden Trust
C Falconer	J Fletcher	N Pressick	Vivien Heilbron
C Hewitt	J Hall	Nigella Ryan	W & E O Neil
C Lavelle	J Harvey	Nunthorpe Players	W Martin
C Sherwood/Falconer	J Matthews	O Newson	W Mitchell
C Takundwa	J Metcalfe	Order of St Lazarus of Jerusalem	W&S Drummond
Catherine Clark	J Millard	Our Lady & St Swithun, Portsmouth	West Church Friendship Hour
CJ Cooper	J Raimondo	P Hynes	Wolsingham PCC
Clare Connolly	J Struthers	P Sheppard	Woodside Surgery
D & I Reid	J Yuill	Peter Grant	Yarm School
D&E Briggs	J&B Haward	Peter Millar	
DA Chamberlain	J&C Bradnock	Peter Newson	
David Jenkins	James Miller	Pope & Crawford	
DJ Griffiths	James Robertson	Poultry Run	
Dorothy Brownlie	Jeely Piece Club	R & A Cowie	
		R & C Rigby	

## FINANCIAL REPORT 6.4.10-5.4.11

<u>BALANCE BROUGHT FORWARD</u>	£	29,279
<u>INCOME</u>	£	55,262

Standing orders	£	15,535
Interest	£	27
Reclaimed tax	£	6,819
Other donations	£	32,881

### PROJECTS FUNDED

Salaries	£	44,158
Child and Adolescent Resource Centre	£	5,000
Stationery	£	1,000
Fuel	£	5,700
Ambulance repairs	£	3,425

EXPENDITURE £ 59,2833

BALANCE AT YEAR END £ 25,258

N.B. All money donated went to Murambinda Mission Hospital. The trustees bear all administrative costs themselves and give their time freely. No money is spent on fundraising, advertising or management.

### 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 made three visits in the last year to support the hospital, provide training in the Child and Adolescent Resource Centre and to supervise projects.

### 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.

Gift Aid  
Declaration

Friends of Murambinda Hospital (Reg Charity 1073978)

I [redacted] title [redacted]

of [redacted] (address)  
[redacted] Postcode [redacted]

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 [redacted]

Date [redacted]

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 [redacted] / /

Name of my bank [redacted] Bank plc

Address of my bank [redacted]  
[redacted] Postcode [redacted]

Please pay Friends of Murambinda account no. 40-52-40 00006100  
at Cafcash Ltd, Kings Hill, West Malling, Kent ME19 4TA

the sum of £ [redacted] every month/quarter/year\* \*delete as required

starting on [redacted] / [redacted] until further notice.

Please debit my account no. [redacted]

Name (capitals) [redacted]

Address [redacted]  
[redacted] Postcode [redacted]

Signed [redacted]

Please return this half of completed form to your bank

## FMH Contact Details

The Chair  
55 Wilbury Avenue,  
Hove BN3 6GH

The Treasurer  
East Park Cottage,  
Hutton Lane  
Guisborough TS14 8AA

f.m.h@live.co.uk

Donate what ever you can:

1. Online at [www.fmh.org.uk/donat.htm](http://www.fmh.org.uk/donat.htm)
2. By sending cheques payable to "Friends of Murambinda Hospital" to the treasurer at the address above
3. By filling in a standing order form above.
4. Text FMHG11£10 to 70070 to donate £10
5. Or if you have a non UK bank account please contact the treasurer for SWIFT and IBAN details.

- Murambinda Mission Hospital is a beacon of good care. It is more reliant than ever on external funding due to conditions within Zimbabwe.
- FMH relies entirely on donations to pay for the projects we are asked to fund.
- All donations go to help projects at Murambinda, none on administration.

