

# Friends of Murambinda Hospital



UK Registered Charity 1073978

## ANNUAL REPORT 2022-23



Image from Pauline Hagele

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## The Hospital

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 (LCM), under the Catholic Church's Archdiocese of Harare. The Hospital carries out its mission to care for the poor by serving a population of around 300,000 people in an area with a

diameter of 200 kilometres.

The hospital is led by Sr Shamu of LCM, the Hospital Executive Manager and Sr Tawodzera is Assistant Matron and currently acting Matron, and Dr Shelton Kwiri as District Medical Officer and Acting Medical Superintendent. They are supported by a Board of Trustees and Hospital Executive Committee.

The aim of improving the health services for all the people of Buhera and to be a "Pool of Healing" continues to be pursued with energy and dedication.

## The District

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 suffers from very low rainfall, and a miniscule land area is under irrigation. Irregular rainfall leads to poor harvests and food shortages.



Subsistence living

Image by Pauline Hagele

Through hard work and experience gained from previous periods of hardship, the population of Buhera has developed a remarkable capacity for survival. 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.

## Message from the Chair

## Teaching, toothache, toil and tiles.

Dear All,

Thanks to your generosity in the last year we have been able to support a broad range of projects. This includes a major development of the nurse and midwifery training school at Murambinda Mission Hospital with a new building housing a lecture and demonstration room. This should help with the education of future generations of staff and provide much needed extra hands on the wards.

Many of our projects are less glamorous and mundane but in our view are nevertheless important. Anyone who has known the misery of toothache and the difficulty of getting seen by a dentist will approve of our grant to help better equip the dental therapist at Murambinda. This has led to an increased throughput of patients.

The project to replace worn out flooring in wards improves hygiene standards and morale. We have also funded some repainting of wards and replacement of old furniture and wheelchairs which are yet to take place.

Economic difficulties in Zimbabwe remain a real challenge to staff recruitment and retention. As a result a major part of our funding goes to supporting the backbone of the hospital which is the personnel.

We were also pleased to be able to support the Child and Adolescent Resource Centre who do vital work to counter social marginalisation and exclusion of children and young people with HIV, boost their self-esteem and life chances and engage in community education.

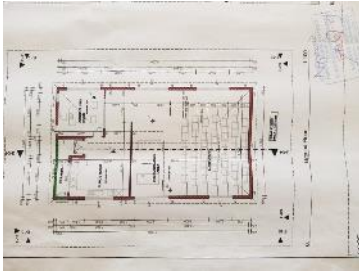
Please continue to donate or fundraise ([/fmh.org.uk/home/fundraising-ideas/](http://fmh.org.uk/home/fundraising-ideas/))

I can assure you that your donations are well spent in Murambinda. None are spent on running costs in the UK, and all directly or indirectly help to lift people out of illness, misery and disease.

Michael Thompson Chair of FMH



## Demonstration block.



We are pleased to report that the demonstration block has been successfully completed. The block is now ready for use. We are preparing for the official opening ceremony to be held on 16<sup>th</sup> June 2023.



Work in progress November 2022



Work complete June 2023



[illegible]

## Project Title: HOSPITAL RENOVATIONS



Murambinda Mission Hospital is a busy hospital on average the hospital sees 100 patients per day in OPD. Whilst the hospital remains busy the facilities and structures that we use need to be maintained and kept up to date. There is need to have a clean safe environment in the hospital for safety and to promote patient well being.

Due to limited financial resources hospital infrastructure, medical equipment and furniture have for a long time suffered lack of repairs and maintenance.

In the healthcare industry, facilities management is an important key to keep the organization operate smoothly and safe whilst maintaining a healthy

environment. Healthcare facilities management cares about the patients' quality of life and saves patients from deaths

Facilities management must create a positive impact and good impression in the eyes of customers in order to create a conducive human experience for patients.

### PROBLEM STATEMENT

Due to limited financial resources our buildings have for a long time suffered lack of maintenance as a result the buildings have developed some cracks , have peeling and falling off paint. We have areas that have gone bad and not nice for a health environment.

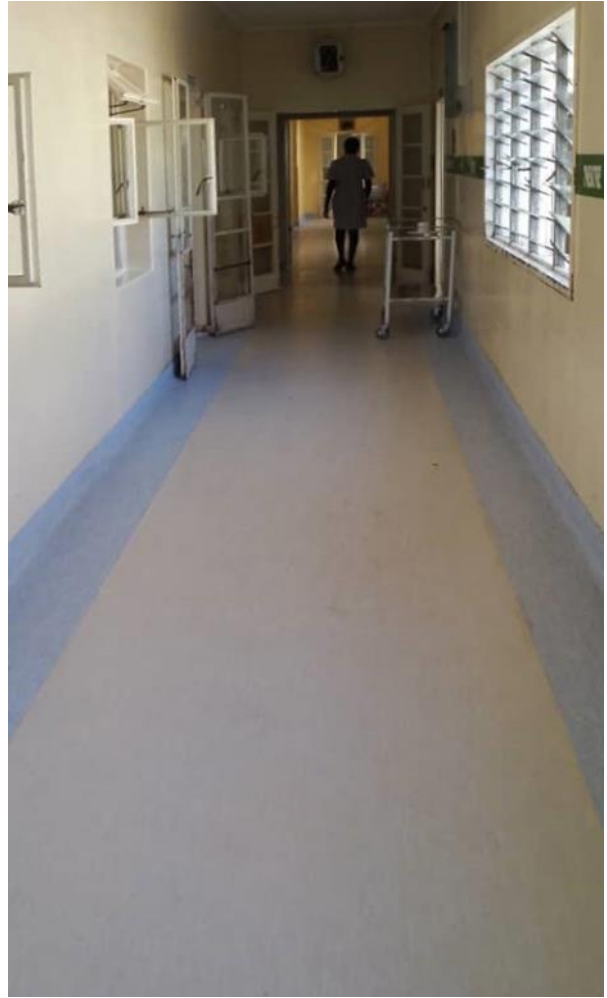
The whole structure requires complete renovations but it is very unfortunate that we do not have the funds to do a complete overhaul. We are going to do stage by stage starting with the most affected areas.



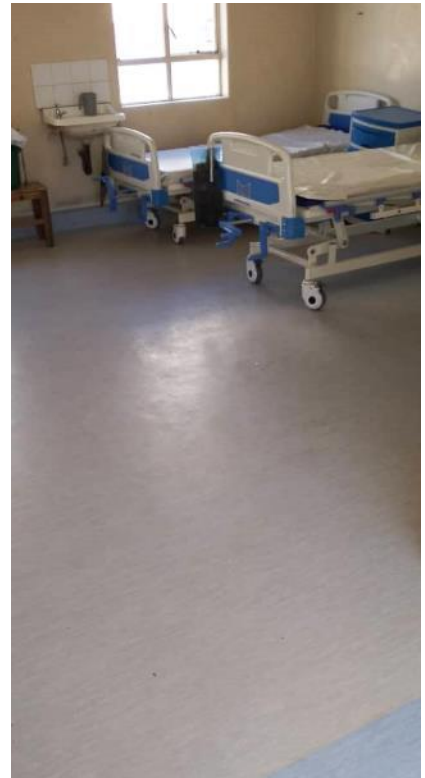




Floor tiles before and after



Male ward before and after



## **Anaesthetic machine.**

A hospital in a remote rural area with a maternity department must have the ability to perform emergency deliveries. Caesarian section requires the patient to be anaesthetized. Whilst the hospital has staff to anaesthetize the patient and carry out the surgery none of this is possible without reliable apparatus with which to work. The hospital identified a more modern, suitable anaesthetic machine the provision of which will avoid the dangers of transferring patients in labour to Mutare.

We were able to secure funding for this equipment..







## **CHILD AND ADOLESCENT RESOURCE CENTER REPORT APRIL 2022 TO SEPTEMBER 2022**

### **Introduction**

In April 2022 the Child and Adolescent Resource Centre (CARC) received \$15 000.00 USD from the Friends of Murambinda to continue implementing the We Are The Future (WATF) 3 project. We are very grateful.

The Child and Adolescent Resource Center (CARC) is a Private Voluntary Organization which was established by Doctor Monica Glenshaw and Mrs. Miller in 2008. The organization was formed to provide psychosocial support to children and adolescents living with HIV (CLH) and their primary caregivers. The founding members observed that although children were receiving Anti- Retroviral-Therapy (ART) they needed comprehensive psychosocial support in order to cope with their HIV status and its implications.

The mission of CARC is enhancing a satisfactory and dignified life for disadvantaged children and adolescents and building sustainable capacity on primary caregivers and the community at large.

### **Activities conducted**

Psychosocial support sessions were conducted monthly for children and adolescents living with HIV. The sessions were conducted by trained volunteers who were health workers, in particular Primary Counselors, Community Adolescent Treatment Supporters (CATS) and Child Care Workers (CCW). CARC supported the sessions with refreshments for the children.

The CATS conducted home visits to monitor adherence to medication, provide basic counseling to children with problems and referred children with problems to relevant service providers. Health center staff asked the CATS to follow up children who missed appointments, children with high viral loads and the CATS gave reports on findings to the health center staff.



PSS monitoring meetings were done on a quarterly basis to ensure that the volunteers, CATS, CCWs and the health center staff are well informed and confident when they are performing their community voluntary work. Moreover these meetings were helped to cultivate a team spirit among different specialties so that good practices are strengthened and also to note areas that needed improvement. As

a tradition of the organization CARC conducted these monitoring visits with the Department of Social Development and Ministry of Health and Child Care and Buhera Rural District Council. Each CCW and CATS of the area presented their challenges faced during the period under review and also explained how they dealt with each difficult circumstance and questions were asked by the members present and if need be the monitoring team helped solve the most difficult cases and also to suggest possible methods of intervention. At times, for most difficult cases CARC and Department of Social Development conducted home visits and convened conferences with the family members to resolve issues.

## **Case Study Example – Rural Health Centre No. 23, Monthly Meeting**

### **Present:**

The Psychosocial Support monitoring team, comprising representatives from the District Health & Social Care Services and Mr Mativenga, the Psychosocial support Officer for CARC, met in the Health Centre, with the Health Centre's Primary Counsellor, two nurses and the local Child Care Volunteers.

Mr. Mativenga highlighted that every member present has to effectively participate in the session so that children's problems discussed would be handled well and cases referred to relevant departments. He also emphasized the need to work together as a team.

### **Case Discussion**

All names have been changed.

1. Tatenda Mugamba, 11 years old, who was staying in a local village, was defaulting from treatment as a result of being physically abused. A volunteer health worker made a home visit and managed to see the caregiver, who is the grandmother. The grandmother said the abuse occurred when she was not around. Now that she had been alerted she promised to take care of the grandchild and ensure that she adheres to medication. The CATS for the area was asked to visit the child at least twice a week until she takes medication properly.
2. Tonderai Dhambe was also defaulting due to lack of food. Arrangements were made to visit the family and offer food support.
3. Precious Mukatekwa had dropped out of school due to early marriage to a fellow student at the local high school. The department of Social Development representative encouraged the Child Care Worker to work closely with the Department and Ministry of Education to help the children to return to school.
4. Tafadzwa Mushonga, one of the beneficiaries of CARC, had earlier refused to go for Vocational Skills Training but now wanted to go. The team noted that the child was misinformed the last time, and will be considered again when CARC secures more funding for vocational training.
5. Givemore Mdowo (14) had dropped out of school due to religious misconceptions. The Child Care Worker who was handling the case said Givemore had been told that he has a calling to be a white garment prophet, thus there was no need for him to go to school rather than follow his spiritual calling. The child was now living at a nearby shrine. The CCW engaged the parents of the child, who stated that they feared the wrath of God if they took their child out of the shrine. The Department of Social Development took up the issue and undertook to visit the shrine and the home of the child and engage the parents and church leaders.



6. A number of children on ART were facing discrimination from their families because they were HIV+. CCWs also said that there was an outcry from orphans and vulnerable children who are lacking clothes and school fees. These children were living mostly with their grandparents and this has led to many of these children dropping out of school. It was agreed to refer these children for further support where possible.

## **TRAINING OF WARD AND SCHOOL CHILD PROTECTION COMMITTEES**

CARC and the department of social development also conducted the training of ward child protection committees both at community level and in schools. These communities were equipped to handle issues on child protection at ward level and in a school environment.

### **Sample of report on ward child protection committee meeting**

#### **Introduction**

CARC, Department of Social Development (DSD) and Buhera Rural District Council conducted monitoring sessions on Ward Child Protection committees. The team trained CPCs in 2022 from ward 3, 4, 10,14,19 and 20 , these CPCs were trained on child protection issues and the reporting and referring methods when cases arise. The monitoring sessions are now being done on a quarterly basis to assess if the teams are properly handling child protection issues that are arising in their wards. The sessions also help both teams to map a way forward and also address problems that are not easy to address at ward level. Present in the meetings were the traditional leaders, Child Care Workers (CCWs), teachers, village health workers, nurses and other government departments who will be mentioned in the report. Below are some of the highlights and photos from the meetings.

#### **WARD 4**

**Membership: 25**

**Present: 21**

**Key issues**

#### **Wellington Gonese**

A report was given that Wellington Gonese is failing to properly care for his children. The main issues was said it was due to his divorce to the mother of the children and he told the monitoring team that visited him that he was finding it difficult to pay school fees, buy clothing and even buying food for his family. The team that visited him consisted of 2 CCWs and another member from the committee. The team saw it useful to engage the grandmother to these children and present the problem at hand. At the time of reporting the grandmother was said to have agreed to stay with her grandchildren and take care of them.

#### **2. Shelter Toriro**

Another issue of concern was that of Shelter Toriro a mother of 8 children with no birth certificates. It was reported that Shelter was again pregnant and she said that she had no capacity to go to the registration offices in Buhera or Murambinda for her children to have birth certificates. The visiting team consisted of 1 CCW and 2 other members from the committee. After the engagements the team contacted Ministry of Women Affairs and they helped the children in taking birth certificates.

### **Mirriam Mashanyira**

The visiting team reported that Mirriam, a mother on ART was defaulting and it was very worrisome because she was abusing her own children by beating them and also that the children were not going to school. The team also said that the mother also beat her children if they disclose their mother's whereabouts because there were several attempts to engage the mother but with little success. At the time of report the team said that they were still to get her and if they succeed they were going to refer her to the clinic for further management.

### **Challenges of the team**

The team raised some challenges that they were facing during their operations which included;

1. Some perpetrators were very violent thus it was very difficult to confront them or them knowing that you have a hand in helping their victims.
2. The committee asked for some form of identity like T shirts or anything that shows their identity for visibility purposes.
3. The team asked to be supported with refreshments when they conduct their monthly meetings because some travel a long distance to the meeting point.
4. Mobility, sometimes the members walk a long distance to attend to cases.



***Picture showing ward 3 CPC meeting taking place at Garamwera shopping centre***

## FMH Income and expenditure 2022 -2023



The Friends of Murambinda Hospital has always recognized that retention of long serving and devoted staff is of paramount importance for the Hospital.

A scheme to provide basic foodstuffs for staff has been implemented.

The charity recognizes that this limits the use of its resources for improving drug supplies, supporting structural improvements and encouraging good governance.

### Income 6.4.22 – 5.4.23

£

Balance brought forward	42,542.73
One off donations	24,571.27
SVMH	32,066.00
Standing orders	20,733.00
Gift Aid	10,963.00
Share dividend	639.00
Interest	52.00
Total new income	89,024.27

### Expenditure

Salaries and staff incentives	27,788.00
Groceries	23,066.00
Locum costs	4,502.00
Drs Incentive payments	15,739.00
Groceries for staff	190.00
New floor tiles	8,565.00
Furniture, trolleys and wheelchairs	14,805.00
Dental equipment	4,878.00
CARC	11,405.00
Renovations	4,676.00
Total expenditure	115,614.00
Balance	15,952.56

Special thanks to the following for their contribution to our work.

Wolsingham Parish Church Beatles Acapella  
 A Williamson and S Hill wedding  
 Micheline Thompson's 100<sup>th</sup> birthday  
 Three Course Theatre Productions  
 In memory of David Dunn  
 Carol singing, Guisborough  
 Sale of refreshments at Guisborough Choral Society  
 Sunderland Hospitals  
 Bill Colombi's 75 Challenge (See fund raising below)



## Fund Raising

The Friends continue to be very grateful for the lengths to which fund raisers go to help us support the hospital in difficult times.



### Devoted fund raising.

Once again Bill Brichieri-Colombi has raised funds for the hospital this time by his own physical effort.

To mark his 75<sup>th</sup> birthday an endeavour entitled '75 Challenge' involves his walking up a local hill named Roseberry Topping 75 times, a distance of 5.7 miles round trip. He does this approximately three times a week and is writing a blog which can be followed at;

<https://www.threecoursetheatre.org/challenge>



Sometimes he isn't alone at the top.



The sky...



...and the sun can be beautiful...



...but not always!

Images by Bill Colombi

## Donors

As always we are deeply indebted to each and every donor for their efforts and generosity. Every contribution large or small is much appreciated both from those listed below and those not mentioned.

All Saints Church Gosford	David Jones	Dr Peter Sheppard
Helen Belger	Elizabeth Jones	Ineke Sipkema
BERT Community	Mary Kelly	John and J Slater
Alison and Bill Brichieri-Colombi	Bushra Khizar	Brian Smith and Nicky Portergill
R Burridge	Dermot Killingley	Marie Smith
Nigel and Elaine Carden	Beth Kirby	David and Penny Stableforth
Professor Douglas Chamberlain	Michael Kirby	David Stanley
Cheltenham Cleeve Vale Rotary Club	Nicholas and Sally Kuenssberg	Liz & Alan Stark
CHOICE Ltd (affiliated to City Hospitals Sunderland NHS FT)	Robert and J Last	F Steele
Jonathan Clark	Teresa Lawlor	Cynthia Takundwa
Judith Clark	Loanhead Parish Church Women's Guild	Three Course Theatre
Matthew Clark	John and Lesley Mackay	Gordon and Fiona Thomson
Louise Coidan	D Maclean	Michael and Brenda Thomson
Clare Connolly & Bob Cannell	Boris de Man	Micheline Thompson
John and Ann Connolly	Debbie and John Matthews	Mike Thompson and Kay Shepherd
Mary and Jim Connolly	Alexander McCall Smith	Naomi Todd
Carol & John Cooper	Neil MacGregor	Alison Totty
L & E Crawford	Arlene Williamson & Stuart McMillan	Nienke van Trommel
Ann Cudworth	Dr John Millard	Suzanne Wanazala-Ryan
Aidan Cullinan	Dr Richard Millard	Rev. Iain Whyte (formerly Tibden Trust)
Roisin Cullinan		Wolsingham Parish Church
Alison Davies	A&M Miller Charitable Trust	
Richard de Souza & M Dunkley	John and Mary Miller	
Martin and Sue Dennis	Gerry and S Milne	
Catriona and Sean Doran	Marion Mitchell	
Stewart Falconer	W J Nutt	
Richard and Jane Fortin	William and E O'Neill	
B Fox	Orchard Hill Parish Church	
Peter and Margery Grant	Order of St Lazarus	
Pauline Hagele	Mary Paris	
Margaret Hahn	Dr Stephen Pope	
Margaret Hart & Peter Jennow	Portslade Health Charity	
Judith Harvey	Julie and Malcolm Potter	
Joanna Haward	Ruby Potter	
Hilary Hide	Clare Quigley	
Keith Howard	Alice Rigby	
Marion Howard & Richard Germain	Jonathan Rigby	
Nicholas Glover	Richard and Carolyn Rigby	
Guisborough Choral Society	Karsten and Brenda Saunders	
Margaret and Lorna Hudson	Second Wind Band	
Clare and Neil Hunter	R & J Scott	

## Trustees

There are six trustees. Dr John Connolly, Mrs. Mary Miller, Dr Carolyn Rigby, Dr Michael Thompson, and Dr Michael Thomson and Dr Nienke van Trommel of SVMH as a trustee based in the Netherlands. All of them have worked at or been involved in other ways at Murambinda Hospital in the past.

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.



Carolyn Rigby and Mary Miller in Murambinda 2020



Michael Thomson MMH 2004



Michael Thompson at Murambinda in 2018



Nienke van Trommel with Monica Glenshaw 2004



John Connolly



## 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] / [redacted] / [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 [redacted] 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]

**Contact details:**

Dr Mike Thompson, Chair  
55 Wilbury Avenue,  
Hove BN3 6GH  
[f.m.h@live.co.uk](mailto:f.m.h@live.co.uk)

Dr Carolyn Rigby,  
Treasurer,  
East Park Cottage,  
Hutton Lane,  
Guisborough  
TS14 8AA

Donate whatever you can:

1. Online at [www.fmh.org.uk](http://www.fmh.org.uk)
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. 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 is spent on administration.

All administrative costs are met by the trustees; we have no paid employees and no advertising or fundraising costs.



CHARITY COMMISSION  
FOR ENGLAND AND WALES

FRIENDS OF MURAMBINDA HOSPITAL

No (if any)  
1973978

## Receipts and payments accounts

CC16a

For the period  
from

Period start date  
06.04.2022

To

Period end date  
05.04.2023

### Section A Receipts and payments

	Unrestricted funds	Restricted funds	Endowment funds	Total funds	Last year
	to the nearest £	to the nearest £	to the nearest £	to the nearest £	to the nearest £
<b>A1 Receipts</b>					
ONE OFF DONATIONS	56,637	-	-	56,637	99,871
TAX RECLAIMED ON GIFT AID DONATIONS	10,963	-	-	10,963	11,982
STANDING ORDERS	20,733	-	-	20,733	23,323
SHARE DIVIDEND	639	-	-	639	634
BANK INTEREST	52	-	-	52	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b> (Gross income for AR)	<b>89,024</b>	<b>-</b>	<b>-</b>	<b>89,024</b>	<b>135,810</b>
<b>A2 Asset and investment sales, (see table).</b>					
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total receipts</b>	<b>89,024</b>	<b>-</b>	<b>-</b>	<b>89,024</b>	<b>135,810</b>
<b>A3 Payments</b>					
Murambinda Hospital Staff	48,029	-	-	48,029	44,452
Groceries	23,066	-	-	23,066	13,152
Bank charges	190	-	-	190	251
Child and Adolescent Resource Centre	11,405	-	-	11,405	-
Medical Equipment	19,683	-	-	19,683	24,627
Renovations	13,241	-	-	13,241	49,522
Pharmacy	-	-	-	-	10,000
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>115,614</b>	<b>-</b>	<b>-</b>	<b>115,614</b>	<b>142,004</b>
<b>A4 Asset and investment purchases, (see table)</b>					
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total payments</b>	<b>115,614</b>	<b>-</b>	<b>-</b>	<b>115,614</b>	<b>142,004</b>
<b>Net of receipts/(payments)</b>	<b>- 26,590</b>	<b>-</b>	<b>-</b>	<b>- 26,590</b>	<b>- 6,194</b>
<b>A5 Transfers between funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>A6 Cash funds last year end</b>	<b>42,543</b>	<b>-</b>	<b>-</b>	<b>42,543</b>	<b>48,737</b>
<b>Cash funds this year end</b>	<b>15,953</b>	<b>-</b>	<b>-</b>	<b>15,953</b>	<b>42,543</b>



## Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B1 Cash funds</b>		-	-	-
		-	-	-
		-	-	-
	<b>Total cash funds</b>	<b>15,953</b>	<b>-</b>	<b>-</b>
	(agree balances with receipts and payments account(s))	OK	OK	OK
<b>B2 Other monetary assets</b>	<b>Details</b>	<b>Unrestricted funds to nearest £</b>	<b>Restricted funds to nearest £</b>	<b>Endowment funds to nearest £</b>
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
<b>B3 Investment assets</b>	<b>Details</b>	<b>Fund to which asset belongs</b>	<b>Cost (optional)</b>	<b>Current value (optional)</b>
	Share portfolio		-	19,853
			-	-
			-	-
			-	-
<b>B4 Assets retained for the charity's own use</b>	<b>Details</b>	<b>Fund to which asset belongs</b>	<b>Cost (optional)</b>	<b>Current value (optional)</b>
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
<b>B5 Liabilities</b>	<b>Details</b>	<b>Fund to which liability relates</b>	<b>Amount due (optional)</b>	<b>When due (optional)</b>
			-	
			-	
			-	
			-	
Signed by one or two trustees on behalf of all the trustees	<b>Signature</b>	<b>Print Name</b>	<b>Date of approval</b>	
		CAROLYN RIGBY	14.4.22	





# CHARITY COMMISSION FOR ENGLAND AND WALES

## Independent examiner's report on the accounts

### Section A

### Independent Examiner's Report

Report to the trustees/  
members of

Charity Name  
FRIENDS OF MURAMBINDA HOSPITAL ~~ACCOUNTS~~ cce

On accounts for the year  
ended

05/04/23

Charity no  
(if any)

1073978

Set out on pages

(remember to include the page numbers of additional sheets)

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended DD / MM / YYYY.

Responsibilities and  
basis of report

As the charity trustees of the Trust, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent  
examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention (other than that disclosed below \*) in connection with the examination which gives me cause to believe that in, any material respect:

- accounting records were not kept in accordance with section 130 of the Act or
- the accounts do not accord with the accounting records

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in order to enable a proper understanding of the accounts to be reached.

\* Please delete the words in the brackets if they do not apply.

Signed:

Claire Quigley

Date:

27/12/23

Name:

CLAIRE QUIGLEY

Relevant professional  
qualification(s) or body  
(if any):

ASSOCIATION OF CERTIFIED ACCOUNTANTS (ACCA)

Address:

35 LANCASTER ROAD

BRIGHTON

BN1 5DG



Only complete if the examiner needs to highlight matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).

Give here brief details of any items that the examiner wishes to disclose.

*None*

