

Friends of Murambinda Hospital



UK Registered Charity 1073978

ANNUAL REPORT 2024-25



Murambinda senior staff with Carolyn and Richard Rigby March 2025

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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 Fyllis of LCM, the Hospital Executive Manager and Sr Tawodzera is Matron, and Dr Shelton Kwiri as District Medical Officer. They are supported by a Management Board 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.



Murambinda Town

Image by Carolyn and Richard Rigby

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 km². The area suffers from very low rainfall, and a miniscule land area is under irrigation. Irregular rainfall leads to poor harvests and food shortages.

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

Building care through sharing

This year we have been delighted to welcome aboard three new Trustees. Drs Huw Howells, Izzy Terrington, and Matthew Anderson have all spent time at Murambinda Mission Hospital and give us fresh insights and energy.

In March Carolyn Rigby, our Treasurer, and Richard her husband, visited the Hospital to listen to staff, management and patients and to learn from their experiences. Richard and Carolyn had worked as doctors at Murambinda from 1994-1996, and Carolyn has made several visits since. Their visit was a time to rekindle old friendships, to look at how past projects that we have funded are faring, and to discuss current challenges and how the Hospital management plan to address them. These visits by Trustees supplement our twice yearly joint online meetings with Hospital Management. At both the meetings, and the visits we learn a great deal, and both reflect our philosophy of working in partnership as friends, not as passive givers and receivers. In this report you will see the wide range of projects that your donations have funded in the last year. From toilets to medicines, from salaries to water tanks, from catering equipment to new hospital flooring.

Thank you for your generosity. Please continue to support us in the exciting year ahead, as we grapple with questions such as these:

- How can we help the hospital balance the needs of the middle-class town dwellers (increasingly with urban conditions of diabetes and hypertension), with needs of the rural poor?
- How can the hospital improve its financial sustainability without disadvantaging the poor?
- How can nurse training be expanded to help fill the vacancies secondary to “brain drain” to neighbouring countries and to the UK?
- What can be done to help retain staff?

We cannot solve these international problems, but we can make a difference to this particular place, and these particular people.

With your help, we can help provide the tools that the great pool of talent at Murambinda Mission Hospital are asking for; so that they can get on with the job.

Dr Mike Thompson Chair of Friends of Murambinda Hospital

FRIENDS OF MURAMBINDA HOSPITAL FUNDING FEEDBACK FORM.

Application Title: Water project

Name of main Applicant: *Murambinda Mission Hospital*

Date Submitted: November 2023

Date Approved: May 2024

Approved by Hospital Board *Yes.*

	INCOME		
	DATE	Project Detail	Amount in US\$
	15/05/2024	Funding for water tanks	14,358.00
		Total Income	14,358.00
	Less EXPENDITURE		
	Date		US\$
	10/09/2024	Woodlands Engineering	12,368.25
	02/10/2024	2 nd payment –Woodlands Engineering	600.00
		3 rd Payment	774.25
		Final payment	600.00
		TOTAL	US\$14,342.50
		Balance	US\$ 15.50

We are happy to submit the final report for the water tank installation project at Murambinda Mission Hospital. The project was designed to improve the hospital's water storage capacity and reliability. The project involved procuring and installing two water tanks with a total capacity on 24,000litres.

Murambinda Mission Hospital had a total water storage capacity of 85,000 liters which could run for four to five days without interruptions. Water tanks leaks reduced our capacity down to 25,000 liters which could not last a day. The new tanks have increased our water capacity to a total of 49,000 liters.

Water and sanitation are key to good hygiene practices, and good hygiene practices promote good health. A safe and clean water supply is required at the hospital for the following applications

- Handwashing and hygiene
- Safe Drinking
- Food preparation and hygiene
- Flushing toilets and bathing patients
- Laundry and CSSD services (e.g., cleaning and sterilization of surgical instruments)
- Reprocessing of medical equipment (e.g., endoscopes, surgical instruments, and accessories) to mention a few.

Conclusion

We would like to thank FMH for supporting the water tanks project at Murambinda Mission Hospital. The water tank installation project has successfully improved the hospital's water storage capacity and reliability, supporting patient care and hospital operations.



Tanks delivered



Lifting into place



Fully installed

**FRIENDS OF MURAMBINDA HOSPITAL
FUNDING FEEDBACK FORM.**

TUCKSHOP PROJECT REPORT

	INCOME		
	DATE	Project Detail	Amount in US\$
	24/11/2023	Tuckshop project	\$USD9,000.00
		Total Income	US\$9,000.00
	Less EXPENDITURE		
	Date	Capital expenditure	US\$
	23 May 2024	Catering equipment	US\$2,249.61
	24/05/2024	Refridgerators	US\$ 666.00
		Gas cylinders and connections	US\$ 320.00
		Initial stock	US\$
	09/05/2024	stock	146.45
	22/05/2024	stock	462.12
	20/06/2024	stock	430.23
		Stationery	32.00
	Total expenditure		4,306.41
	Balance		4,693.59

We are very grateful and happy to report that the tuck shop project is running and is showing some positive results though our net sales are still at low levels but we are expecting a growth as we introduce new ideas and stocks. We have been granted authority to renovate one of the houses near to the main gate and turn it into a canteen. We are going to use the remaining balance to renovate the structure and to increase our stocks.

The tuck-shop project aims to increase our sources of income as a hospital, and we need to increase unrestricted revenue so that the hospital has the flexibility to allocate such funds to where there is need.

MMH Tuckshop

Profit and loss for the period ended 31 October 2024

Sales **3,785.43**

Less Cost of Sales

Purchases 3,485.83

Less C/stock 227.91 3,257.92

Gross profit **527.51**

Less operating expenses 0

Wages 300.00

Net Profit **227.51**



**FRIENDS OF MURAMBINDA HOSPITAL
FUNDING FEEDBACK FORM.**

Application Title: Staff Accommodation

Name of main Applicant: *Murambinda Mission Hospital*

Date Submitted: 02 May 2024

Date Approved: 04 May 2024

Approved by Hospital Board *Yes.*

	INCOME		
	DATE	Project Detail	Amount in US\$
		Staff accommodation -2 semi detached houses	
	11/10/2024	FMH funding	52,692.97
	22/01/2025	1 st Payment – Beit Trust	35,687.40
	01/04/2025	2 ND Payment- Beit Trust	12,850.00
		Total Income	101,230.37
	Less EXPENDITURE		
	01/11/2024	1 ST semi –detached houses	US\$61,299.28
	22/01/2024	2 nd semi-detached houses	US\$61,299.28
		TOTAL	US\$122,598.56
		Balance	(US\$ 21,368.19)

The staff accommodation project at Murambinda Mission Hospital aimed to provide comfortable and secure living quarters for hospital staff, improving their quality of life and enhancing staff recruitment and retention.

We would like to extend our heartfelt gratitude to Friends of Murambinda Mission Hospital and The Beit Trust for generously funding the staff accommodation project at Murambinda Mission Hospital. The Little Company of Mary Sisters (LCM) is helping us to settle the balance with the contractor.

Your support has made a significant impact on our staff and patients; we are truly thankful for your kindness and commitment to improving healthcare in our community. We are now able to attract qualified staff to work at Murambinda Mission Hospital.

We have successfully completed two semi detached staff houses, see pictures below.



BESA CONSTRUCTION COMPANY (PVT)LTD

Specialist in Building Construction, Renovations, Extension House Plan Designing

Stand No. 101
Murambinda Town

besaconstructioncompvtltd@gmail.com

+263 783 601 582

+263785 614 382 **631**

INVOICE/RECEIPT



Banking Details

Besa Construction Company

Bank : CABS

Branch: Murambinda

Acc No. 1129983242 (NOSTRO)

Custom

Custom
Murambinda Mission
Hospital

Date:

Date: 01/11/24

TIN No: 2001119413

VENDOR No:717496

[illegible]

Customer's signature: _____

Charles



INTRODUCTION

Teenage pregnancy is a global challenge that continues to impact the lives of young people even in Buhera district. It is a complex issue with far-reaching consequences for both individuals and society. Early childbearing often interrupts education, limits economic opportunities, and increases the risk of health complications for both mother and child. To address this pressing issue, a multifaceted approach is necessary. This report will delve into various strategies and initiatives that CARC used aimed at preventing teenage pregnancy in ward 10 Buhera District. We will explore the effectiveness of the project through its activities such as comprehensive sex education, access to contraception, youth development programs, and community-based interventions. By understanding the factors contributing to teenage pregnancy and implementing evidence-based solutions, everyone can work towards a future where young people have the power to make informed choices about their sexual and reproductive health.

Baseline Survey

In the first quarter CARC conducted a baseline survey in ward 10. The team saw it beneficial to consult the Department of Social Development (DSD), District Development Officer (DDC), Buhera Rural District Council, Murambinda Mission Hospital, community and religious leaders. These offices and individuals are the gatekeepers in the communities. By gathering firsthand information through focus group discussions and interviews, we gained a comprehensive understanding of the challenges faced by teenage mothers and pregnant teenagers in the area and the strategies that can be employed to address them. Also, focus group discussions with young people at 3 schools in ward 10 which included St John's Chifamba high school, Hande High school and St Micheal's Mambo Secondary School were conducted. The team saw it beneficial for the youth to provide valuable insights into their

knowledge, attitudes, and behaviors regarding sexual health and relationships. This information was used to tailor interventions to their specific needs and preferences. Parents and teen mothers were also interviewed through focus group discussions and a lot of information was gathered to foster a meaningful approach towards helping teenagers.



Figure showing parents and guardians group discussing during one of the group discussion.

RESULTS OF THE PROJECT

Ward 10, Buhera District, has made significant strides in preventing teenage pregnancy through a concerted effort involving multiple stakeholders. Key strategies and initiatives that have been successfully implemented include:

Comprehensive Sexuality Education

After the training of volunteers which include teachers at the 3 secondary schools the project has successfully managed to motivate schools to engage in age-appropriate sex education into their school curricula, empowering young people with knowledge about sexual health, relationships, and contraception. This was achieved through guidance and counseling sessions that are being done at the schools.



Figure showing a nurse from MMH offering SRHR education to girls at Hande high school

Enhanced Access to Reproductive Health Services:

The project has helped the community in establishing Youth-friendly health services at Munyanyi clinic. The services include providing confidential and accessible services, including family planning, STI testing, and counseling. Also through village health workers in the communities' teenagers now have access to protection and can now practice safe sex however abstinence counseling sessions are also offered before issuing of condoms. CARC was implementing the Rapid Response to Elnino Induced drought which had the youth hub element where we distributed 120 reusable sanitary pads and the 3 secondary schools benefited. They also received health education from the nurse from Murambinda mission hospital on sexual Reproductive Health. Mobile outreach programs with Murambinda Mission hospital were also done where education and contraceptives were issued to the hard to reach populations from the apostolic sect.



Figure showing girls who benefited from the reusable sanitary pads

Community Mobilization and Awareness Campaign

Community and religious leaders have actively engaged in raising awareness about the risks of teenage pregnancy and promoting positive behaviours through sensitization at public events, during church gatherings and also during community court sessions. We have learnt that these are very influential members within the society and their involvement in the prevention of teenage pregnancy is very crucial. By punishing perpetrators and by teaching their congregants these leaders are very important.



Figure showing members of the community and schools in attendance in one of the campaigns

LESSONS LEARNT

1. There is need for Empowerment Programs for Young Women:

Programs focused on empowering young women through education, skills training, and economic opportunities should be implemented to delay early marriage and pregnancy. There is much need to involve the youth in these projects since they are the primary targets. More so parents and guardians

2. Collaboration and Partnerships:

Strong partnerships between government agencies, NGOs, and community-based organizations have facilitated the sharing of resources, expertise, and best practices. By combining these strategies, Ward 10 has witnessed a positive impact on reducing teenage pregnancy rates and improving the overall well-being of young people.

RECOMMENDATIONS

1. Expand the Reach of Comprehensive Sexuality Education:

- **Incorporate into the Curriculum:** there is need to partner with the Ministry of Primary and Secondary Education to ensure comprehensive sexuality education is integrated into the school curriculum at all levels.
- **Train Teachers:** Provide comprehensive training to teachers on how to deliver age-appropriate, culturally sensitive, and evidence-based sex education.
- **Peer Education Programs:** Empower young people to educate their peers through peer education programs, addressing sensitive topics in a safe and supportive environment.

2. Enhance Access to Youth-Friendly Health Services:

- **Mobile Clinics:** Organize mobile clinics to reach young people in remote areas and provide confidential reproductive health services.
- **Community Outreach:** Conduct outreach activities to raise awareness about available services and encourage young people to seek help.
- **Confidential Counseling:** Train healthcare providers to offer confidential counseling services to young people, addressing their concerns and providing accurate information.

3. Strengthen Community Engagement:

- **Community Dialogues:** Organize community dialogues to address societal norms and attitudes towards adolescent sexuality and pregnancy.
- **Parent Education Workshops:** Conduct workshops for parents and caregivers to equip them with the knowledge and skills to communicate openly with their children about sexual health.
- **Faith-Based Partnerships:** Collaborate with religious leaders to integrate messages about sexual health and responsible sexual behavior into religious teachings.

4. Economic Empowerment Programs:

- **Vocational Training:** Provide vocational training and skills development opportunities for young people to improve their employability and economic prospects.
- **Entrepreneurship Initiatives:** Support entrepreneurship initiatives among young people, providing them with the necessary skills, resources, and mentorship.
- **Financial Literacy Education:** Offer financial literacy education to help young people make informed decisions about their finances and future.

5. Monitoring and Evaluation:

- **Regular Data Collection:** Collect data on key indicators such as pregnancy rates, contraceptive use, and knowledge of sexual health.
- **Impact Assessments:** Conduct regular impact assessments to evaluate the effectiveness of the interventions and identify areas for improvement.
- **Adaptability:** Be flexible and adaptable to changing circumstances and emerging needs.

Conclusion

CARC would like to thank FMH by helping with Funds to implement these activities; however we can further empower young people Buhera District to make informed choices about their sexual and reproductive health through enrolling the project to other wards.

**FRIENDS OF MURAMBINDA HOSPITAL
FUNDING FEEDBACK FORM.**

Application Title: PROMOTING A HEALTHY ENVIRONMENT FOR THE PREGNANT MOTHERS ADMITTED IN THE MOTHERS WAITING SHELTER.

Name of main Applicant: *Murambinda Mission Hospital*

Date Submitted: 02 May 2024 **Date Approved:** 04 May 2024

Approved by Hospital Board *Yes.*

	INCOME		
	DATE	Project Detail	Amount in US\$
	24/05/2024	Hospital renovations	\$USD4500
		Total Income	4,500.00
	Less EXPENDITURE		
	Date		US\$
	09/10/2024	Construction of new toilets and showers at Mothers waiting shelter	US\$6,884.50
		TOTAL	US\$6,884.50
		Balance	-US\$2,384.50

We would like to thank FMH for your support towards the construction of new toilets and bathrooms at the mothers waiting shelter. Thank you very much this project has greatly improved the living environment of the pregnant mothers admitted at Murambinda Mission Hospital waiting mothers waiting shelter.

The Environmental department recommended that we construct a water system toilet since Blair toilets are difficult to maintain. The cost for plumbing materials increased our budget from the initial quote of USD4, 500.00 to USD6, 884.50.

We secured the additional fund from the rentals received from our Partners.

Stand No. 3804
Murambinda Growth Point

0272



Specialist in Building Construction, Renovations, Extension House Plan Designing

INVOICE/QUOTATION /RECEIPT

Customer: Muramba Mission Hospital

Date: 10/09/24

B/P No: 0200248887

VENDOR No:717496

09/10/2024

[illegible]

Old toilets



New toilets



Old Toilet



New toilet



Old bathroom



New bathroom



Pregnant mothers happy and grateful for the new toilets and showers.
Thanks to FMH for funding this project.

FRIENDS OF MURAMBINDA HOSPITAL FUNDING FEEDBACK FORM.

Application Title: Pharmacy project

Name of main Applicant: *Murambinda Mission Hospital*

Date Submitted: November 2024

Date Approved: 30 November 2024

Approved by Hospital Board

Yes.

	INCOME		
	DATE	Project Detail	Amount in US\$
	02/01/2025	Pharmacy project	6,350.00
		Total Income	6,350.00
	Less EXPENDITURE		
	Date		US\$
	11/03/2025	Shrub Marketing - Pharmacy expenditure R111,538.50 @ 17.90 rate :1US	6,231.20
		TOTAL	US\$6,231.50
		Balance	US\$118.80

We are happy to submit the final report for the pharmacy project. The project aimed to procure essential drugs and sundries for Murambinda Mission Hospital to ensure uninterrupted healthcare services to the community.

The hospital experienced frequent shortages of essential medication and sundries evidenced by stock outs and patients were being referred to private pharmacy in Murambinda that affected our health delivery system.

Disrupted patient care – Impacted patient treatment and care hence a drop in OPD attendances and inpatient was noted during that period.

Intervention

We managed to procure essential medications and sundries addressing immediate shortages. We extend our heartfelt gratitude for your generous support in addressing the drug and sundry shortages at Murambinda Mission Hospital. Your contribution has made a significant impact on our ability to provide quality patient care.

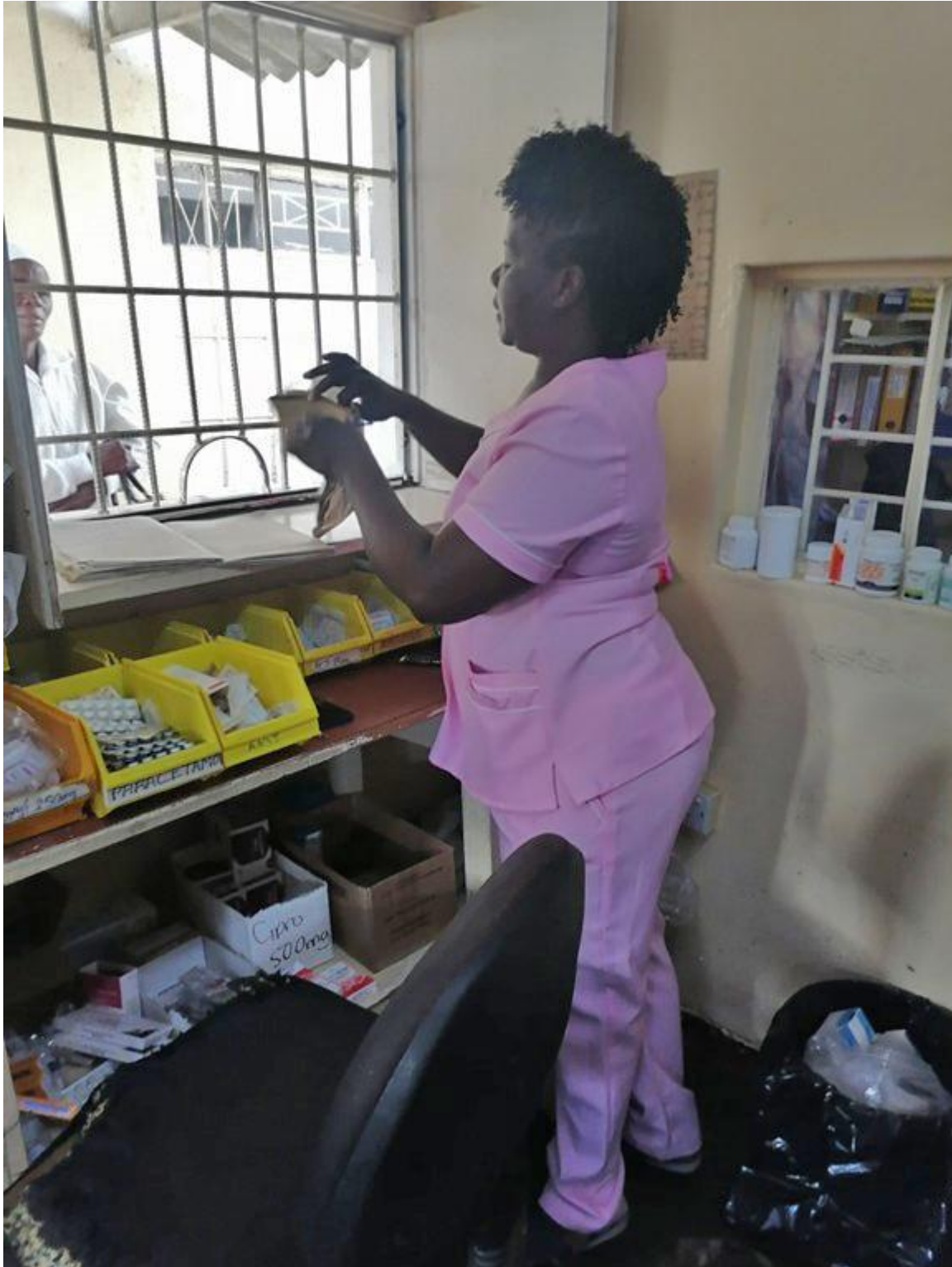
Outcome.

The project achieved the following outcomes

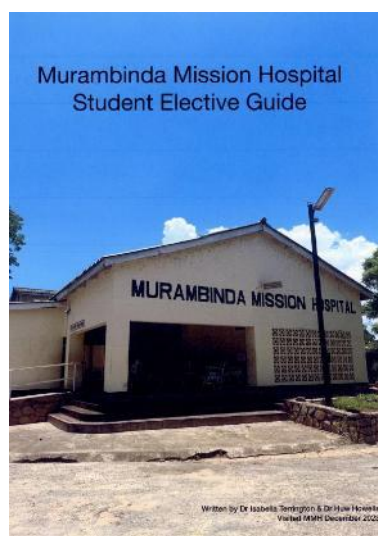
1. **Improved availability of essential medications and sundries** – evidenced by reduced stock outs and ensured continuity of patient care.
2. **Enhanced patient care**- Patients are now receiving timely treatment without interruptions

Conclusion

The project successfully addressed drugs and sundry shortages, ensuring continuity of patient care and improving hospital operations. Thanks to your support, our pharmacy stocks improved by 10%, allowing us to cover two months worth of medication. This was a remarkable milestone, as our in-patients and outpatients no longer had to seek medication from parallel pharmacies. Your contribution had a direct and positive impact on the lives of our patients.



Medical student electives



The trustees of the Friends of Murambinda Hospital have promoted and facilitated the placing of medical students on elective a policy the hospital has welcomed.

A helpful guide for medical students considering an elective at Murambinda Mission Hospital has been produced by FMH trustees Drs Isabella Terrington and Huw Howells.

Walter Buttery, a medical student at Kings and The London School of Medicine recently returned from his elective. Extracts from his thoughtful and informative report are reproduced below.

Changing pattern of HIV in Murambinda

Before arriving in Murambinda, I had heard from previous elective students about their experiences. The impression I gained was that HIV had, at one point, placed an enormous strain on Murambinda Mission Hospital (MMH), with a large proportion of patients in the wards affected by the virus. However, the current situation has evolved. With the introduction and widespread use of antiretroviral therapy (ART), the medical community has made significant progress in controlling HIV. As a result, the hospital now sees more patients presenting with non-communicable diseases such as congestive cardiac failure (CCF) and hypertension (HTN).

That said, HIV has by no means disappeared. I still encountered many patients living with HIV, often facing complications either due to side effects of treatment or, more commonly, due to poor adherence to their medication regimen. This highlights that while HIV is now better controlled, ongoing efforts are essential to manage a substantial HIV-positive population.

In the broader global health context, one of my key concerns is the potential withdrawal of international aid and funding for HIV treatment. Such changes could jeopardize the progress made and risk a resurgence of the disease, particularly in low-resource settings like Murambinda.

While MMH has made commendable efforts to mitigate the impact of limited infrastructure, the surrounding town and rural district are far less supported. In these areas, power and clean water are often unreliable. This has serious implications for the management and prevention of communicable diseases such as HIV/AIDS, tuberculosis, malaria, and cholera. Without consistent electricity, refrigeration for vaccines and medications is compromised. Inadequate water supply and poor sanitation increase the risk of outbreaks, especially of waterborne diseases like cholera.

To improve public health outcomes under these constraints, strategies such as expanding solar infrastructure, community-based health education, mobile health units, and investment in basic sanitation infrastructure are essential. Supporting community clinics with off-grid energy solutions and water purification systems could significantly enhance disease prevention and control in the wider Buhera District.

Personal and Professional Growth

During my elective at Murambinda Mission Hospital (MMH), I was exposed to a broad range of clinical experiences, primarily in the theatre and outpatient departments. Practicing medicine in this resource-limited setting posed significant challenges. Often, the lack of diagnostic tests, or patients being unable to afford them, meant that clinicians had to rely heavily on clinical judgement. Diagnoses were sometimes based more on presenting symptoms, medical history, and clinical judgment, rather than expensive confirmatory investigations.

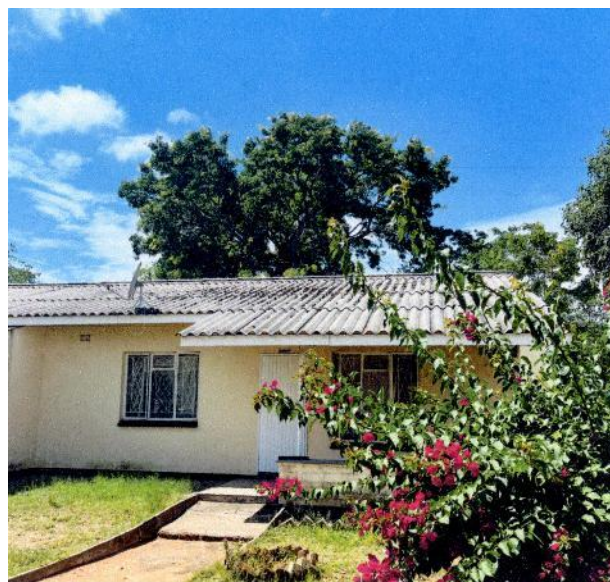
Despite these constraints, I was deeply impressed by the clinical expertise of the local doctors, particularly in managing infectious diseases common to the region. Their familiarity with complications and opportunistic infections in HIV/AIDS was remarkable. I encountered conditions such as Kaposi's sarcoma, something I had only previously studied in textbooks, which underscored the clinical burden of HIV in this context.

MMH continues to treat a high number of tuberculosis (TB) cases, and a smaller but significant number of malaria cases. These illnesses appeared routine for the medical team, though conversations with clinicians revealed growing concerns about drug-resistant TB strains. I also learned that while malaria is now less common in the area, the cases that do present are often severe and require intensive management.

This elective enhanced my clinical and problem-solving skills, as I was constantly required to think critically in the absence of extensive investigations. It also developed my communication and adaptability, as I had to work effectively with patients and staff from different backgrounds. It was often difficult to navigate the language barrier with patients especially.

Final Thoughts

Overall, my time at Murambinda Mission Hospital was humbling. The experience deepened my appreciation for the resilience and ingenuity required to deliver patient care in low-resource environments. MMH continues to be a vital central hub for the people of Buhera. Supporting their work, whether through donations, infrastructure support, or by encouraging more electives and volunteers is more than worthwhile.



Isabella Terrington and Huw Howells

Guest house at the hospital

FMH Income and expenditure 2024 -2025



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 continued.

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

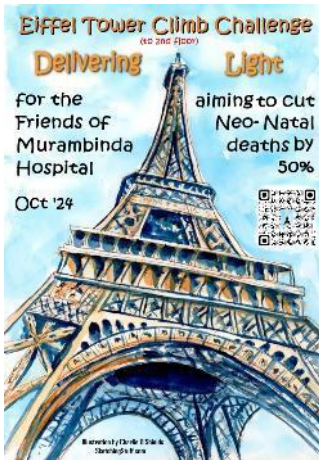
Balance brought forward	31,166.81
One off donations	66,462.75
SVMH	52,052.86
Standing orders	23,119.22
Gift Aid	10,436.38
Interest	92.61
Total new income	152,163.82
Expenditure	
Salaries and staff incentives	15,251.00
Severance pay	12,823.00
Groceries	11,108.00
Drs incentive payments	7,616.00
Bank charges	148.00
Pharmacy	5,000.00
New floor tiles	15,520.00
Waiting Mothers' Shelter	3,600.00
Staff Housing	40,720.00
Water tank	11,486.00
Neonatal care equipment	944.00
Laundry and catering equipment	8,458.00
Total expenditure	132,674.00
Balance	50,656.63

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

Generous donation in memory of Elspeth Cameron
 All Saints Gosworth nominating FMH as their charity of the month
 Mayfield Salisbury Church Edinburgh
 Carol singing, sale of Christmas cards and refreshments at concerts
 Sunderland Hospitals Charitable Foundation
 Bill Colombi's Ascent of the Eiffel Tower (See fund raising below)
 John Hunter and Brian Smith London Marathon runners (See fund raising below)

Fund Raising

The trustees continue to be grateful for the dedication and fortitude shown by those who raise funds for the Friends of Murambinda.



Barely drawing breath from 'Bill Colombi's 75 challenge' he has raised more money by climbing the Eiffel Tower and crossing innumerable bridges over the Seine.

John Hunter and Brian Smith submitted to the discipline of running 26+ miles in the London Marathon raising in excess of £5,000 for the hospital.



Brian Smith



John Hunter

Donors

Once again FMH is deeply indebted to each and every donor for their efforts and generosity. Every contribution large or small, named or anonymous is much appreciated both from those listed below and those not mentioned.

All Saints Church Gosford	Robert and J Last	Cynthia Takundwa
Helen Belger	Teresa Lawlor	Teeside Wind Band
Bert Community	D Maclean	Three Course Theatre
Alison and Bill Brichieri-Colombi	Debbie and John Matthews	Nienke van Trommel Gordon and Fiona Thomson
R Burridge	Alexander McCall Smith	Michael and Brenda Thomson
	Neil MacGregor	Madeleine Thompson
Alastair Cameron Nigel and Elaine Carden	Ellen Matingo	Mike Thompson and Kay Shepherd
Professor Douglas Chamberlain	Mayfield Salisbury Church, Edinburgh	Naomi Todd
CHoICE Ltd (affiliated to City Hospitals Sunderland NHS FT)	Mazars Charitable Trust	Alison Totty
Jonathan Clark	Dr John Millard	A Uzochukwu
Judith Clark	Dr Richard Millard	Wolsingham Parish Church
M Clark	John and Mary Miller	
Clare Connolly		
John and Ann Connolly		
Carol & John Cooper	R & M Mitchell	
Ann Cudworth	W J Nutt	
Richard de Souza & M Dunkley	William and E O'Neill	
Martin and Sue Dennis	Order of St Lazarus	
	Pollockshields Parish Church	
Catriona and Sean Doran	Mary Paris	
Stewart Falconer	Dr Stephen Pope	
R Finnie		
Richard and Jane Fortin	Julie and Malcolm Potter	
Peter and Margery Grant	Ruby Potter	
Margaret Hahn	Clare Quigley	
Margaret Hart & Peter Jennow		
Judith Harvey	Aidan Rigby	
Joanna Haward	Alice Rigby	
Amanda and David Higginbotham	Jonathan Rigby	
Kathy Howard	Richard and Carolyn Rigby	
Marion Howard & Richard Germain	Karsten and Brenda Saunders	
Nicholas Glover	Roy & Janette Scott	
Guisborough Choral Society	Rob Skelly	
Clare and Neil Hunter	Ineke Sipkema	
John Hunter		
David Jones		
Elizabeth Jones	Brian Smith and Nicky Portergill	
M Kerr	Marie Smith	
Dermot Killingley	David and Penny Stableforth	
Beth Kirby	Liz & Alan Stark	
Michael Kirby		

Trustees

There are nine trustees. Dr Matthew Anderson, Dr John Connolly, Dr Huw Howells, Mrs. Mary Miller, Dr Carolyn Rigby, Dr Isabella Terrington, Dr Michael Thompson, 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.

It is with deep sadness that the trustees heard of the passing of Ineke Siphema, mother of Nienke van Trommel. Ineke was the leading light in Stichting Vrienden Murambinda Hospital (SVMH) who worked tirelessly and devotedly to raise funds for the hospital. She will be sorely missed by family, friends, FMH trustees and the staff at the hospital.





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



Huw Howells 2023



Isabella Terrington 2023

Gift Aid Declaration

Friends of Murambinda Hospital (Reg. Charity 1073978)

I [redacted] title [redacted]

of [redacted] (address)

[redacted] Postcode [redacted]

would like

Friends [redacted] of Murambinda Mission Hospital to treat all donations I have made since 6 April 2000, and all donations [redacted] 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 [redacted] 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 [redacted] month/quarter/year* *delete as required

starting on [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

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

Donate whatever you can:

1. Online at 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
FRIENDS OF MURAMBINDA HOSPITAL

1073978
1073978

Receipts and payments accounts

CC16a

For the period
from

Period start date
6.4.24

To

Period end date
5.4.25

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 £
A1 Receipts					
ONE OFF DONATIONS	118,516	-	-	118,516	63,225
TAX RECLAIMED ON GIFT AID DONATIONS	10,436	-	-	10,436	7,118
STANDING ORDERS	23,119	-	-	23,119	21,222
BANK INTEREST	93	-	-	93	53
SHARE DIVIDEND	-	-	-	-	710
SALE OF SHARES	-	-	-	-	16,085
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross income for AR)	152,164	-	-	152,164	108,413
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	152,164	-	-	152,164	108,413
A3 Payments					
Murambinda Hospital Staff	35,690	-	-	35,690	45,933
Groceries	11,108	-	-	11,108	22,400
Bank charges	148	-	-	148	208
Pharmacy	5,000	-	-	5,000	9,500
Renovations and new buildings	71,326	-	-	71,326	7,200
Medical Equipment	944	-	-	944	-
Laundry and catering equipment	8,458	-	-	8,458	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	132,674	-	-	132,674	93,199
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	132,674	-	-	132,674	93,199
Net of receipts/(payments)	19,490	-	-	19,490	15,214
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	31,167	-	-	31,167	15,953
Cash funds this year end	50,657	-	-	50,657	31,167

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 £
B1 Cash funds		-	-	-
		-	-	-
		-	-	-
	Total cash funds	50,657		-
	(agree balances with receipts and payments account(s))	OK	OK	OK
		Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B2 Other monetary assets	Details			
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
B3 Investment assets	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	-
B4 Assets retained for the charity's own use	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
B5 Liabilities	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
			-	
			-	
			-	
			-	
			-	
Signed by one or two trustees on behalf of all the trustees	Signature	Print Name	Date of approval	
		CAROLYN RIGBY	11.4.25	



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

On accounts for the year
ended

05/04/25

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:

19/11/25

Name:

CLAIRE QUIGLEY

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

ASSOCIATION OF CERTIFIED ACCOUNTANTS (FCCA)

Address:

35 LANCASTER ROAD

BRIGHTON

CAST SUSSEX, BN1 5DQ