

Mashambanzou Care Trust  
Annual Report 2008





Mashambanzou Care Trust  
Private Voluntary Organisation 9/90

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The name Mashambanzou comes from the Shona words 'kushamba' (to wash) and 'nzou' (elephant), and put together, the words mean 'dawn of a new day'. The idiom refers to the early hours of the morning when the elephants go down to the river to wash and refresh themselves to show the 'dawn of a new day'. The word 'Mashambanzou' was chosen to offer inspiration to those on the threshold of a new life – people living with HIV and AIDS.

Mashambanzou Care Trust aspires to shepherd the infected and affected through the dark night of loneliness, fear, hunger, stigma and discrimination, and to walk confidently into the dawn of a new life filled with hope and untapped opportunities.



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## Board of Trustees

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Charity Machiridza – Programmes Manager  
Bro. Kizito Makora – Counsellor  
Fyp Bennati – Administration Secretary

## Foreword by Sister Margaret McAllen

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*He has chosen me and sent me  
To bring good news to the poor,  
To heal the broken-hearted,  
To comfort all who mourn,  
Give joy and gladness instead of grief.  
(JS. 61)*

2008 was one of the most difficult and challenging years in the 19 years history of Mashambanzou Care Trust. The call of Isaiah many years ago is as relevant for us today as it was for the people in his time. Daily we were faced with difficulties and hardships ranging from shortages of basic commodities, extreme poverty and unemployment culminating in the disaster which manifested itself in the unexpected outbreak of Cholera. The suffering was intense and at times one would almost experience a powerful battle between darkness and light. Throughout the year we were presented with endless opportunities to carry on the healing mission of Jesus.

From our beginnings in 1989, with the assistance of Funding Partners, City Health and well-wishers worldwide, the Organisation endeavoured to uplift the lives of people who are economically disadvantaged and to empower the community and people living with HIV and AIDS to take a Leadership role in responding to the pandemic with special emphasis on prevention and Choosing Life.

In line with the theme for World AIDS Day 2008, "Lead – Empower – Deliver" and remaining focussed on the Vision and Mission, Mashambanzou Care Trust Board of Trustees, Management and staff remained dedicated and committed in fulfilling the various roles and responsibilities.

With the Dawn of 2009, new developments and insights will bring greater awareness and openness to countless possibilities – *even in the midst of uncertainty*. Each one of us is being called to take another step on the journey of promoting truth and justice, healing and reconciliation and reducing stigma and discrimination related to HIV and poverty.

*“We are called with a new earnestness and zeal  
To bring goodness and justice to our world”  
Venerable Mary Potter  
Little Company of Mary*

**Sr. Margaret Mc Allen**  
Co-ordinator



Throughout Zimbabwe grandmothers have taken over the responsibility of caring for their grandchildren, left parentless by the AIDS pandemic.

The beautifully expressive figure of the Ambuya (grandmother) that kindly looks over Mashambanzou, with her large protective hands cradling a small child, symbolises what we believe in at Mashambanzou – giving love, care and nurturing wherever we are able to.

# Vision, mission and values

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## Vision

To contribute meaningfully towards a reduction in the vulnerability associated with HIV prevalence, so as to witness healthier individuals that are better able to take responsibility for their own lives.

## Mission

Mashambanzou is an interdenominational, non-profit making organisation committed to providing quality care and support for poor people affected by HIV and AIDS in selected high-density areas of Harare. It enables both the infected and affected to live positively and to realise healthier, happier and more fulfilled lives. It also empowers local communities to deal with the AIDS pandemic with compassion and dedication.

## Values

We believe in:

- ✚ justice, the dignity of a human being,
- ✚ the right to be cared for even when dying.

We believe in:

- ✚ giving hope and encouragement;
- ✚ restoring dignity;
- ✚ restoring hope to those who have lost faith.

We believe in:

- ✚ seeking out the poor and rejected;
- ✚ getting to the heart of a person's pain;
- ✚ providing the best possible care.

We believe in:

- ✚ respect and confidentiality;
- ✚ understanding the client and the family.

We believe in:

- ✚ empowering people for self-reliance;
- ✚ programmes which develop people to their full potential;
- ✚ the wholeness of an individual;
- ✚ the strength of a community.

We believe that:

- ✚ the disadvantaged have a right to care;
- ✚ all are equal, regardless of health status.

We believe that:

- ✚ we have to have love and compassion in our work.


## Background

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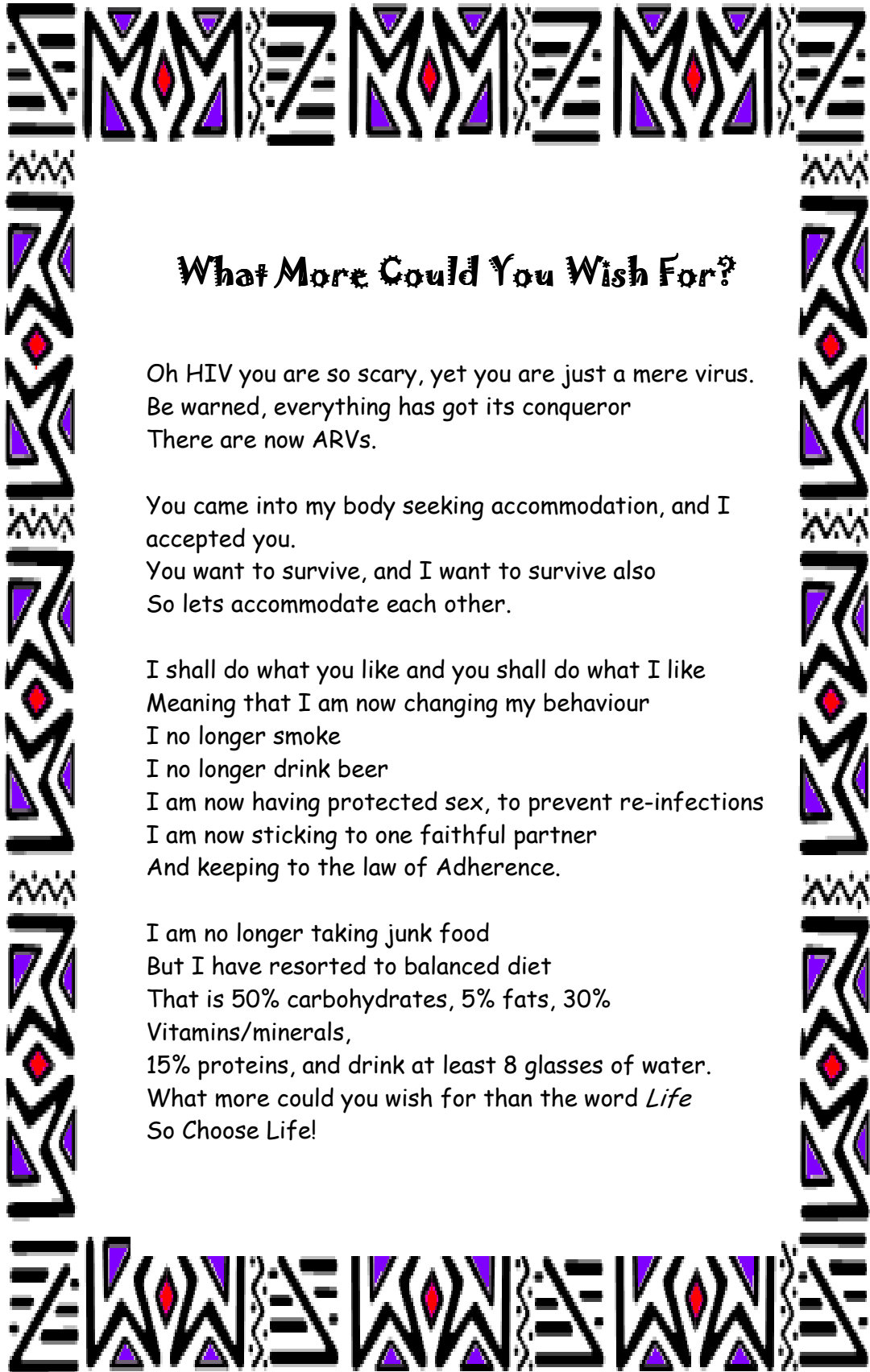
Mashambanzou Care Trust is a registered Private Voluntary Organisation based in Waterfalls, Harare, Zimbabwe. The Trust was founded in 1989 by an interdenominational group of volunteers which included the Little Company of Mary Sisters. The aim was to care for poor and vulnerable people infected and affected by HIV and AIDS. The initial prevention and care activities of the Trust included education and awareness-raising in schools and workplaces. An 11-bed Palliative Care Unit was initially set up at St Anne's Hospital in Avondale. Mashambanzou later opened its own Care Unit in Waterfalls.

Mashambanzou has since expanded its activities and currently offers holistic health care through six interlinked community outreach programmes. These programmes operate in the poorest high-density suburbs of Harare. The inspiration and driving force behind these programmes is the need to care for, offer solidarity, provide treatment and fight stigma, discrimination and gender bias for those affected by HIV and AIDS.

Our guidelines for action are found in the 25<sup>th</sup> Chapter of Matthew's Gospel, where we are told on the highest authority, that the basis for admission to the kingdom of God will not be our theological views, nor how good we have been at praying, fasting or feasting. But, did we care for the hungry, the homeless, the unhappy and un-free? And if we never suspected we were really doing it for Him, it will make no difference at all.



*Orphan Outreach*  
*Home Based Care*  
*Mashambanzou Care Unit*  
*Choose Life*  
*WFP Feeding Programme*  
*Nenyere Day Care Centre*



## What More Could You Wish For?

Oh HIV you are so scary, yet you are just a mere virus.  
Be warned, everything has got its conqueror  
There are now ARVs.

You came into my body seeking accommodation, and I  
accepted you.  
You want to survive, and I want to survive also  
So lets accommodate each other.

I shall do what you like and you shall do what I like  
Meaning that I am now changing my behaviour  
I no longer smoke  
I no longer drink beer  
I am now having protected sex, to prevent re-infections  
I am now sticking to one faithful partner  
And keeping to the law of Adherence.

I am no longer taking junk food  
But I have resorted to balanced diet  
That is 50% carbohydrates, 5% fats, 30%  
Vitamins/minerals,  
15% proteins, and drink at least 8 glasses of water.  
What more could you wish for than the word *Life*  
So Choose Life!



*Mashambanzou Care Unit*

*Community Volunteers in Kuwadzana*



## **Mashambanzou's approach to care**

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Our holistic approach to care has evolved from our desire to relieve suffering and our yearning to enrich life. Mashambanzou's care is multi-dimensional, team-based and collaborative at its core.

### **Community education to fight stigma and discrimination**

Lack of awareness can silence people, and magnify the pain of stigma and discrimination. The individual, the family and the community all suffer where insensitivity and confusion prevail. At Mashambanzou we integrate education about HIV, human rights and issues of gender into all of our programmes, specifically to target the attitudes and perceptions that feed the scourge of stigma and discrimination.

### **Outreach Teams**

The multi-disciplined care teams within Mashambanzou work closely with community volunteers. Together with the community, these care teams identify, care for and refer to other facilities, those who are in urgent need of care and support.

### **Vulnerability**

The outreach teams use a disciplined, laid down criterion of vulnerability to refer those in need to clinics and other community-based support services.

### **Community Volunteers**

Community volunteers are the catalyst for Mashambanzou's progress. It is through the volunteers' efforts that Mashambanzou is able to expand and provide quality care and services to so many vulnerable households. The volunteers are committed to uplifting their communities and bettering the lives of the sick and poor. They lead by example and instil within the community a sense of responsibility, compassion and respect.

### **Collaboration**

Mashambanzou collaborates with local authorities, health clinics, hospitals, the Department of Social Welfare, schools, community groups, churches and numerous other non-governmental organisations. Through collaboration and networking Mashambanzou is able to successfully achieve much more than it could ever achieve through its own efforts. Mashambanzou is committed to good communication and good working relationships with its network partners.

# Orphan outreach programme

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## Community Care Givers (Volunteers)



*Caregivers sorting out clothing for children in Epworth.*



*Caregivers assisting with food distribution in Highfield.*

The care givers play an important role in assisting the orphans in the community. They were trained in counselling and patient care. They are the gateway through which Mashambanzou reaches to the community and through which communities get to know about Mashambanzou. They identify orphans and vulnerable children (OVC's) and refer them to our outreach teams. They mobilize the children for activities that need to be done. Some of them have even offered to give orphans accommodation and food when the children are desperate.

## Some of the activities during a fun day for the children in Kuwadzana, Mufakose and Budiriro.



*Traditional dances*



*Song and dance*



*Drama*

# Orphan outreach programme

## Orphans and Vulnerable Children (OVC) - Objectives and Activities

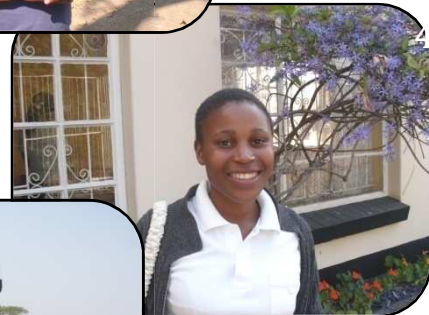
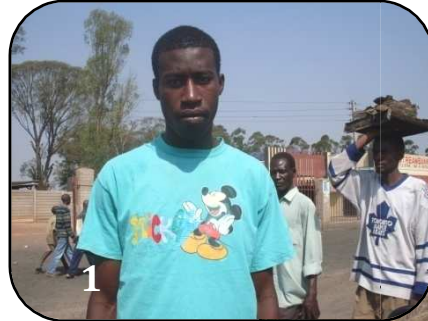


# Orphan outreach programme

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## Some of the 2008 University and College Students

1. Wayne Munemo  
Banking and Finance,  
National University of Science  
and Technology.
2. Tinashe Ngazi  
Accounting,  
Harare Polytechnic.
3. Kervin Madungwe  
Imaging Technology  
Cuba (sponsored by  
Ministry of Education).
4. Tendai Musungu  
Manicure and Pedicure  
People's College
5. Munya Ndongana  
Computer Science  
Midlands State University
6. Russell Gosha (twin)  
Banking and Finance  
Mutare Polytechnic
7. Kudzai Musungo (twin)  
Hairdressing  
People's College
8. Davison Muchenje  
Psychology  
Women's University
9. Ryan Gosha (twin)  
Business Administration,  
University of Zimbabwe
10. Lawrence Mucha  
Human Resources Management  
Bindura University



## Orphan outreach programme



Brian is an orphan. His father died leaving him and his young brother with their mother who is HIV positive. Because of family disputes between the father and his relatives, the father's relatives were not helping the mother to look after the two boys and he kicked them out of their family home.

The mother and the two boys went to live in a squatter camp near Hatfield where she and the family struggled. This experience was described by Brian, in one of his letters as 'being cast down into the dungeon of poverty'. He had a lot of behavioural problems the team managed to address successfully.

The Orphan Outreach team intervened and assisted the family with food, fees and other material support. Br. Kizito took Brian into a Jesuit house in Mbare which is home for 7 orphans (boys). He received counselling and support from the team and the other orphans in the house until he finished his A Levels in 2007. He did very well and is now a second year Sociology Student at Women's University in Africa. Currently he is boarding at Prestige house ( a Jesuits' Student House in Mt Pleasant). Brian is considered one of the most integrated students. The Priest in Charge of the house is very proud of Brian and so are we!!!

# Choose Life – Awareness and Prevention

## Awareness and Prevention

Choose Life is a behaviour change outreach programme. It places emphasis on the principle of grassroots and community-driven participatory approaches. The vision of the programme is to reach out to and raise awareness of HIV and AIDS prevention and tolerance issues. The programme is holistic and socially acceptable as it promotes and encourages health-seeking behaviours.



*Participants at a Food Distribution Point in Epworth.*

"This workshop encouraged us to share important information to enable us to make informed healthy choices."

***Caregiver Kuwadzana.***

As stigma and discrimination are more harmful than the virus itself the Choose Life programme is a community empowering instrument. It helps participants to fight and carry out activities in the community to educate and inform through a variety of entertaining strategies. The team takes opportunities to spread information into the community through churches, beer halls, clinic gatherings, support groups, food aid distribution gatherings, in-school gatherings, visitors to the organisation, youth psycho-social support groupings and many others.

The aim of the programme is to help communities eliminate risk in their daily living activities. Youths need the knowledge to live an AIDS free life and to tolerate those already infected, as a sign of acceptance.



*Youth listening attentively at a workshop in Mufakose.*

"We are very grateful and happy that we are now able to participate in programmes of behaviour change."

***Mbare Youth.***

## Choose Life – Awareness and Prevention

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For people living with HIV there is a need to understand how HIV progresses into AIDS and to delay the need for Anti-retroviral therapy. Issues such as nutrition, managing opportunistic infections, avoiding re- infections and stress management are all part of positive living, which is vital to people living with HIV.

Community based facilitators are the cornerstone of the programme. They are trained and mentored in facilitation of different HIV related topics. They are part of the community and are aware of community issues and challenges. They are the ones best placed to identify possible solutions.

*“My husband was the first to seek treatment and know his HIV positive status. He was privately accessing treatment without my knowledge. He used to demand condom use at home. After your presentations It has dawned to me why this was the case.”*

**Workshop Participant, Dzivarasekwa**



***A Community-based facilitator and mentor in action!***

The programme is built upon family values of love, faithfulness, friendship, respect, trust and peace. These values cut across religious affiliations. For Choose Life, religion is not a barrier to communicate HIV and AIDS prevention messages. The learning processes bring an element of empowerment to participants. As Anthony Clark wrote, “The best learning often occurs in response to a specific challenge.” Choose Life is a response meant to contain the spread of AIDS and Mashambanzou is involved in this battle we cannot afford to lose. Against a backdrop of challenges in the operating environment, it is essential that we soldier on.

*“We are benefiting greatly from what we are doing in the community. We now have the skills to associate with people in the community and to help them. It was difficult for me to manage talking to people in the community but due to Choose Life, I can easily do so now, with various groups of people from different backgrounds”.*

***Community based facilitator, Kuwadzana***

# Home Based Care Programme



The year 2008 was a difficult year politically, socially, and economically. A number of challenges had to be faced and overcome. Wherever possible the Community Home Based Care outreach teams continued to offer the clients the much needed medication, counselling and encouragement for positive living.

The primary objective of the Home Based Care Programme is to provide holistic care in the home and in the community to people living with HIV/AIDS. This is achieved by working with

community based volunteers and collaborating with organisations such as DAAC, NAC, City Health, Hospitals, Churches, Department of Social Welfare and various AIDS Service Organizations.

The Home Based Care outreach teams, working with community based volunteers, conduct home visits and group clinics in which they: identify those who are poor and in need; assess and monitor the patient's medical and living conditions; treat opportunistic infections; provide counselling; and refer patients and their families to appropriate testing, treatment and assistance facilities.

In the group clinics patients were screened for Opportunistic Infections, counselled and treated accordingly. Referrals were made as necessary. Group discussions were held, problems and solutions shared. Continuous Health Education was carried out, positive living was encouraged, new support groups were formed and existing groups were strengthened.

Despite the constraints, the Community Home Based Care Teams managed to enroll 1,000 new clients.

1,177 clients were referred for registration, screening for TB, CD4 counts, liver function tests, full blood counts, Urea and Electrolyte tests to Beatrice Road Infectious Diseases Hospital, and Wilkins Clinic. Of these, 166 were children.

There were 444 clients who commenced on ANTIRETROVIRALS and 187 patients were admitted into the CARE UNIT for hospitalization.

Two collaborating partners, New Life and Connect, offered group and individual counselling to 1,416 clients. The programme discharged 715 clients. 500 clients received non-food items in the form of duvets and soap, which were donated by UNICEF.

## **HOME VISITS**

- ⓧ Part of the entry procedure into the Community Home Based Care programme.**
- ⓧ Patients are assessed for suitability with the help of Community Based Volunteers.**
- ⓧ Full history, both medical and social is taken; the home environment is assessed.**
- ⓧ Bed ridden patients are assessed, treated and monitored.**
- ⓧ Through home visits, very ill or critically ill patients are identified and referred for admission to the Mashambanzou Care Unit. These patients are followed by the outreach team and visited daily in the Care Unit. Progress reports are shared with the unit staff until discharge.**
- ⓧ Families are counselled. Needy infected and affected persons are identified and necessary assistance is provided.**
- ⓧ Social circumstances are better realized and monitored through home visits.**
- ⓧ Patients and their families are treated with dignity and respect.**

## Home Based Care Programme

"I am a 44 year old man, unemployed and live in Dzivarasekwa Extension. I have had ill health since 2006. I developed Herpes Zoster, had a chest infection, diarrhoea and headaches. A volunteer referred me to Mashambanzou Home Based Care team. I was enrolled into the programme in April 2006. I was counseled and referred to New Start Centre. I tested positive and was diagnosed with TB. The Home Based Care team referred me to Beatrice Road Infectious Diseases Hospital for screening in preparation for Anti-retroviral Therapy. I was commenced on Anti-retroviral Therapy. I was treated for opportunistic infections and responded to treatment very well. I am fully recovered and able to fend for my family once again!!!"

*Jairos*

"I am a widow aged 35 staying in Glen Norah. I developed unsightly septic generalised rash. This pushed me to find out the cause. Unfortunately I couldn't get the right treatment because I was financially constrained. I heard about the fame of Mashambanzou Home Based Care Team and approached them in the community whilst they were on tour of duty. They counselled and advised me to go for testing, which I did and I tested HIV positive. They continued to check on me and provided me with free treatment to which I responded. I registered at Beatrice Road Infectious Diseases Hospital's Opportunistic Infections Clinic and blood tests were done free of charge through Mashambanzou's intervention. My CD4 Count was too low and automatically I was put on Anti-retrovirals. You are a star Mashambanzou, my dawn of hope."

*Chipo*

		Males	females	Boys (under 18)	Girls (under 18)	total
1	<b>New Patients</b>	267	525	89	119	1 000
2	<b>Follow ups</b>	2 648	8 116	1 207	1 062	13 033
3	<b>New on ART</b>	104	220	56	64	444
4	<b>Counselled</b>	406	948	34	28	1 416
5	<b>Referrals</b>	282	729	98	68	1 177
6	<b>Admission MCU</b>	59	103	18	7	187
7	<b>Discharges</b>	229	486	0	0	715
8	<b>Deaths</b>	111	143	16	20	290
Total						

## Feeding programme with the World Food Programme

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Mashambanzou Care Trust and World Food Programme continued with the partnership agreement in providing nutritional support to people who are food insecure and those infected and affected by HIV and AIDS in the high density areas of Harare and Epworth. The programme was remodeled into two categories with different specific objectives. The first category is the HBC which targets home bound patients with the specific objective being improved mobility. The other category is the HVHH which targets reassessed Home Based Care patients and Orphans in highly vulnerable households with the specific objective being to reduce asset depletion.

Patients admitted to Mashambanzou Care Unit in Waterfalls and those referred to Mashambanzou from Connaught Clinic in Newlands were also catered for. Nyenyere Day Care Centre reopened in November after more than two years of closure and started receiving rations of corn soya blend and vegetable oil in December. A re-registration exercise was carried out and clients who met the selection criteria were entered onto the food registers and provided with a nutritionally balanced monthly food basket. The entitlement was determined by the household size, the maximum being capped at 5 household members.

The food basket per beneficiary comprised:

cereal (maize or maize meal)	12kg
corn soya blend (fortified porridge)	3kg
pulses (beans, cowpeas or peas)	1.8kg
vegetable oil	0.6kg

## Feeding programme with the World Food Programme

Food assistance helped in ensuring compliance with medical treatment especially for TB patients. It also assisted in making Home Based Care patients mobile so that they could carry out other livelihood activities. Highly vulnerable households tend to sell the few assets they have to meet their food and medical needs and the programme managed to reduce this to a minimum.

The benefiting community actively participated in programme activities such as offloading of commodities at Food Distribution Points and scooping of commodities. Care Facilitators assisted in crowd control, verification of beneficiaries and signing of waybills.

The food aid beneficiary statistics for 2008 were;

	1 Jan to 30 September	1 October to 31 <sup>st</sup> Dec
Home Based Care Clients	<b>7 170</b>	<b>8 500</b> (4000 HBC and 4500 HVHH)
Orphans and Vulnerable Children	<b>2 400</b>	<b>6 000</b> (HVHH)
Caregivers	<b>150</b>	<b>150</b> (HVHH)
MCU (Institutional Feeding)	<b>50</b>	<b>50</b> (HBC)
Connaught Clinic Clients	<b>830</b>	<b>1 000</b> (HVHH)
NDCC (School Based Feeding)		<b>70</b> (from 1 <sup>st</sup> December)

The monthly beneficiary figure increased from 10,600 to 15,770.

Field monitors were recruited and they conducted pre and post distribution monitoring to facilitate the smooth implementation of the programme and determine household food utilization. They also assessed the impact of the food aid component on the Home Based Care and Orphan and Vulnerable Children clients.

Regular verifications are carried out and clients are discharged when they no longer meet selection criteria. It is intended that these clients will be discharged to livelihoods programmes run by other donors but this is not yet in place and Mashambanzou does not presently have the capacity to do so.

*"I would like to express my great appreciation for the assistance Mashambanzou Care Trust is giving to my family. My son was very sick for the greater part of 2008 and could not attend school. I was referred to Mashambanzou by the Caregiver in our area and my son started getting free medication in July. When the feeding re-registration exercise was carried out my son met the selection criteria and started getting food rations in October. There has been great improvement in his health and he has since started attending school."*

"I am a 48 year old unemployed Kambuzuma resident and I stay with my wife and 14 year old daughter. I was introduced to Mashambanzou Care Trust by Caregivers after they had seen my plight. They advised that I go for testing together with my wife. I tested positive and after counselling I was admitted into the Mashambanzou medical programme at the beginning of 2005. A short while later I started getting food assistance and my health improved tremendously. I greatly appreciate the assistance since I could not afford to buy food and at times had to take medication on an empty stomach and this had adverse effects on my health. I have now taken it upon myself to voluntarily assist those who are in the same situation and I am now a member of the Kambuzuma food distribution committee."

I am a Glen Norah resident and I separated from my husband after he tested positive in 2006. I took with me my son and daughter but through ignorance I did not go for testing since a traditional healer gave me medicine which he said would protect me. In the middle of 2008 I got very sick and my son who was in grade 2 also got sick and stopped attending school. A Caregiver in our area advised that I seek assistance from Mashambanzou. After going through the necessary testing I was admitted together with my son into the Mashambanzou medical and subsequently the food programme. I would like to express my great appreciation for the assistance Mashambanzou Care Trust is giving me because my health has greatly improved and my son has since started attending school. The Education activities which are carried out before food distribution have helped me understand HIV and AIDS issues.

## Mashambanzou Care Unit

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Zimbabwe still faces a generalized HIV and AIDS epidemic, with an HIV prevalence of approximately 15.6%. Comprehensive, cost effective and affordable care should be made accessible to people with HIV and AIDS. The Mashambanzou Care Unit (MCU) provides physical care and treatment to chronically ill patients referred from the Home Based Care, Orphan Outreach and other stakeholders.

Patients were admitted and cared for in a clean hygienic and homely environment surrounded by their families and caregivers. The staff focused on prolonging life by providing quality care, thereby ensuring quick recovery and wellness of patients. The unit represents an epitome of hope and restoration of new life. A significant number of patients improved their health, gained strength, recovered and were discharged.

The relationship between nutrition and HIV and AIDS is a complex and reciprocal one. HIV progressively weakens the immune system and malnutrition itself may increase worsening of opportunistic infections. Adequate nutritional care of people living with HIV and AIDS is essential for maintaining the immune system and physical activity, and for achieving optimal quality of life. A well balanced diet was provided to promote health and delay the progression of HIV infection to clinical AIDS, prolonging life and increasing productivity for both patients on Anti-Retroviral Therapy and those who are not.

## Mashambanzou Care Unit

"Found in a sorry state by the home-based care team, I was emaciated in a filthy environment and had no one to care for me because my relatives had given up on me. The Home Based Care team took me in for admission into the Mashambanzou Care Unit. There I got regular meals, timely medication and I was taken to Beatrice Road Infectious Diseases Hospital Opportunistic Infections Clinic and I went through a process for AntiRetrovirals initiation. I improved dramatically and gained weight to become nice and round. Meanwhile, my relatives were now visiting me and I was finally united with my family on discharge from Mashambanzou Care Unit. I salute Mashambanzou Care Trust."

	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>
Admissions	71	132	36	239
Referrals to other institutions	7	20	14	41
Discharges	32	49	17	98
Deaths	20	33	9	62
ART	4	7	2	13

In the early days when HIV and AIDS was first reported, treatment was available, but only for the rich. Those who fell ill then, waited for death, and indeed, it visited them. *For Tau, it was not the case. Once he tested positive, and fell ill, he was referred to the Home Based Care team who brought him to the Mashambanzou Care Unit for admission. Tau received treatment, care and support in the unit and gained strength. He recovered and was prepared for Anti-retroviral Therapy. Tau had lost all hope, had just lost his job due to ill health, all his dreams of looking forward to a long life with his wife and child had been lost. After being treated in the Care Unit, his dreams were renewed.*

## Mashambanzou Care Unit

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*The children's ward. All these children are being treated with anti retrovirals and are being cared for in a wonderfully clean, caring and happy environment.*

Mary was brought to us mid- November 2008 by Social Welfare Department staff. Her mother died a year ago. Her stepmother pays her regular visits, but only since February 2009 after our intervention. Before she came to Mashambanzou she had been admitted at Baines Avenue Clinic for cauterization of extensive genital warts after being sexually abused and was tested for HIV at Family Support Trust and tested positive.

On admission to Mashambanzou she could hardly walk and never trusted anyone to lift her up. She kept up her independence though she was walking with great difficulty and it gradually dawned on us that she was incontinent of both urine and stool and would cry in agony whenever she was performing these functions.

We have witnessed a great improvement in her health and general attitude to the staff and fellow children she shares the ward with. She is now very cheerful and can play around. But it was our observation that she then needed more than medical attention. She used to be very withdrawn but as a result of consistent counselling, psychotherapy and physiotherapy she is gradually opening up.

## Nenyere Day Care Centre

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Nenyere Day Care Centre opened its doors on 3 November 2008. The purpose of the Centre is to provide a safe pre-school learning environment for up to 60 selected orphans and vulnerable children aged between 3-6 years from the Mbare area of Harare. Children were selected after assessment and referral by Orphan Outreach and Home Based Care teams.

Lessons were introduced to put effort on areas considered as foundation for the rest of the year. The topics were divided into two categories.

- category 1 – holding a pencil, shapes, coloring, painting etc.
- category 2 – praying, table manners, pot training, hygiene etc

Also the children learned through playing, e.g., games and house play.

Most of the children were motivated. There was a great change as they put into practice what they had been taught. Telling their own stories and singing rhymes have improved their vocabulary. Shy children are now participating and showing interest.

Home Based Care and Orphan Outreach teams visit the day care centre at least once a month or when there is need. Group counselling sessions are conducted by the teachers at least twice a week. Most of the children at the centre are healthy. There are 7 children on Anti-retrovirals. We noted that 4 children had ring worms, and had to encourage the carers to keep the children's hair short so that they can be treated on time.

The Centre was supplied with educational toys, stationery, blankets, TV, radio, plastic cups, pots, buckets, children's clothes, towels and pants. Each child received a pack of 3 pants. We also gave the children within Nenyere flats the same. We distributed 608 pants altogether.

## **Mashambanzou management and staff**

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Alina Amoni  
Kudzai Basikifi  
Charles Batizani  
Fyp Bennati  
Gilbert Chafa  
Dickson Charamba  
Petinia Chidota  
Mary Chigutsa  
Rosa Chigwa  
Charles Chikwavava  
Gilda Chimusinde  
Tapson Chinyuku  
Kudakwashe Chiveto  
Resta Dunduru  
Rumbidzai Fate  
Loveness Gabriel  
Sheila Gandiwa  
Agnes Gora  
Pauline Gudo  
Peter Gundamupanda  
Memory Hwenzira  
Sister MP Jabangwe

Charles Jonasi  
Brigid Kachere  
Chipo Kandowe  
Mutsa Kapungu  
Constance Kutombo  
Alfred Mabhunu  
Charity Machiridza  
Rosemary Magagula  
Samuel Magama  
Brother Kizito Makora  
Stembiso Makuyana  
Otilia Mandaza  
Grace Mashatini  
Veronica Matonganhau  
Sister Margaret McAllen  
Deeds Mhiripiri  
Loice Mtanda  
Artwell Mubaiwa  
Lissa Muchabaiwa  
Sister Ivy Mudangandi  
Tsitsi Mukwada  
Moses Munakamwe

Editor Murasi  
Brighton Murumbi  
Ngoni Musami  
Sister Gertrude Mushawatu  
Tendai Musungo  
Godknows Mutizwa  
Linah Mutuva  
Howard Muza  
Kulinji Mwadzangasi  
Lazarus Njowa  
Kasmil Ntini  
Apolonia Nyabereka  
Chrispen Nyagomo  
Shelter Nyamuridzo  
Anskaria Phiri  
Cornilious Rugara  
Stella Rutamhira  
Hezekiel Siduna  
Selina Sithole  
Letticia Taruwanga  
Rosewittah Teedzayi  
Belinda Tomu

## **Network and Collaborating Partners**

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City of Harare  
Childline  
Child Protection Society  
Connect  
Connaught Clinic  
Detect TB  
District AIDS Action Committees  
Hospaz  
Island Hospice  
New Life  
Oxfam

Local Health Clinics  
Local Hospitals  
Media for Development Trust  
NANGO  
SAfaids  
St John's Ambulance  
Social Welfare Department  
Zimbabwe AIDS Network  
FST  
Reppsi  
University of Zimbabwe

## Acknowledgements

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We wish to thank CAFOD, CESVI, CHRISTIAN AID, FORUM SYD, MISEREOR, OAK, SIDA, TROCAIRE, WFP, all the individual donors and the many friends who have supported and encouraged us during the year.

We also wish to express our gratitude to:

Bailey, Patricia

Banks, Companies, national and international Friends of Mashambanzou

Beatrice Road Infectious Diseases Hospital

Churches, Schools and other organisations

Community Home Based Care Volunteers

Congregations of Religious Women and Men

Department of Social Welfare

Diplomatic Spouses Association

International Women's Fellowship

Mesina Jocelyn

Ministry of Health.

Municipal Health Authorities.

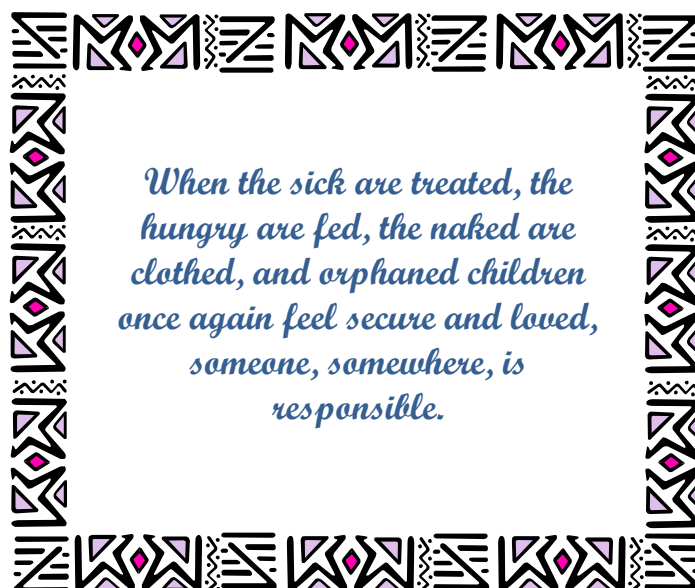
Sister Kay Shalvey

Sisters-in-Charge and Community Sisters in Municipal Clinics

Mary Sturges

The Board of Trustees, Administration Staff, Advisory Executive, and Management Committee and Staff.

Voluntary Medical Officers



## Friends and Visitors

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Mashambanzou also receives support in cash and kind from individuals, schools, church groups, banks, private companies, retailers, diplomats' spouses, and once a year from the Harare Mayor's Christmas Cheer Fund. We are indeed appreciative and grateful for their generosity. In 2007, 325 people visited the Centre. If we have inadvertently omitted anyone from the list, we apologise sincerely.

Ampleforth Abbey	Germany, Sweden,	Morphew, Phil
Angela Cormican	Italy, Australia,	Nestle Zimbabwe
Apostolic Workers	Zimbabwe	Northside Destitute Care
ART Corporation	Gateway School	O'Shea, Margaret and
Ashburn, Kristen	Gliding Star Enterprises	Mike
Australian Embassy	Gorman Family	Oliver, Dr Ian and Elsie
Baptist Church	Hand, Frank	Oriel Boys & Girls High
Barefoot, Wayne and	Hartman House	School
Friends	Hindoo Prayer Group	Paine, Sheila
Bengtsson, Bent	Holiday Inn	Pichanick, Mrs Bryony
British Embassy	Huber-Chitate, Ulrike	Plamper Käthe
Broderick, Ann	Indonesian Ambassador	Poor Clare Sisters
Chisipite High School	International Women's	Presentation Sisters and
Clarke, Maireen & Andy	Fellowship	Associates
Clear Family	Jane White	Prince Edward School
Cosgrave, Reenie	Jesuit Mission	Ranchhod L M
d'Hautville, Eric	Jesuit Relief	Richardson, Rachele &
Dhansukh Shah	Kadoma Paper Mills	Rotarians USA
Diplomatic Spouses	Lions Club	Rigby, Anne
Association	Little Company of Mary	Rosa Blank
Divine Mercy	Sisters-- Ireland,	Rotary Avondale
Dominican Sisters	England, USA,	Rotary International
Duggan, Sister Patricia &	Australia, South	Ruck, Melinda
Friends	Africa, Zimbabwe	Sister Helen Kelly
Dutch Reformed Church	Macray, Vicki and Family	Society of Jesus
Dzangare T S	Macrory, Anne	South African Airways
Eggers, Ken	Madison Rotary	St George's/Hartman
Embassy of the	Foundation	House
Netherlands	Major Religious Superiors	St George's College
Erdin, Mary and Hans	Marano, Giovanni &	St Ignatius College
EU Commission	Magdalena	Szymanski, Chuck
Fallon, Terrence	Maria Fellner	Tarume, Juda
Fernandes, Johnny	Mayor's Christmas Cheer	Tarume, Mr and Mrs
Flanagan, Colm	Fund	Tocci, Vincent R
Francis Care Trust	McAllen Family	Tourism Miss
Franciscan Brothers-Irend	McDonagh, Amy and	UNFPA
Friends and Associates	Family	Victoria Foods
of Mashambanzou	McLaughlin, Fr Joe	Von Schleh, Jan
Care Trust-- Ireland,	Mesina, Jocelyn	Wisconsin Rotaract
United Kingdom,	Ministry of Foreign Affairs	

## Our Benefactors

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The tremendous work recorded in this report would not have been possible without the support of our many friends in Zimbabwe and worldwide who, with their generous contributions, ensured the viability of our programmes.

## Our Editorial Team

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There are many who contributed to our Annual Report 2008 to ensure that the finished product is an accurate and true account. To our staff, whose work forms the substance of the contents, our researchers, editors and typist, we extend our thanks and appreciation.

## Farewell

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We value the contribution of the following members of staff who left during the course of the year: Yeukai Kachipula, Tawanda Mugayi, Musa Manyukwa, Constance Kutombo, Sr. Immaculate Samkange, Christine Chisorochengwe, Edmore Madzamba, Ray Chibvongodze, Address Mugaviri, Tracey Tevedze.

## Giving to the Poor

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“Share your food with the hungry and open your homes to the homeless poor. Give clothes to those who have nothing to wear, and do not refuse to help your own relatives. If you give food to the hungry and satisfy those who are in need, then the darkness around you will turn to the brightness of noon.”

Is 58 v. 7, 10

We ask you to help establish acceptance, understanding and respect for the people living with HIV and AIDS in your community. Reach out to the poor in the high-density areas nearest to you, through your Church, local community or school.