Mashambanzou Care Trust

Annual Report

Year Ending December 2003

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This sculpture, in the grounds of Mashambanzou Care Trust, is a powerful reminder of the role of the grandmothers in Zimbabwe today. The ambuyas (grandmothers in Shona) have lost their own children to the AIDS pandemic and now must raise their orphaned grandchildren. Thousands are doing so with courage and fortitude.

The Meaning of Mashambanzou

In Shona, there is a word for the early hours of dawn when the elephants take their morning bath. The word is "Mashambanzou". It is also symbolic as it speaks poignantly of new beginnings. For this reason, we chose it for our name. For many, the prospect of living with HIV/AIDS continues to be a frightening one. Mashambanzou 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.

Mission Statement

Mashambanzou is an interdenominational, non–profit making organisation. We are committed to providing quality care and support for poor people affected by HIV/AIDS in the high-density areas of Harare, and to help empower the local community to deal with the AIDS pandemic with compassion and dedication.

Mashambanzou Care Trust

Mashambanzou Care Trust has been in operation since 1989 in its care for those affected by HIV/AIDS. The Trust is registered as a Welfare Organisation (9/90).

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Introduction

2003 has been a year marked with tremendous economic, social and political challenges – challenges that have not spared a single inhabitant or institution of this nation – not least, Mashambanzou.

On the eve of World AIDS Day, the Honourable Minister of Health and Child Welfare, Dr. David Parirenyatwa released a statement calling for the nation to fight AIDS, stigma and discrimination. In the preamble of the statement, he accurately notes that,

> "The HIV and AIDS epidemic remains as one of the most important human and social development challenges we face as a nation today. According to recent estimates released by the Ministry of Health and Child Welfare, the national HIV prevalence rate among sexually active adults, aged 15 – 49 years… remain unacceptably high at 24, 6 per cent."

Solveig Olafsdottir, Information Delegate of the International Federation of the Red Cross and Red Crescent Societies, succinctly summarises the nature of this "multi–faceted emergency" that faces not only Zimbabwe but the entire Southern African region:

> *"The HIV/AIDS pandemic has been a major contributor to increasing poverty in Southern Africa which has, among other things, resulted in less agricultural output. This creates a vicious circle because when the vulnerability of the population increases, the rate of HIV infection goes up. Poor nutritional status means that people have less resistance to the virus, and those already infected are more susceptible to other diseases such as TB…"*

The unfortunate alliance between poverty and HIV/AIDS has resulted in a significant increase in the number of cases that have had to be dealt with by Mashambanzou. More patients are requesting admission to the Palliative Care Unit while the number of referrals to the Home Based Care and Orphan Outreach teams has dramatically swelled.

Advocacy

> *"We know that denial, stigma and discrimination are some of the factors that have continued to fuel the spread of the HIV virus…. I call for the involvement of all sectors, including Government, private, labour, faith based organisations, churches, social institutions, schools and many others, to help reduce stigma and discrimination around HIV. This can be achieved through providing information and education to reduce denial and fear about the disease."*
>
> Dr. David Parirenyatwa

As observed by Nelson Mandela, people do not die of HIV/AIDS but of stigma and discrimination. Take for instance, 41 year old Catherine. The remains of a battered sofa cradle her emaciated body. She has lost a husband, a son and a grandson to a ruthless adversary: Tuberculosis. Now alone – deserted by relatives and friends, she patiently waits for her only surviving son who walks a distance of 5 km every morning from neighbouring Dzivarasekwa to Kuwadzana. His mission? To cook his mother a bowl of porridge.

Spouses and relatives desert their loved ones at the first sign of HIV/AIDS, and even landlords evict HIV/AIDS tenants in anticipation of a lengthy illness and a wearying mourning period.

Kofi Annan, Secretary-General of the United Nations has stressed the importance of education.

> *"We need to speak out against stigma and discrimination. Silence is death. We need to speak out from the top down. We all need to be engaged. Education and resources are important…. We need a complete mobilisation of society – everyone must get involved in the fight. Leaders need to speak up and embrace those with the disease."*

This year, Mashambanzou launched an aggressive campaign against Stigma and Discrimination in the various high-density suburbs of Harare - Dzivaresekwa, Kuwadzana, Mufakose, Epworth and Porta Farm. This is an effort to mobilise the various sectors of the communities, women, men, boys, girls, children, the professionals, the unemployed and the informal sector, to combat the relentless forces of HIV/AIDS.

Empowerment, Human Rights and Gender

With economic inflation soaring past 500%, and the unemployment rate at 70%, Mashambanzou's mission to "empower local communities" has proven to be one of the greatest challenges it has encountered. The economic crisis afflicting the country has left Mashambanzou with no option but to sponsor direct welfare activities. Fortunately, the World Food Programme came to our rescue, with the provision of maize, maize–meal, corn soya blend, cooking oil, peas and beans. Meanwhile, we also continue to source clothes, soap, disinfectants, school fees and uniforms, and other basic requirements for those in need.

Despite the rigours of an unpredictable economy, Mashambanzou has not abandoned its mission to empower. We have now adopted a more holistic approach. In the past, our target groups have greatly benefited from our assistance in launching income–generating projects. However, the gains made in economic empowerment are swiftly eroded unless assertive claims to basic human rights are made.

Unless children are allowed to exercise their right to education instead of spending their entire youth garrisoned by abject poverty, it will be virtually impossible for them to break the cycle of deprivation and dependency.

Again, we refer to Kofi Annan:

> *"Women are 50% of those infected. In some countries, AIDS has a woman's face. Mother to child transmission is the most cruel result of this. Education, especially of women and youth, is important, as well as empowerment."*

Globally, the focus has been relocated from the catch phrase of "women and development" to "gender and development." For example, the incidence of sexual violence against women and children is on the increase in Zimbabwe. This violence invariably inflates the HIV/AIDS statistics and both men and women must take joint responsibility to eradicate such violence.

In virtually every home that Mashambanzou visits, the responsibility of looking after the AIDS patient and providing for the needs of the orphan, falls to the woman – whether she is an aunt, cousin, grandmother, sister or daughter.

36 year old Amai Chipo lives in Porta Farm. Her husband is unemployed, and 4 small children look to her for all their needs. She is enterprising and resourceful, buying and selling clothes for a living. Yet at the close of each day, her husband, who makes a beeline to the nearest bar, misappropriates her earnings.

Unless gender norms and values are addressed, the spectre of poverty and AIDS will continue to haunt this nation and remain one of its greatest developmental challenges.

HIV/AIDS in Zimbabwe : An Overview

Ref : NAC (National AIDS Council)

- An estimated 1,8 million Zimbabweans are living with HIV
- HIV prevalence is 24,6% of the 15 – 49 age groups
- 90% of the infected are not aware of their status
- 600 000 of those carrying the HIV virus have the signs and symptoms of AIDS and require varying degrees of care and support
- An average of 2 500 people per week die as a result of HIV/AIDS
- 60% - 70% of under 5 deaths are a result of HIV/AIDS
- Because of AIDS, life expectancy has fallen from 62 years in 1990 to the current 43 years
- Incubation period from acquiring HIV to developing full-blown AIDS is 5 – 10 years
- Mother to child transmission rate is 30% - 40%

Community Volunteers

The community volunteers play a pivotal role in the operations of Mashambanzou.

- These Volunteers have to select the "poorest" from the poor. Their job is *"kutsvaga vakarasika"*, to seek out the lost, to go to the backyard shacks and find those who languish in the dark interiors. When referring patients to the Home Based Care team, they prioritize in favour of the poorest and weakest.
- When volunteers introduce patients to the HBC teams, they are not thereby free of their commitment to them. The HBC teams serve a wide catchment area and are able to visit their patients, on average, once a month. The onus is on the volunteers to monitor the health of these patients and provide psycho–social support where it is needed.
- With regard to orphans, they explore the existing support systems and engage in Advocacy. The extended family is urged to support the orphans as much as possible. When this is difficult, or when relatives cannot be traced, the children are referred to the OO teams who, in turn, assess the situation and assist appropriately.
- Volunteers network with the EFL team, and mobilise people for workshops, where the ancillary personnel are drawn from the local community.

Community Volunteers are normally recruited through the churches. They are expected to work for about 8 hours per week and are not affiliated to any similar caring organisation.

What are the basic qualities of a volunteer ?

- Compassion and dedication
- A caring disposition.
- Willingness to abide by Mashambanzou's policies – to go where others are not willing to go.

Training

Although 509 volunteers were initially trained, only 200 of these are currently active. Training of new recruits is now a priority.

The training takes a week. This is complemented by in–service training, when the volunteers' officer accompanies the volunteers on their home visits. Initially, training needs were centred on nursing care. It has now broadened to include Human Rights and Counselling. What has necessitated this shift?

1. Volunteers, and the communities in which they reside, need to be made aware of their power to effect change. When asked the question, "What can be done?" the response is often: "The government needs to do this," or "The municipality must do that". Mashambanzou's response however, is, "Yes, but what can ***you*** do? What are ***you*** doing about the problem?"

   Thus is created a climate where, given the appropriate support systems, empowerment can flourish.

2. All children, particularly those in child-headed families, need a support system that includes someone to whom they can offload their problems. Ideally, the volunteers, as caring adults, provide the love and support that these vulnerable children crave.

Scenarios

Mai Taderera has been a volunteer for the past three years. In her own words, she relates what it means to her:

> *"I joined the programme in 2000. I have three children of my own, and in addition to this I am looking after my brother's two children. I decided to offer my services because of what is going on in the community I live in – it is very bad. I especially feel sorry for the orphans who are abandoned by their relatives and have to fend for themselves. It is so bad. Twice a week I move around in my area, visiting patients, talking to them, praying with them. Sometimes – especially if no one is looking after them, I wash them. What gives me the strength to keep on as a volunteer is my faith in God – in this job the most important thing is one's faith in God, because it is very difficult. When I move around in the community, some people, especially those who are healthy, laugh at me and think that at my age I should really stop loafing around. I ignore them. But you know – those who are sick – the one's I help – I am always humbled by their gratitude – their thanks and love for me overwhelms me. This gives me the strength to go on. It is not my work, it is not Mashambanzou's work, it is God's work."*

Statistics

First Visits	2 432
Follow-up Visits	23 789
Total	26 221

Orphan Outreach

> *"If we are to reach real peace in this world we shall have to begin with the children".*
>
> Mahatma Ghandi

Activities undertaken by Orphan Outreach:

Needs Assessment:

OO identifies orphans who qualify for assistance from Mashambanzou. The HBC teams, Community Volunteers, Schools and Clinics refer these children to the OO teams, who, in turn, carry out a *needs assessment*. An orphan is a child who has lost one or both parents to death. In the event that there is a surviving parent, the OO teams extend assistance if it is found that that parent is unable to cater for the basic needs of the child. The teams also attend to children whose parents are alive, and yet are living in conditions of extreme poverty and illness. Needs Assessments are conducted by visiting the orphans and vulnerable children in their homes, making contact with their relatives and with schools.

Feeding Scheme

This is carried out every month. With the assistance of the World Food Programme, Mashambanzou now facilitates the monthly distribution of food to needy orphans. Each child receives :

10 kg mealie meal
10 kg corn soya blend
1 litre cooking oil
2 kg beans/peas

The feeding scheme is a supplement to the needs of the children, who source their remaining food from relatives or by embarking on small projects, such as selling popcorn, *freezits (cool drinks),* or operating *musika* (vegetable markets).

Payment of School Fees, Purchasing of Uniforms

The OO teams endeavour to facilitate access to education. Many orphans have been deprived of this fundamental human right due to the combination of AIDS and poverty. During visits to the various high-density suburbs of Harare, one frequently meets children who have not set foot in a classroom for a whole year. Children as young as 6 years are suddenly shoved into the realm of motherhood, rearing siblings as young as 3 months. Often, the surviving parents or relatives are unable – in some instances even unwilling – to bear the cost of the orphans' education, let alone the provision of food. The teams attempt to help them by registering them at a school close to their homes, paying school fees and buying uniforms. The teams also try to help orphans access tertiary education and occupational training. This may cover courses in motor mechanics, dressmaking, metal-work, carpentry and auto–electronics.

Counselling:

> *"Convinced that the family, as the fundamental group of society and the natural environment for the growth and wellbeing of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community. Recognising that the child, for the full harmonious development of his or her personality, should grow up in a family environment in an atmosphere of happiness, love and understanding."*
>
> United Nations Conventions of the Rights of the Child (Preamble)

Orphans frequently have been cruelly wounded. They have to come to terms with the loss of one or both parents, having been, not only witnesses to their suffering, but in many cases, their main supporters and carers. Often their home is a collapsing log cabin, with a leaking roof and gaping holes in the walls – a physical representation of their lives. Or else, home is a dingy room, walls blackened by wood smoke and a tiny hole called a window barely allowing in any light – a spiritual representation of their lives. Home is where hunger gnaws relentlessly at your belly; home is where you watch your siblings waste away; home is where you remain when your peers wake up and leave for school every morning; home is a place where you ponder on the injustice of life with all the strength of your 7 year old mind; home is where you fuel the bitter spirit.

It is against such a background that OO has to provide counselling to the orphans.

Birth Certificates

> *"The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents."*
>
> United Nations Convention on the Rights of the Child, Article 7

As in past years, the process for the procurement of birth certificates has continued to be marred by manifold obstacles. Scores of children encountered by the OO are still being deprived of this necessary document. The absence of this seemingly mundane piece of paper shuts countless doors on children who already exist in conditions of extreme poverty and deprivation. Without a birth certificate they are unable to claim their nationality or citizenship, to enjoy the benefits of education, to have access to health care, or be employed.

The stumbling blocks that hinder the acquisition of birth certificates are many.

- Parents do not have the necessary documentation (National Identity cards). This may be due to a number of reasons, such as - many parents are illegal immigrants, coming from Malawi, Zambia and Mozambique. Many are suffering from the debilitating effects of full-blown AIDS and are too weak to even secure their **own** national IDs. Many die without having national identification.
- In several cases, relatives refuse to get death certificates – for a myriad of reasons, varying from cultural beliefs, to bitter family feuds.

- ❖ Cultural taboos: in cases where the father is alive but not present, mothers are unwilling to take the "bold" step of registering the birth in their maiden name for fear of being stigmatized by society as an unmarried mother and, therefore, by implication, being labeled immoral.

Scenarios

1. Tafadzwa is 12 years old; he stays with his 21 year old sister in one of the many battered hovels that mark the landscape. It is 6 years since his father died, pre-deceased by his mother. Deprived of parental love and guidance and having long grown tired of the financial uncertainty of his existence, Tafadzwa dropped out of school last year, preferring instead, the environment of a nearby scrap metal yard where he scavenges discarded aluminium for a pittance. However, the drudgery of endless days spent in hard labour drove him back to the semblance of security that had been his under the umbrella of Orphan Outreach. Tafadzwa now eagerly looks forward to returning to school next year.
2. Standing in the shade of a mango tree in the dusty street, is 10 year old Tadiwanashe – or "Tadiwa" as her late mother called her. Today, Tadiwa and her 7 year old brother share the responsibility of looking after their 11 month old sibling who can easily be mistaken for 3 months. Their eldest sister, Violet, is 12. She is not here today, but is spending the day with *Baba,* explaining to a magistrate how a 42 year old widower, with whom they share their house, raped her. After the death of their mother nine months ago, the children completed the mandatory pilgrimage to extended families, only to be rejected.

Challenges

According to one team leader, not only does OO play a crucial role in rebuilding the lives of the orphans but its duties are very delicate, in that they are individuals and their problems are unique.

While OO attempts to supply basic needs, they are unable to cater for all the details. For example, young girls in the grip of puberty do not have access to toiletries. However, by providing start–up kits, similar to the mini–markets of the past, Mashambanzou hopes to launch the child-headed families to a degree of self-sufficiency.

Statistics

Total number of Orphans and Vulnerable Children			2 771	
	Primary School Fees paid for	**Secondary School Fees paid for**	**Uniforms supplied to**	**Feeding Scheme**
Female	238	172	178	1 281
Male	344	209	218	1 490
Number of Counselling Sessions			416	
Total Mileage travelled			20 582 km	

Home Based Care

HBC was born out of the realisation that for many individuals, access to health services is difficult. At a time when health costs are becoming increasingly prohibitive, HBC is an essential back-up service. In addition to providing nursing, counselling and pastoral services to terminally ill patients in their own homes, the teams also distribute food and clothing to the sick.

The teams work closely with the Community Sisters in City Health Clinics and the Community Volunteers in order to identify patients and monitor their progress. They liaise closely with Social Welfare in order to gain appropriate resources to ease the various burdens on patients.

By visiting patients in their own homes, the teams are able to discover their real conditions: their family background and their marital status, dependents, and the home environment that may also aggravate the patient's illness, poor hygiene and sanitation. They educate the caregivers on the importance of cleanliness - this entails teaching the caregiver how to properly bathe the patient to reduce the risks of infection and cross-infection. As one of the Sisters pointed out, "When we visit a patient we look at everything. If there is a yard where they are living, we encourage them to cultivate vegetables to supplement their diets and also to ease their financial burden".

Advocacy

The HBC teams also take on the role of advocacy by familiarising patients with their rights. For example, many patients are not aware that as a TB contact they are entitled to access free TB investigations and treatment. As a result, TB needlessly cripples entire families.

In cases where a father or mother has deserted the family, the teams network with organisations such as Msasa Project in order to process maintenance claims against that father or mother. When successful, this greatly eases the financial burden on the patient and his/her dependents.

The HBC teams encourage terminally ill patients to spend their remaining time in communicating with their children. This includes talking to them about their history and background. It also strengthens their sense of belonging to the extended family and their own identity.

Challenges

The teams have been swamped by referrals this year. One team member observed that malnutrition and hunger have served as a catalyst towards an increase in the incidence of HIV/AIDS. The absence of a balanced diet and the stress that is symptomatic of poverty, hasten the development of AIDS in HIV positive individuals.

Counselling

Counselling is a key activity employed by HBC teams. Each patient is an individual with his/her unique problems. Patients are encouraged not to make visual diagnoses, but rather to go to New Start Counselling Centres for Voluntary Testing and Counselling. After this, patients are encouraged to empower themselves by joining support groups.

Scenarios:

"A voice is heard in Ramah,
Mourning and great weeping,
Rachel weeping for her children
And refusing to be comforted
Because her children are no more." Jeremiah. 31:15

- Nyasha – (36) has been through three marriages. Her first marriage left her with a child, now 16. Marriage number 2 resulted in 2 children. Husband number 3 left her with another 2 children. She is now a dim reflection of the woman whose smiling face adorns the walls of her room. Her body is wasted by illness; her eyes have a haunted look as she feverishly sucks at a *freezit*. The landlord has taken some of her property; she has been unable to pay her rent. Her mother is refusing to look after her. Gently, the counsellor encourages Nyasha's mother not to turn away from her daughter at this time of need. There are harsh words, impassioned defences and finally tears. Mother agrees to take Nyasha home and look after her dying daughter.

Statistics

		First Visits	4 773		
		Follow-up Visits	6 277		
	0 – 5 Years	**6 –18 Years**	**19 – 30 Years**	**31 – 40 Years**	**41+ Years**
Male	506	700	579	1 216	1 272
Female	473	640	1 650	2 156	1 858
Deaths	M	-	187		
	F	-	210		

Education for Life

"My people die for lack of knowledge." Hosea 4: 6

The concept of Education for Life (EFL) is recognition of the realities of HIV/AIDS. It is too simplistic to say that the cause of HIV/AIDS has its origin in promiscuity and multiple partners. This is rather a symptom of a greater and more complex problem. HIV issues are, in reality, more centred on how we relate to and bring up our children, in the gender norms that govern our communities, in our cultural values, in our behaviour, and in the philosophies that govern our lives.

The team realises that weeds are not destroyed by a fastidious plucking of leaves, but rather by an assertive uprooting.

The objective is to help individuals, families and communities adopt and maintain HIV/AIDS counteracting behaviours. The workshops are based on examining the behaviour change process, whereby participants go through the stages of:

1. Knowing and accepting the present reality.
2. Choosing and committing themselves to a possible new behaviour
3. Action – implement and sustain their chosen behaviour.

All this is done through an exploration of the groups' values in relation to choosing life. Through the creative vehicles of discussion, song, drama, dance, and the use of audio-visual tapes, participants are encouraged to work in groups and examine the behaviours that promote the spread of HIV/AIDS. For example:

- Alcohol abuse
- High-risk sexual behaviour
- Breakdown in cultural and family systems
- Lack of hygiene
- Early treatment of STIs and opportunistic infections

- ❖ Poor or non–existent communication in homes
- ❖ Crime
- ❖ Overcrowded accommodation

At the beginning of each workshop, participants are requested to vocalise their expectations. Some of their concerns are:

1. How does AIDS start?
2. If I hear my husband is HIV positive, should I continue to stay with him?
3. How do we live with our families and relatives who are HIV positive?
4. Who is more vulnerable to AIDS and HIV – men or women?
5. How do I handle the news that I am HIV positive?
6. Can I have children if I am HIV positive?

Besides educating participants on HIV/AIDS resistant behaviour, the team also disseminates information to those infected with the virus. For example, the diet one should follow, and alternative home therapies and remedies to treat ailments such as thrush and flu.

By addressing fear, stigma and discrimination will decrease. Caregivers are instructed how to look after patients and avoid cross–infection. Relatives are encouraged to love and not to abandon those infected with the virus and be a support to the orphans. The message is that if you are not **IN**fected with HIV/AIDS, you are invariably **AF**fected.

In the workshops held thus far, 420 participants made a commitment to go for Voluntary Counselling and Testing. 24 year old Thomas approached the team and expressed his gratitude for the information and empowerment he has received from this programme. "Last month I went for VCT. I am HIV positive, but armed with the information I received, here I am coping well with the knowledge of my status. I am now planning my life and living positively."

Through the activities that the team has held in Epworth and Porta Farm, a group of youths have mobilised themselves into a Theatre Group with a view to conveying messages on the HIV/AIDS pandemic. Several other unemployed youths have begun to pour their energies into income–generating projects such as market gardening and fishing: a marked contrast to their previous lifestyles of aimlessly passing time, consumed by the lethargy of drug and alcohol abuse.

Mbare Creche / Dambiro reVana

Mbare Crèche is located in the hub of Mbare. Block 13 is situated between the traders of Magaba and the Matapi Hostels. In 1992 the then MP of Mbare, donated two floors of Block 13 to Mashambanzou to enable the organisation to run a pre-school that would cater for the needs of orphaned children.

Today Dambiro reVana has a staff complement of 11. The Crèche does not break for holidays but operates throughout the year. It has the capacity to cater for 80 children.

When the children initially enrol with the Crèche, many are withdrawn, sickly, coughing and undernourished. Coming, as they do, from homes scarred by poverty, disease, emotional and spiritual neglect, they are traumatised by these features of their environment. However, after about 2 weeks, their exuberance and resilience begins to emerge.

Upon entering the perimeters of the Crèche in the early hours of the morning, they are ushered by caring and efficient hands into the washrooms for their morning baths. After the vigorous scrub, they tuck into a warm bowl of porridge and begin their business of learning. For mid-morning tea, they have a cup of mahewu and at lunch are fed with a nutritious meal of sadza, meat and relish. After a hard day of play and school, they break for afternoon tea and gulp down another cup of delicious mahewu.

Says one of the teachers,

> *"These children have been dispossessed of their innocence – in the overcrowded hostels they are prematurely thrust into witnessing the rites of adulthood in all its graphic and sordid detail. In this space we want to build them as young children and train them as children, instil good manners in them that they may be well–behaved. If it were possible to restore their innocence, this would be part of our mission."*

Indeed, once in the crèche, one has the sensation of stepping from one world into another. The crèche that is walled and gated, closes out the severe and uncompromising poverty of Mbare. It could pass for any ordinary crèche; the walls are adorned with coloured and vivid pictures drawn by childish hands, and reverberate with the din and noise of happy children.

Twice a year, the children are treated to school trips provided by donors, to Cleveland Dam, Lion and Cheetah Park, Greenwood Park, Mukuvisi Woodlands or Domboshawa.

By networking with other child-oriented organisations such as the **Zimbabwe National Council for the Welfare of Children** and **Chinyaradzo Children's Home**, Mbare Creche is able to optimise the delivery of services to these children.

Scenarios

1. Judith lives in Magaba hostel – the rooms are partitioned up to 4 sections by torn sheets or curtains. She is a 4 year old orphan who lives with her grandmother, having lost both her parents to AIDS. The teachers noticed that Judith stood apart from the other children. Not only was she withdrawn and reticent but would often soil herself. After carrying out investigations it was discovered that Judith was being brutally raped by a group of youths with whom they shared the hostel. Although a case has been filed against the perpetrators of this evil crime, Judith and her grandmother continue to share living quarters with the enemy. The pre-school teachers are still engaged in the arduous task of coaxing Judith out of her shell. Often while the other children are engaged in the abandonment of their play, she curls herself into a tight ball, locked up in a universe of fear and horror.
2. Kate is a sweet 5 year old girl – her mother died when she was 2 years old. In the company of her playmates one could hardly guess that last week her father was arrested and placed in remand until February next year. His crime? Raping his own daughter.
3. Tafadzwa is one of the Creche's many success stories – if not miracles. He first entered the gates of Dambiro reVana at the age of 4 and a half. His body weakened by cerebral palsy, it seemed as a matter of course that he would be enrolled in a Rehabilitation Centre. However, with the persistence and dedication of the team, a volunteer physiotherapist came in for a whole year to exercise Tafadzwa's leg. Next year, Tafadzwa will be going to a proper "big school" with the rest of his peers.

Mashambanzou's successes are most manifest, not only within the crèche itself, but outside its borders. Says the supervisor, "Most of our children are prefects in their schools", and, indeed, their school reports are filled with glowing praises. For example, one of the Creche's "graduates" has held an impressive first position for a consecutive three years. Says the headmaster, "She is a well-disciplined child who is dedicated to her school work". Thus, when children leave the Creche to enter the wider world, they are well-equipped socially, academically and psychologically, to deal with its harsh realities.

Palliative Care Unit

The Palliative Care Unit's (PCU) objective is "To have patients cared for in the PCU, to live in comfort and die with dignity."

The PCU has the capacity to look after 22 adults and a maximum of 9 children. Mashambanzou aims to bring relief to those in pain, hope to those in despair, and inspiration to the generations living during the AIDS pandemic. Many of the patients have been rejected by their families, who are poor, or because the fear and stigma of AIDS is still very real.

On admission to the PCU, the patients are a reflection of the abrasive economic and social conditions of the communities from which they come. The matron observed that whilst TB afflicts most of their patients, their condition is aggravated by malnutrition. As a result of this, their stay in the wards is lengthened. The duration of a patient's stay is influenced by his/her physical, social and economic conditions.

For the children who are admitted to the PCU, Mashambanzou is a safe haven, as several children are victims of sexual and physical abuse. While they are patients, Mashambanzou seeks accommodation for them. In line with Mashambanzou's stance on advocacy and the reduction of stigma and discrimination, relatives are encouraged to visit during the day and to participate as fully as possible in the patient's care.

Palliative care tends to be associated with the quality of dying. However, in reality, it is much more concerned with the quality of living. Our greatest asset, when nursing patients with any kind of pain or upset, apart from our professional knowledge, is often *ourselves*, our presence.

Our two voluntary doctors, Dr Bernadette Mupiwa, and Paediatrician, Dr Peter Iliff, continue to provide quality medical care to the adults and children, respectively.

Mashambanzou has been using a product called "e" Pap, funded by a donor organisation. We have had favourable results with this product in the PCU. "e" Pap is a highly nutritional pre-cooked meal fortified by bio-available vitamins and minerals. 100 gms of "e" Pap gives an adult most of the vitamins and minerals they require per day.

It is a well known fact that good nutrition prolongs and improves the quality of life of HIV positive and AIDS patients.

Scenarios

- Marcy shifts weakly under the soft coverlet of her bed. The plastic covers of her mattress crackle sharply under the movement of her featherweight body. The dull sheen of her unnaturally darkened skin, bearing testimony to the tuberculosis that is slowly consuming her, stands in contrast to the muted colours of the PCU ward. Marcy's husband died in 2000. Soon her own health rapidly deteriorated. Again, hers is a disheartening, sickening story of being abandoned by close relations. Too weak to fend, let alone care for two small toddlers, thankfully, neighbours came to her aid. Two weeks ago the HBC team heard of her plight and admitted her to the PCU. Although there is no hope for recovery, she has been allowed to exercise the right to die with dignity, surrounded by an atmosphere of love and care that had been desperately missing from her life.

❖ At 30, John was at the peak of his life. He had a successful career behind him and a bright future in front of him. Unexpectedly, and without warning, the dark figure of HIV/AIDS knocked upon his door and threw a hitherto orderly life into complete chaos. Weakened by tuberculosis he soon lost his job, material comforts and relatives. HBC brought him to the PCU. After only one week, John made a rapid recovery. His body responded positively to the medication and nutritious food. It is not only his physique that benefited from his stay here but perhaps, more importantly, his spirit. After a counselling session with the Women's Christian Fellowship who are regular visitors to the PCU, John made the decision to renew his relationship with God and deal positively with his HIV status – no longer a formidable and mysterious foe, but a companion with whom he has to negotiate for life.

Statistics

	Total Admissions	293	
	0 –18 Years	**19 – 50 Years**	**51+ Years**
Male	38	68	7
Female	49	125	6

Discharges	190
Deaths	103

In Memory

May their Souls Rest in Peace

Bibiana Dube

Annah Matonganhau

Roselyn Toga

They dedicated much of their lives to caring for others.

God of endless ages,
From one generation to the next
You have been our refuge and strength.
Before the mountains were born,
Or the earth came to be.
You are God.
Have mercy on Anna, Bibiana and Roselyn.
Whose lives were spent caring for others.
Give them a place in your Kingdom,
Where hope is firm for all who love,
And rest is sure for all who serve.

Conclusion

Mashambanzou's chief mission continues to target the poor, the weak and abandoned, providing for them a network of care, advocacy, support and unqualified acceptance, where love and compassion are living values for all of us.

Guided by these gospel values, we strive to have a positive, empowering impact on the community.

In the words of our mission statement ***"we are committed to providing quality care and support for those affected by HIV/AIDS."***

"As long as you did it to the least of my brothers and sisters, you did it to me."

Mt. 25

Acknowledgements

We wish to thank our many donors and all the people who have supported and encouraged us during the year.

We also wish to express our gratitude to: -

- The Board of Trustees, Administration Staff, Advisory Executive, and Management Committee and Staff.
- Ministry of Health.
- Municipal Health Authorities.
- Beatrice Road Infectious Diseases Hospital
- Sisters-in-Charge and Community Sisters in Municipal Clinics
- Community Home Based Care Volunteers
- Churches and other organisations
- Department of Social Welfare
- Voluntary Medical Officers
- Sister Kay Shalvey and Jocelyn

Being an organisation that is well established, many people call to gain information on the work being done at the Centre and enquire about our outreach programmes in the communities.

We received 480 national and international Visitors during the year.

Our Benefactors

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. When the sick are treated, the hungry are fed, the naked are clothed, and orphaned children once again feel secure and loved, someone, somewhere, is responsible. To our many donors, we say *"Thank You"* and may God reward you.

> *"Give and there will be gifts for you; a full measure, pressed down, shaken together, and overflowing will be poured into your lap; because the standard you use will be the standard used for you."*

Our Editorial Team

To all who contributed to our Annual Report 2003, we extend our thanks and appreciation; to our Staff, whose work forms the substance of the contents, our researchers, editors and typist. All worked diligently to ensure that the finished product is an accurate and true account.

Sr Margaret McAllen
Co-ordinator

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And the many other kind Friends and Schools, both in Zimbabwe and Overseas.

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