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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Fyp Bennati – Administration Secretary
Words spoken by Jesus to the people of His time challenge us to remain focused on our Mission, to look beyond ourselves and make every effort to address the needs of people who are poor and living with HIV.

As people in Zimbabwe faced more difficulties in 2007, the need for holistic care and treatment took on a new urgency. Mashambanzou experienced multi-faceted challenges this year, including the ever growing demand for medical care; procurement of often scarce, essential drugs; market shortages of most basic and school-related supplies; and scaling up of the community education and prevention activities.

We took on the task of looking at ways and means of reducing stigma and discrimination by involving the community and other stakeholders. We have witnessed change, families are reconciled and signs of joy, hope and unity are emerging.

But still we saw far too many people who were hungry, sick and imprisoned in their little space of loneliness and pain. The question we need to ask is “why is this happening in a country that has always cherished family values of support, compassion and hospitality?”

Now is the time for all sectors of society to stand united in the fight against this pandemic that has left such a trail of destruction in its wake for over two decades. We are encouraged by the dramatic improvement in people’s health and, as a result, their enhanced quality of life because of anti-retroviral treatment and community-based prevention initiatives.

“We contribute to a better world only by personally doing good now, with full commitment and wherever we have the opportunity. The heart sees where love is needed and acts accordingly.”

Pope Benedict XVI
Deus Caritas Est.
Zimbabwe recorded a reduction in HIV prevalence rates from 20.1% in 2005 to 15.6% in 2007.

There are 1,320,739 people living with HIV and over 300,000 are in need of anti-retroviral treatment.
Vision, mission and values

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

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.

Outreach Programmes
Orphan Outreach
Home Based Care
Mashambanzou Care Unit
Choose Life
WFP Feeding Programme
Nenyere Day Care Centre
Why?

Why do we do it?

Our guidelines for action are found in the 25th 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.

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.
What we do:

- Care for the sick in their homes, and provide counselling and psychosocial support to their families.
- Treat opportunistic infections;
- Ensure comprehensive care and follow-up;
- Refer people in need to clinics and other community-based support centres.
- Identify, refer and follow-up patients on anti-retroviral therapy;
- Deliver life-honouring palliative care;
- Distribute medicines, soap and nutrition to home based patients and orphans.
- Supply blankets to orphans.
- Assist orphans with school fees, uniforms and school supplies;
- Offer grief and bereavement counselling, particularly to orphans.
- Provide spiritual support.
- Impart life skills.
- Encourage voluntary counselling and testing;
- Fight stigma and discrimination through public awareness;
- Provide information, education and counselling materials;
- Reach out through education and counselling specifically focused on coping with stigma;
- Train volunteers in basic care management;
- Train primary caregivers;
- Mobilise communities and empower them to take charge.
Mashambanzou’s approach to care

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.
You are a new dawn of hope

When I was drowning in a pool made from my tears, having no one to pull me up

Suffering a Great Deal, in despair, in the shadow of death,

The wounds and effects brought by losing parents to HIV and AIDS haunting me, not mentioning Poverty knocking at the door of life.

Without a Father to give Vision and Direction and a Mother to Lean on, for Support

There you appeared, like the sun, challenging and dispersing the thick dark clouds, bringing a new day and a new life.

Like a Father, you brought sight and vision.

Like a Mother you stood with me until I became a Man

You made me understand that, “Weeping might endure for a night but Joy comes in the morning”, and now I can say this Joy comes like a new dawn of hope

No wonder you were given a name in alignment with your mission and in agreement to your Vision

You are surely no other than, Mashambanzou Care Trust.

“Mashambanzou”, for a new dawn of hope, “Care”, for you care for me and “Trust” for I trust in you.

K. Chiveto
Orphan outreach programme

The aim of the programme is to provide, with community participation, holistic care and support to orphans and other vulnerable children between the ages of 3 and 18.

Other vulnerable children are children who are not orphans, but may be living with parents who are sick and under the care of Mashambanzou’s Care Unit or Home-Based Care programme.

A DIFFICULT YEAR

2007 was a difficult year. The country was experiencing unprecedented shortages of food and shortages of almost every other necessity of daily life. All forms of soap became unavailable in the shops. Bread, milk, sugar, salt, cooking oil, flour, mealy-meal and meat of any kind disappeared from the shelves. Water shortages further complicated everyday life.

Many people suffered, but none so much as the children who had to do without. The little ones suffered silently, with no understanding of why they seemed to be no longer loved.
Psycho-social support

Orphans and vulnerable children may be dealing with illness; death; bereavement; overcrowded and squalid living conditions; abuse; or a lack of food, shelter and clothing. Some of these children may not be able to go to school because they must look after their sick parents, or they must try to earn money for food. Some of these children may be sick themselves, and some of them may live with their siblings without any adult family members at all.

Psycho-social support is the cornerstone of Mashambanzou’s holistic care for orphans and vulnerable children. The outreach teams work with Mashambanzou-trained volunteers, pastors, community crisis centres, schools and other community organisations to make sure psycho-social support is available to all of our orphans and vulnerable children. Additionally, through our other outreach activities, we identify the children who are withdrawn and emotionally stressed and make sure they receive one-on-one counselling.

The Orphan Outreach teams also conduct special group activities that bring the orphans and vulnerable children together for therapeutic, supportive, social and educational purposes. At these functions the children pray, play, learn, share and help each other. They share their joy and their troubles, they learn from each other, they learn from their leaders and the older students sometimes help the younger ones with schoolwork. All of the children gain social skills, gain life skills, gain confidence, and bond with each other.

The Orphan Outreach teams conducted individual counselling sessions with 1,703 children in 2007. In addition, 101 children attended special group functions. The Orphan Outreach teams remain committed to giving emotional and social support to the orphans so that they can perform well at school and function effectively as members of society.

Educational support

With the assistance of CESVI, educational support was rendered to 580 children who were enrolled in Primary and Secondary schools. These children were assisted with school uniforms, fees and stationery. Six orphans were registered with Tertiary

---

Nyasha Dera, aged 12

My name is Nyasha Dera. I am a girl aged 12 and I am doing Grade 6 in Epworth. I live with my grandmother. She is old and does not have a job. We have a small piece of land but it doesn’t produce enough to feed us.

My mother passed away in 2002 at Mashambanzou Care Unit. I never knew my father. After my mother’s death, I was referred to Mashambanzou Orphan Outreach team. They are now assisting me with a monthly food pack, school fees, books and uniforms. Sometimes I get toiletry and clothes.

I am doing very well at school. Last term I was in third position out of forty-six learners. When I grow up I want to be a Doctor so that I can find a cure for AIDS.

I thank Mashambanzou for giving me a hope for a better future.
Advocacy
The Orphan Outreach teams have intervened and helped 70 orphans obtain their birth certificates and/or their parents’ death certificates.

Empowering people through Community driven initiatives and partnerships with community-based structures.

<table>
<thead>
<tr>
<th>Children receiving Psycho-social support</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counselling</td>
<td>722</td>
<td>918</td>
<td>1703</td>
</tr>
<tr>
<td>Group activities attendance</td>
<td>50</td>
<td>51</td>
<td>101</td>
</tr>
<tr>
<td>Orphans on WFP feeding scheme</td>
<td></td>
<td></td>
<td>2400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of children receiving educational support</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school</td>
<td>164</td>
<td>139</td>
<td>303</td>
</tr>
<tr>
<td>Secondary school</td>
<td>139</td>
<td>138</td>
<td>277</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>580</td>
</tr>
</tbody>
</table>
There Is A Time For Everything – And A Price For Waiting

In life we face many challenges but we have to overcome them.  
My peers - allow me to say this to you:  
Do not rush; just take it easy - Life is a journey -  
You reach your destination whether you go by bus, train, or fly in an airplane.  
The time will come - the best way is to be patient.

Nowadays there is a deadly incurable disease - AIDS!  
Many youths are dying because of this scourge.

Nowadays you may wonder -  
A fourteen-year old girl, falling in love with a fifty-year old man!
Is this possible . . . ?

What do you get - just AIDS and being pregnant?  
My peers - wait until the time comes.

There is a time for everything -  
A time to be born and a time to die.  
A time to weep, and a time to be happy.  
A time to sow and a time to harvest.

My peers - you reap what you sow.

You will never be young again -  
Once you were in kindergarten -  
A teenager - an adult . . .  
Waiting is the answer -  
You get rewarded for waiting!  
Enjoy your youth - do not waste it.

by Chyeena Kativhu age 15
Chandra-Mouli (1999) once said, “One of the most important lessons that has emerged over the years is that a safe and supportive environment is a crucial element of effective HIV prevention.... Even when individuals know full well how to avoid HIV infection, factors in the immediate and wider environment play an important role in whether or not they can protect themselves”
Choose Life – Awareness and Prevention

Choose Life is an outreach programme which uses a participatory workshop approach to reach into communities to raise awareness of HIV and AIDS. Choose Life promotes the reduction of stigma and discrimination. Behaviour change techniques are employed in order to eliminate risk, take control of one’s life and make responsible choices. These workshops educate communities with the facts of prevention and transmission of HIV and AIDS. Individuals, families and communities are empowered with the necessary skills and support to avoid risky practices and behaviours. Members of the community are trained in facilitation skills to enable them to effectively train and mentor others within their respective communities.

Reaching 7492 people in 2007!

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-Day Choose Life Workshops</td>
<td>655</td>
<td>882</td>
<td>1537</td>
</tr>
<tr>
<td>Awareness - Food distribution Points</td>
<td>1084</td>
<td>1769</td>
<td>2853</td>
</tr>
<tr>
<td>Beer Hall Outreach Intervention</td>
<td>2949</td>
<td>153</td>
<td>3102</td>
</tr>
<tr>
<td><strong>Total beneficiaries reached</strong></td>
<td>4688</td>
<td>2804</td>
<td>7492</td>
</tr>
</tbody>
</table>
“The Choose Life Behaviour Change Process is a challenging and appropriate programme which empowers and enhances decision-making in matters of life. We did not know before that Mashambanzou offered such an important and vital programme.”

**Girl- Empowerment workshop**

“Your Choose Life Behaviour Change Process is a programme which exposes the facts about HIV and AIDS to people”.

**Faith Ministries**

“You have talked about prevention of STIs, HIV and AIDS and yet prostitutes are promoting unprotected sex. Continue educating us for many are transmitting and contracting HIV in these activities.”

**45 year-old man**

“I have accepted my status and have obtained all the information I need for living positively. I have adopted a learning culture in my life and it really is paying dividends.”

**Beer hall session**

“I thank the Choose Life team for providing education for hope. I attended my first workshop while feeling very weak but really it was worth the effort because I started practising positive living. The Choose Life team encouraged me to be positive in all that I do and I am now living in peace with my husband. He has gone for voluntary counselling and testing. I am helping him with Choose Life prevention messages and strategies. We are now having protected sex. I spend most of my time teaching others on prevention and positive living because I don’t hesitate to disclose my status.”

**(B) of Budiriro**

“What we are doing is really empowering and through us the community is now aware of HIV prevention.”

**Community facilitator**
Home Based Care Programme

Home-based Care focuses on holistic care given to ill clients in their home environments. The programme uses a participatory, systemic and holistic approach in meeting social, spiritual, psychological and physical support.

Community Volunteers are an integral part of the Home-based Care programme. They identify clients within their communities; carry out needs assessments; then link clients to the Home-based Care teams.

Efforts have been made to improve the skills of these community caregivers. They have been trained to incorporate psycho-social support for children into their Home Based Care processes. This training allows caregivers to give priority care to the children of the patient as well as attending to the patient’s needs. Caregivers identify the needs of the children and then establish support linkages with Mashambanzou’s other outreach programmes, as appropriate.

The Home-based care teams work with a number of organisations for the care of Mashambanzou patients. Patients are referred for TB screening, AIDS related tests and for support. Clients have received food packs and hygienic kits; Anti-retroviral initiation; group and individual counselling; CD4 count services; health education; and psycho-social support and referrals for their children.

Encouragement of self-help livelihood projects through support groups is a key component of the Home-based Care programme. Projects to make items such as candles, soap and peanut butter have been started for caregivers and to some extent, for the clients themselves. This has gone a long way in trying to instil a sense of self-reliance amongst caregivers and clients, as opposed to a dependency syndrome.
**Titsi’s story**

Tsitsi is a single parent; she fell ill for more than 2 years before knowing about her HIV status. A volunteer referred her to Mashambanzou Home Based Care team for treatment. Tsitsi was very concerned about dying and leaving her children behind with no one to care for them. She could not fend for the children due to poor health. Stress was affecting her greatly in such a way that she lost much of her body weight. When she got in contact with the Home-based Care programme, she got professional counselling and was put on the feeding programme. Life changed for her with the medication, counselling and food she got as a result of the Home-based Care programme. The programme gave her hope for life. She has recovered greatly although not yet on Anti-retroviral Therapy. She is very appreciative of the Home-based Care programme and can give a testimony of the life giving assistance she got from Mashambanzou.

*I had lost hope. I had severe oral thrush, could not eat well, and had lost weight. My children did not know of my HIV status. I thought I was not going to last another week of life. Mashambanzou Home-based Care team came to my house. They counselled me and I was able to disclose my status to my children. I felt I had to let my children know the cause of my death before I died. The team also counselled my children who, when I told them of my status, were shocked. It was not easy for them. I got treated and was later admitted into the Care Unit at Mashambanzou in Waterfalls.

It took two weeks for me to respond to treatment. I gained weight, the oral thrush disappeared, my appetite returned and sleepless nights became a thing of the past. Thanks to Mashambanzou, I am now on the feeding scheme, my children are taking good care of me, and they seem to be copying well with our situation. My condition has remarkably improved."

*John, 42 years, Mufakose*
Empowering the community in their homes

Mashambanzou’s Home-based Care programme has significantly improved the quality of life of its patients. This has been achieved through strengthening of the family unit, fighting stigma and discrimination and networking with other AIDS Service Organisations.

1038 adults and 136 children have opened up about their positive sero-status to the Home-based Care teams, and have responded positively to Voluntary Counselling and Testing. There has been a marked increase in the number of people commenced on Anti-retroviral Therapy, being admitted and discharged from Home-based Care group clinic activities. A number of children have been referred to the University of Zimbabwe Clinical Research Centre (Arrow project) for Anti-retroviral Therapy management.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. of Patients</strong></td>
<td>756</td>
<td>1,891</td>
<td>120</td>
<td>2,767</td>
</tr>
<tr>
<td><strong>No. of Patients on Anti-Retroviral Therapy</strong></td>
<td>321</td>
<td>717</td>
<td>136</td>
<td>1,174</td>
</tr>
<tr>
<td><strong>Discharged patients</strong></td>
<td>189</td>
<td>334</td>
<td>24</td>
<td>547</td>
</tr>
<tr>
<td><strong>Deceased patients</strong></td>
<td>106</td>
<td>206</td>
<td>24</td>
<td>336</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,372</td>
<td>3,148</td>
<td>304</td>
<td>4,824</td>
</tr>
</tbody>
</table>
Communities are involved in some tasks of the feeding programme such as offloading of commodities at Food Distribution Points, verification and signing of waybills, scooping of commodities, crowd control and pre-distribution address.
Feeding programme with the World Food Programme

Throughout 2007 Mashambanzou Care Trust continued with the partnership agreement with World Food Programme 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.

Food was also provided to clients on the Other Vulnerable Children registers with priority being given to child-headed families. The programme also catered for patients admitted to Mashambanzou Care Unit in Waterfalls and those referred to Mashambanzou from Connaught Clinic in Newlands. Only those clients who met selection criteria were entered onto the food registers.

A monthly food basket was provided to clients on the feeding register, the entitlement being determined by the household size and the maximum being 5 members. The food basket is nutritionally balanced and this helps to:

- lessen frequency of malnutrition in Home-based Care and vulnerable children clients;
- decrease the frequency of opportunistic infections;
- keep the individuals mobile, so they can engage in other livelihood activities.

Food assistance also goes a long way in ensuring compliance with medical treatment especially for TB patients.

The monthly food basket provided per individual throughout the year was,

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereals (maize, maize-meal or bulgar wheat)</td>
<td>10kgs</td>
</tr>
<tr>
<td>Corn soya blend (fortified porridge)</td>
<td>3kgs</td>
</tr>
<tr>
<td>Pulse (beans, cowpeas, peas or lentils)</td>
<td>1.8kgs</td>
</tr>
<tr>
<td>Vegetable oil</td>
<td>0.45kg</td>
</tr>
</tbody>
</table>

```

"The food is adequate since we are given according to the number of members in the household. The whole family gets enough to eat including the clients on Anti-retroviral Therapy. We prefer porridge as we feel it's the most crucial in the basket. It is nutritious, does not require any additions and is easy to cook."

Home-based Care client, Mbare.
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"The basket is adequate enough to keep the nutritional status reasonably good for a client but will never be adequate in a traditional set up where a household could have more than ten people at a given time or when there are funeral gatherings."

Client, Kuwadzana
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I started getting sick with TB in 1998. It took too long for me to get well and so I was fired from work. Since then, I was struggling to get needs for my children and myself. In 2007, I got sick with Herpes Zoster and also tested HIV positive. It was then when I was referred to Mashambanzou for treatment. Since then, they are helping me and I can’t believe it. I was fortunate also to be put on the feeding programme...My life and that of my children is back on track. We have started a support group for people living with HIV. I am now back at work doing stone sculpture with others in my community. It would be good if you could help our support group in marketing our sculptures outside the country. This would assist us in managing school fees for our children including other basics."

Fortune

Number of clients in Feeding Schemes.

<table>
<thead>
<tr>
<th></th>
<th>1 Jan to 31st July</th>
<th>1 Aug to 31st Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based Care Clients</td>
<td>5 000</td>
<td>6 500</td>
</tr>
<tr>
<td>Orphans and Vulnerable Children</td>
<td>2 000</td>
<td>2 400</td>
</tr>
<tr>
<td>Caregivers</td>
<td>100</td>
<td>150</td>
</tr>
<tr>
<td>Mashambanzou Care Unit Patients</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Connaught Clinic Clients</td>
<td>830 (from 01 April)</td>
<td>830</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7980</strong></td>
<td><strong>9930</strong></td>
</tr>
</tbody>
</table>

Mashambanzou Field Monitors conduct pre-and-post- distribution monitoring to facilitate the smooth implementation of the programme and determine food utilization as well as to assess the impact of the food aid component on the Home-based Care and Orphans and Vulnerable Children and their families. Beneficiaries have shown great appreciation for the programme.

Regular verifications are carried out and clients are discharged when they no longer meet set criteria.

“I am writing thanking you for the good work you have done for me. I was quite sick in 2005. I was bed ridden and had rash all over my skin. I had lost all hope until when Mashambanzou Care Staff visited me and I was put on Anti-retroviral Therapy. I was immediately put on food support and my weight improved rapidly and after 3 months I was mobile. Some of my neighbours could not believe it since I almost died. Now I can easily carry out my daily chores and I am involved in informal trading. I also make sure that I participate in the sharing of food at Food Distribution Points. I am no longer ill and I am scared that Mashambanzou may remove me from food support because the medication causes hunger. May the Lord bless you.”

Letter from beneficiary – Food Distribution Point

“I started getting sick with TB in 1998. It took too long for me to get well and so I was fired from work. Since then, I was struggling to get needs for my children and myself. In 2007, I got sick with Herpes Zoster and also tested HIV positive. It was then when I was referred to Mashambanzou for treatment. Since then, they are helping me and I can’t believe it. I was fortunate also to be put on the feeding programme...My life and that of my children is back on track. We have started a support group for people living with HIV. I am now back at work doing stone sculpture with others in my community. It would be good if you could help our support group in marketing our sculptures outside the country. This would assist us in managing school fees for our children including other basics.”
AIDS has affected almost every family in our country it has drawn people together to share the pain of suffering death and loss. The Care Unit provides a safe and loving environment for the patients. The atmosphere is incredibly friendly, relaxed, non-clinical and non-institutional. Family members are always welcome to stay day or night. Relatives and friends testify to how friendly, warm and caring the staff is.

With quality care, early detection of opportunistic infections prompts treatment and good nutrition. A significant number of patients gained strength, recovered and were prepared for Antiretroviral Therapy. Anti-retrovirals hold the key to prolonging life. The benefits of highly active antiretroviral therapy have been widely documented. With effective management of persons with HIV infection, it is possible to delay the onset of AIDS-defining illnesses and to provide a high quality productive life.
Mashambanzou Care Unit: Period January to December 2007

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Children</th>
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<td>Admissions</td>
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<tr>
<td>Deaths</td>
<td>5</td>
<td>36</td>
<td>53</td>
<td>94</td>
</tr>
<tr>
<td>ART</td>
<td>26</td>
<td>37</td>
<td>21</td>
<td>84</td>
</tr>
</tbody>
</table>

An amazing young woman of 25, who had been treated on and off for over two years for opportunistic infections, talked about how she coped:

“I kept on thinking about my two children and, decided on what to do. Positive thinking and sharing with others are the two things which helped me to remain calm and have hope. I joined a support group and started a sewing project to stay mentally active. I have achieved happiness, better health and I look forward to a brighter future.”

Each day brings surprises, pleasures and responsibilities totally outside the realm of HIV and AIDS.

Beauty, a young emaciated and fragile lady was admitted in the Care Unit for treatment and care. From her history, it was obvious that even during her illness she had decided to start “New life” and make what was left of this one count.

Tatenda was born on the 21st November 2007 at 0120 hours after an exciting and almost pain-free birth. Beauty and staff were totally overwhelmed and overjoyed, particularly when baby Tatenda gave her first cry. Both mother and baby are growing from strength to strength.

Beauty is on anti-retroviral treatment and is looking forward to living a long life with her beautiful daughter. Tatenda may never experience her father’s love as he has abandoned them.
My name is Charles. I am 33 years old and I am HIV positive. My wife ran away from me when I got seriously ill. She thought I was going to die. My family disowned me. The company I was working for fired me when they came to know of my HIV status. The landlord threw my belongings out of his house. He openly told me that he was risking the health of his family and undermining his social status. I pleaded with my uncle to accommodate me. He offered me to stay in an abandoned fowl run. I got seriously ill. The Mashambanzou Home-based Care team heard of my plight and came to my rescue. They referred me for admission in the care unit. I have realized that life has a lot to offer. HIV affects my body but not my spirit.
Mashambanzou management and staff

Dorothy Abdul
Alina Amoni
Charles Batizani
Fyp Bennati
Clotilda Bhobho
Dickson Charamba
Petinia Chidota
Sydney Chidzuma
Harrison Chifunga
Rosa Chigwa
Charles Chikwavava
Stanford Chimurumunzeve
Christina Chisorochengwe
Resta Dunduru
Rumbi Fate
Jonasi, Charles
Makuneyi, Hondo
Mkhula, Tawanda
Kacherere, Bridid
Gudo, Pauline
Mudangandi, Sister Ivy
Mugayi, Tawanda

Maria Fulukia
Loveness Gabriel
Sheilla Gandiwa
Agnes Gora
Peter Gundamupanda
Constance Kutombo
Alfred Mabhunu
Charity Machiridza
Edmore Madzamba
Rosemary Magagula
Samuel Magama
Brother Kizito Makora
Stembiso Makuyana
Otilia Mbandaza
Veronica Matonganhanu
Sister Margaret McAllen
Artwell Mubaiwa
Hwenzira, Memory
Sande, Edeline
Chigutsa, Mary
Chipudhla, Innocent
Baskiti, Kudzai

Lissa Muchabaiwa
Ngoni Musami
Godknows Mutizwa
Linah Mutuva
Howard Muza
Kulinji Mwadzangasi
Kasim Ntini
Shelter Nyamuridzo
Anskaria Phiri
Selina Sithole
Letticia Taruwinga
Tracy Teveredze
Belinda Tomu
Nyabereka, Apolonia
Ngondonga, Runyararo
Manyukwa, Musa
Chisoko, Blessing,
Nyamukondiwa, Memory
Tagwireyi, Kudakwashe
Chibvongodze, Ray
Siduna, Hezekiel
Chiveto, Kudakwashe

Acknowledgements

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.
- Shalvey, Sister Kay
- Sisters-in-Charge and Community Sisters in Municipal Clinics
- Sturges, Mary
- The Board of Trustees, Administration Staff, Advisory Executive, and Management Committee and Staff.
- Voluntary Medical Officers
### Network and Collaborating Partners

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<thead>
<tr>
<th>City of Harare</th>
<th>Local Health Clinics</th>
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<tr>
<td>Childline</td>
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<td>Connect</td>
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<td>FST</td>
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<td>Reppsi</td>
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<td>New Life</td>
<td>University of Zimbabwe</td>
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<td>Oxfam</td>
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</table>
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.

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<tr>
<th>Friends and Visitors</th>
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<td>Ampleforth Abbey</td>
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<td>Angela Cormican</td>
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<td>Kingdom, Germany, Sweden, Italy, Australia, Zimbabwe</td>
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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.*

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Our Editorial Team

There are many who contributed to our Annual Report 2007 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

We value the contribution of the following members of staff who left during the course of the year: Anna Bvindi, Simon Chiutsi, Henry Masaya, Albertina Choto, Patience Mugabe, Chipo Rapheal, Sisters Eileen Clear and Elizabeth Mundure.

---

Deceased

Fanuel Nzira - may he rest in peace.

---

Mary Potter. LCM.
Giving to the Poor

“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.
To “My Dear Friend” Priscilla

To Priscilla a true princess

For us who knew you and respected you
We always also knew that you were a true Princess

Who else, but a true Princess
Could have endured what you had to endure in a much to short lifetime
And still keep smiling and laughing and caring for others
These were true signs of a true princess

Like a true Princess
You never let the hardships in your life
Of which you had plenty and right up until your final days on this earth
Break you or let you down

When you now move on to a better world
I am so happy that you called me “my dear friend”
I really felt honoured by that

I will miss you, Rose Marie will miss you
Carl, Julia and Sara will miss you
Priscilla – our true Princess

I am so happy that on your last day
You were among friends who all loved you tremendously
And who could at last again sit by your side and hold your hand
And pray for you

You are a very special girl Priscilla and
God is on your side
Rest in Peace
Princess

From Bent, Rose Marie, Carl, Julia och Sara Bengtsson