Mengo Notes

Vol. 52

Spring 2015



AIDS ORPHANS AT SATURDAY CLUB

WE CAN MAKE A BIG DIFFERENCE!

LOOKING TO A BRIGHTER FUTURE

We hope you enjoy reading this edition of *Mengo Notes* which will give you an insight into the good work that goes on at Mengo.

It has been a particularly difficult year for the hospital, however. Dr Joseph Nyanzi, Mengo Hospital Medical Director for a period of 9 years retired last year. We were shocked and saddened to learn of his sudden death in Masaka on 8th August 2014. I remember vividly my first meeting with him in the Albert Cook Building when I visited the hospital for the first time as a medical student nearly 10 years ago. He described the challenges of healthcare in sub-Saharan Africa and certainly inspired me to come back to Mengo the following year. He achieved a great deal during his time at Mengo and we are thankful for his contribution. Dr Rose Matumba has been appointed Medical Director and has already had a positive effect on the running of the hospital.

In the last year or so, Uganda has seen the introduction of the Uganda Anti-Homosexuality Act which criminalised same sex relationships. At one point, the bill proposed the death penalty for those convicted. As a result of this, USAID slashed its financial support to the Inter Religious Council of Uganda, who provide approximately 90% of the funding to the HIV clinic at Mengo Hospital. This was devastating news for staff and patients of the HIV department and it was threatened with closure. This would have meant that over 7000 patients would have faced the possibility or receiving no further antiretroviral drugs – a possible death sentence. Fortunately, this catastrophe served to bring together the three Friends of Mengo groups: Canada, UK and USA, to come to the aid of the clinic and help provide funds to keep the clinic running.

Fortunately, the Ugandan government removed the death-penalty clause and USAID agreed to support a different NGO called Cardinal, which now support the HIV department. This means that the funding for the HIV department has been renewed and the clinic can continue to provide excellent care for families affected by HIV.



This difficult situation has served to show that in the face of adversity, a strengthened bond between our three groups has been achieved and we were able to provide interim funding to continue the running of the clinic. With renewed bonds between our three Friends groups along with your continued support, we look forward to a bright future for Mengo Hospital and the patients she serves.

I am pleased to see the report from Tom Nichols, a medical student from the University of Leeds in this edition of Mengo Notes. Not only is this an excellent opportunity for medics from the developed world to appreciate a different aspect of healthcare, I believe it is a way of bringing on a new generation of supporters of Friends of Mengo. We look forward to further visits by medical students and hope to encourage nurses, midwives and other healthcare professionals to undertake electives at the hospital too.

We wish you all the very best for the year ahead and want to thank you so much for your continued support both financially and in prayer. In working together collectively we can make a difference.

Dr. John Dalton

THE HIV / AIDS CLINIC AT MENGO HOSPITAL

Our main project in 2013 -4 has been the extension of the HIV / AIDS Clinic to which we contributed £12,500 of your donations.

In March 2014 I was invited by Mengo hospital to attend the opening of the first phase of the extension to the Clinic. There were representatives of the other donors to this project - The Friends of Mengo Canada, The Mennonite Foundation (Church) and Mengo hospital governors. It was a wonderful African celebration with a gospel choir, dancing and lovely food.

The extension has provided much needed additional accommodation – a new ward for patients *(previously there were only 3 beds for patients)* - doctor and nurses counselling rooms - and an isolation area where TB patients are seen to prevent this deadly and highly contagious disease from being spread to other patients and staff.

The very next day the hospital was informed that the grant from USAID, which largely funds the HIV / AIDS Clinic was being cut by 63% with immediate effect - devastating news for the patients, staff at the Clinic and the hospital. This was due to the NGO *(the organisation that distributes the grant)* promoting controversial legislation.







The Friends of Mengo UK donation was made in honour of Dr John Billinghurst who worked for many years at Mengo hospital. The verse on the plaque was one I know was very dear to John. Jim Sparling from FOM Canada and I chose the verse on the plaque as we think it it sums up the focus of the Clinic.

Continued on page 4 →

Continued from page 3

The effect of this cut in grant was that 25, (about half the staff) at the Clinic would lose their jobs at the end of the month.

Whilst this was dreadful news for the staff it was even worse news for the patients. No new HIV positive patients to be taken on, a threat to the treatment of the existing 7,056 patients in care and the possible closure of the Clinic.

All the groups who support the Clinic at Mengo hospital were determined that the life saving work carried out by the hospital would continue.

The committees of Friends of Mengo UK, Canada and USA each sent over £12,000 within weeks of the news to ensure that the key medical staff could be retained until the end of the year when USAID would hopefully reconsider their decision.

Several difficult months followed for Dr Edith, her staff and the hospital. The FOM USA lobbied the US Senate and the USAID organisation. After much prayer by the supporters of Mengo, USAID decided to reinstate the grant using a new NGO to channel the funds to the various HIV / AIDS Clinics across Uganda.

GREAT NEWS - TOGETHER WE CAN MAKE A DIFFERENCE !

The Clinic has been given tough new targets :

- **Test for HIV and Counsel 44,000 patients a year.**
- **Treat 6,262HIV positive / AIDS patients per annum.**
- **Male circumcision (reduces transmission of HIV) - 1,864 men a year.**



Children enjoying themselves at the Mengo Saturday Club.

AIDS is still a big killer in Uganda. Infection has fallen from 30 % of the population to 7 % but there are estimated to be about 1.2 million people living with AIDS today and possibly 190,000 children. 1.2 million children have been orphaned having lost their parents to AIDS.

Unless HIV patients take ART (anti retroviral drugs) they will almost certainly die. Once on the drugs they can live a fairly normal life for 20 or 30 years. They turn a fatal disease into a chronic condition.

Mengo has a Saturday Club for the AIDS orphans about 80 children and teenagers (3 of them are on the front page of this edition). The Club currently meets once a month. The children receive a healthy meal, play games and are given basics such as toothbrushes, underwear, pencils and exercise books for school. Their carers (who are usually relatives) often can not afford even the basics for these children.

Mengo has one of the best Clinics in the country which I am sure will continue to save many lives thanks to your donations.

Clive Kennett

PEACE AND HER MUM, MRS BEATRICE RUHINDI

Mum broke her wrist, early one morning, during my visit to Uganda last year in March. Initially, my sister took her to a city hospital where a plaster cast was applied.



Unfortunately the wound became septic, which is how we ended up at the private wing of Mengo Hospital, under the care of the very efficient Dr Lumu.

We were impressed with the well organised system of the then, still relatively new, private wing. It was an effective system, offering a high-quality and convenient service.

We waited with Mum in an airy, spacious and adequately furnished room. We were allocated a nurse who stayed with us and ensured that Mum was comfortable.

The required specialist, an orthopaedic consultant, treated Mum within the unit itself; making it a patient friendly, one-stop centre.

The orthopaedic consultant assessed Mum's wound and swiftly organised for the necessary investigations and treatments to be carried out.

Within three hours, the cast was removed, the assessment was complete, the appropriate treatment was started, and a new cast was applied.

At the end of the treatment we were pleased to meet Ms.Agnes Lukoosi Kimara, the Manager of the Private Outpatients Department. Agnes had an impressive bedside manner and was keen to hear feedback about our experience on the unit.

Peace Matsiko

Editor's Note :
Mengo have opened some private wards to generate income, subsidising work at the hospital.

(Peace and her husband Shek are committee members of the Friends of Mengo UK.)

AN EXTRAORDINARY STORY

Mr David Komunda, the Hospital Administrator at Mengo, is an exceptional person in many ways.



He started work at the hospital 42 years ago in 1972 and has seen it through many, many national and local trials during his time. He has just agreed to postpone his retirement so that he can assist the hospital through another period of significant change. Mengo Hospital is fortunate to have people of his calibre.

During my visit in October I heard another story about David that impressed me even more. Seven years ago at his home the family heard a baby screaming.

They went outside and discovered that the noise was coming from a pit latrine. A baby was yelling from the filth and stench at the bottom of the pit about 15 feet down. What could they do? A man named Moses agreed to have a rope tied round his waist and be lowered down into the muck and faeces below. He found the child and they were hoisted up together. The child was not seriously hurt, partly because, for understandable reasons, it had had a soft landing and must have landed on his back.

But, how had the child got there? After investigation David learnt that a young woman had thrown the baby down the pit latrine as her father had told her that if she had another child, he would kill her and she was afraid. She did not want the child back.

David, who has five children of his own, agreed to adopt the baby and called him Moses, after the man who had been prepared to go down into the pit to rescue him. The early years were not easy, but now David says 'God brought him to our family' and they are happy together. Moses can still be easily frightened, but he is doing well.

Andrew Billington

A VISIT TO YOUR CHURCH OR GROUP ?

We are always happy to come and talk to your church or group about the work of Mengo Hospital. We have many photographs of the hospital departments and can give you up to date information on the projects Friends of Mengo are involved in.

Please give me a ring on **01225 480607**
or email : **clive_kennett@yahoo.co.uk**

Mark's Story ...

Mark,12 ,is an orphan and lives with his grandmother who is blind. Both are dependent on each other and earn a tiny living by begging on the streets. Life is extremely difficult for them.

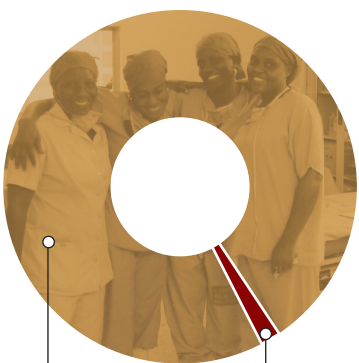
The clinic has tried to place Mark in an orphanage run by Watoto, but the orphanage will not take children with HIV. Dr. Edith, the clinic director, is therefore trying to find a family that will foster Mark but he does not want to leave the only person who cares about him, his grandmother.

Mark's grandmother cannot see to help him administer his drugs which means he does not take his HIV medicines regularly. This results in him suffering more pain, illness and discomfort. Also some of his medication needs to be taken with food - not easy if your meals rely on begging and you cannot always eat at specific times! In short, Mark needs second line HIV treatment but the clinic cannot give this vital medicine to him until someone can be found to look after him, give him a home and ensure he takes his treatment regularly. If practical help for Mark cannot be found soon, his future is bleak indeed.



Mark, his grandmother and pastor Sam

WHERE YOUR MONEY GOES



Administration costs (3.7%)

Donations to Mengo hospital to treat the sick people of Uganda (96.3 %)

96.3 % of your donation helps Mengo hospital to treat the sick people of Uganda. Administration costs account for only 3.7% of the money that we receive and donate to Mengo Hospital. (Oxfam spend 18 % on administration costs, and this is quite common with other charities).

We keep our costs so low because nobody is paid to be on the committee, no one receives expenses, and we do not pay for flights to Uganda or other costs.

Mengo Notes is edited by us and typeset free of charge by **Whiteing Design Partnership**. It is posted to Friends in many countries and emailed whenever possible.

In addition to your donation we can claim Gift Aid from the Government of 20 % extra if you are a UK taxpayer (a £10 donation becomes £12.50). Just tick the box on the form in this issue when making a donation or let Richard Oliver our Treasurer know, if you would like us to claim this additional money from the Government in future. It costs you nothing.

A SMALL DONATION CAN MAKE A BIG DIFFERENCE!

ELECTIVES AT MENGO HOSPITAL

Practical training is provided through a placement scheme, where students and Health Care workers can come to work at Mengo Hospital for an agreed duration so as to gain first-hand experience of dealing with various health conditions.



Participants on the placement scheme come from Uganda and the surrounding region, as well as Europe, Asia, Canada, and the USA. The students are supervised by the Heads of departments of the different disciplines.

Mengo Hospital is located on Namirembe Hill, about 6 kilometers from the City Centre. The environment is beautiful with shrubs and beautiful trees growing around the hospital. International students are accommodated in Guest Houses at the Hospital at a cost of Uganda Shillings 50,000 Single and 45,000 double (equivalent to £12 and £11 respectively) per night. The Guest Houses have self-contained rooms with running water, and a modern kitchen well equipped for the students to prepare their own meals if they wish. Alternatively students can buy food at the Hospital Canteen or restaurants and shops outside the Hospital.

Security at the hospital is taken care of by the Hospital Security Personnel and outside security companies.

Kampala is located close to the equator; therefore the weather in Kampala (the capital city) is warm throughout the year.

On average, the hottest months of the year in Kampala are October and February, during which time the daily high temperatures will generally hover in the upper 25°C and lower 18°C.

The coldest months of the year in Kampala on average are June and July during which time the daily high temperatures will generally reach the lower 18°C. The night time temperatures during these months will fall to below 18°C, on average. This temperature comparison shows that there is little variation from month to month.

The two rainy seasons are from March through May, and from the end of September to end November. December tends to be hot especially in the North and North Eastern part of the country.

While students are here for electives, they can arrange to visit Uganda's tourist attractions like Rafting on the River Nile, the National parks with a variety of animals, Gorilla trekking in Bwindi Forest, Snow-capped Mountains of the Moon and hot springs, craters and other volcanic features, hanging valleys, and undulating hills in Western Uganda. However while doing so, they are advised to be mindful of their lives and avoid reckless actions.

On arrival, students are taken on a guided tour around the hospital and briefed about what is expected of them while at Mengo Hospital. Time is set aside for them to meet the Hospital Management Team their Supervisors over Coffee/Tea.

Looking forward to receiving the students.

Margaret Mawanda (Mrs.)
Co Ordinator Electives, Mengo Hospital

MEDICAL ELECTIVE AT MENGO HOSPITAL

For four weeks in September 2013, I was lucky enough to be part of the medical teams in Mengo.

There were two focuses to my elective in Mengo, firstly I spent two weeks attached to the obstetrics and gynaecology team. Then I spent two weeks in the resuscitation room of the outpatients department.

When I arrived I was nervous about what my time in Uganda would be like, but I was warmly welcomed at the airport by Margaret. Once I arrived at the hospital I met three German students who were working in Mengo. There was no time for settling in, they whisked me off into the centre of Kampala by boda boda (motorbike taxi), the cheapest, fastest and most dangerous way to get around. Whilst out in town two of the girls gave blood on the street at national blood drive, it was a surreal sight to see people giving blood on the street, surrounded by waste, traffic jams, and throngs of people.

The following day I started my placement with the obstetric and gynaecological team. Throughout the two weeks working with them I learnt a lot about the difficulties of working in a low resource environment. Even simple things like a lack of oxygen monitors made clinical decisions harder to make. Due to the lack of reliable investigations and tests, the doctor's clinical skills and judgement were very high, which allowed them to diagnose and treat patients.



The doctors therefore only selected tests when it was appropriate, and they also focused on the patient rather than the numbers and figures generated from investigations. I feel I can learn from these approaches and apply the ideas back in the UK, where our NHS will be under more financial strain in the future.

The pressure and expectations placed upon the junior doctors is a lot higher than in the UK. For example they are expected to perform caesarean sections without assistance during their first night shifts. This is just a reflection of the healthcare in developing countries.

Whilst I was on placement in the resuscitation room I realised how dangerous the boda bodas were; there were around three accidents a day. Most of them were head wounds in people not wearing helmets; even children and babies were involved as they were carried on the bikes.

Through working with the doctors and patients It was also clear how under treated and stigmatised HIV and sexually transmitted infections were.

All the staff and patients in Mengo made me feel at home, I played in the intradepartmental football tournaments and regularly trained with staff in the evenings. After my time in the hospital I travelled to the far north east to explore some mountains and do some rock climbing. We followed secret trails that until a few years ago had been used at night by children to escape the Lords Resistance Army.

I am extremely grateful for the eye opening experiences and lessons I have learnt from my time in Mengo hospital. I would like to go back in the future when I have more experience and skills to help.

Tom Nichols

SPECIFICATIONS FOR ELECTIVES AT MENGO HOSPITAL W.E.F JAN 2014

Below are details for international students who wish to undertake Electives at Mengo Hospital:

- Apply to the Medical Director Mengo Hospital, attention of The Public Relations Officer, stating your year of study, the disciplines you wish to cover, and the duration of the Electives.
- Send the application through the provided E-mail addresses below.
- Attach the following documents: a copy of University Identity Card, copy of recommendation from your University and a brief CV.
- Logistics fee of US $30 (Thirty dollars) a week per student, payable on arrival.
- UGX 50,000 = (Fifty thousand Uganda Shillings) per student a night for accommodation in any of the Guest Houses, payable on arrival.
- UGX 100, 000 = One hundred thousand Uganda shillings for either one person or a group of less than four people for Transport from the Airport to Mengo Hospital.
- At least five passport photographs, a uniform/ medical gown, and any portable medical equipment you may need e.g. Stethoscope, Foetscope, etc. including protective gears.
- Applications should be submitted at least four months before the date of commencement.

You can apply on line through our website.
Please send your application to:
margaret.mawanda@mengohospital.org
cc mmagaret.margaret@gmail.com
www.mengohosptal.org

(UGX 50, 000 is equivalent to £12)

Phina's Story ...

Phina, who is now 27, was raped by her brother-in-law when a teenager. He had HIV so he passed it on to her and she has suffered ever since.



She has been coming to the HIV clinic since 2005 but as she has encephalopathy, this leads to mental confusion and she sometimes misses her medication. She really needs social support but this is not readily available.

She stays with her mother in a single room in a village some distance from the hospital. They are very poor and she is often hungry. The clinic tries to help with her transport costs, but even so the clinic pastor sometimes has to take her medicines to her.

When we saw her at the clinic in October 2014 she was feeling very unwell, but was enormously grateful for the help that she is receiving.

The UK Friends of Mengo have recently supported the Aids and HIV clinic with a grant of over £13,000, but there are many more people like Phina who need support and appropriate medical help.

Andrew and Penny Billington



THE REPUBLIC OF UGANDA



THE PEARL OF AFRICA

Location	East Africa (on the Equator)
Population	36 million
Average age of population	15 years
Life Expectancy	54 years
Income	38% of the population live on $1.25 dollars a day (83 pence)
Countryside poverty reduced from 56% to 31% between 1992 and 2005.	
Independence from Britain	1962
Inflation	Peaked at 30% (food 45%) in 2011 now running at 2%, after interest rates were raised.
Staple food	Matooke (a green banana)





WOULD YOU LIKE TO SEE MENGO FOR YOURSELF?

Uganda might seem half way around the world , but it is only a 9 hour direct flight from Heathrow and a one hour drive to the hospital. You can be in the UK in the morning and at Mengo by evening.

There is a comfortable bungalow for Friends of Mengo Hospital from across the world to stay in on the hospital site.

Many medical electives do their elective at Mengo but people with other skills are welcome and you can always come and visit the hospital and see for yourself the work Mengo does .

You can read about Tom Nichols' visit in this edition.

THE BLACK FAMILY CYCLE 2013

We have always been an active family and in 2011 five of us cycled the length of the Outer Hebrides, off Scotland's west coast, after which we thought we could do something more challenging.

Someone suggested cycling the nine hundred and fifty or so miles from Lands End to John O'Groats, and it soon developed its own momentum and finally on August the 23rd 2013 we arrived at Lands End to start our family cycle.

There were only three out of our family of seven this time; my eldest son Ross, who works on an oil drilling rig in the North Sea as a derrick man, my youngest daughter Katrine, who works for an engineering company, designing subsea structures and me, Duncan Black, a project delivery specialist with an oil company in Aberdeen, Scotland.

The planning of the cycle coincided with me researching my past and coming across the website for 'Friends of Mengo Hospital'. I suggested that we seek sponsorship for this small charity, as I was born in the hospital in 1956, as were a brother and sister. This suggestion was well received.

My preparation consisted of almost daily cycles for the two months preceding, working up from twenty mile cycles to fifty plus miles and an overnight hundred and fifty mile cycle round the Highlands of Scotland. Ross and Katrine prepared in a similar way but also have the advantage of youth so were always going to be waiting for dad.

Despite the confidence we had in finding accommodation on our very first night at Lands End we found we had arrived on an English Bank Holiday and everywhere was full. Part of our planning was that we would each take a small tent, sleeping bag and roll mat, so on night one, we camped in Penzance, having cycled from Lands End looking for a place to stay. We only camped once more, finding accommodation every other night.



Cornwall and Devon proved the most challenging part of the trip. They have built their roads without regard for contours and they try to go as straight as possible so the hills are steep and long. The Lake District and Highlands and Borders of Scotland are higher, but far easier.

The route we chose wasn't the shortest (by about eighty miles) but it was scenic and the highlights included Dartmoor, the Taunton to Bridgewater Canal, the beautiful Wye Valley in south Wales, Perth-shire and the far North of Scotland, especially the bleak and desolate Strath Naver.

We also spent a night at my mother's house, which is en route in Ross Shire in the Highlands of Scotland. Margaret Black gave birth to me in Mengo Hospital in 1956 and the doctor who delivered me was Dr Roy Billington, whose son Andrew is involved with the charity. My mother who is eighty-two remembers the hospital with affection and is delighted we are supporting it.

The cycle took fifteen days, although day one was only fourteen miles. Most days we averaged about seventy miles and the weather was kind to us. We only had two days of wind and rain, from the Lake District to near Glasgow. The last day was also cold and windy when we cycled the last fifty miles along the north coast of Scotland to John O'Groats.

Anyone interested in reading more or seeing more photos, visit the 'blog' at **http://theblackscycle.blogspot.co.uk/**

We all thoroughly enjoyed the trip and are very pleased to have also made a small contribution to Mengo Hospital.





Editor's Note:
Thank you for raising over £6,500 for Mengo!

FRIENDS OF MENGO UK

Started in 1959 when the first issue of Mengo Notes was printed and circulated to 1000 friends, supporters, employees and ex-employees. All those who responded became "friends". UK Friends of Mengo gained charity status in 1983 with the following aims:

- To advance the Christian religion in Uganda, and particularly at Mengo Hospital
- To provide medical and surgical advice , and aid
- To provide training for nurses, midwives, and other medical workers in the prevention and cure of disease

TREASURER'S REPORT (APRIL 1ST 2013 – MARCH 31ST 2014)

The following records are for the period between the above dates and represent the last fully examined set of accounts.

Once again we, as a committee, would like to convey the debt of gratitude that we receive from Mengo hospital management and staff for the support that you all so faithfully maintain in your giving.

I am also reminded of those of you who donate by "direct debit" and who rarely receive the individual personal thanks that you deserve. Please be assured that we wholeheartedly appreciate your continued regular commitment to the financial aid that you extend to the hospital at Mengo.

INCOME

From all unrestricted gifts and donations (individuals and churches): **£23,638.97**

Interest on Bank Accounts: **£33.03**

EXPENDITURE

Three direct transfers were made direct to Mengo Hospital's Kampala bank account, totalling **£19,531.00**

1. Funding to fit a radiation proof door to the X-ray room and supply effective paint - £3,531.50

2. Funding towards the HIV/AIDS building project - £12,500.

3. Funds for Christmas Party and on-going food supplements - £3,500.

A further £2000 payment was made to Medi-Aid International following the X-ray commissioning.

CLOSING BALANCE

Our closing balance remained at a "cash in bank" total of **£30,728.87**

ADMINISTRATION AND PUBLICITY EXPENSES:

Mengo notes production (Ralph Allen Press) **£490.60**

Domain Name (mengofriends.org.uk, mengofriends.org) via "Pigment" **£48.00**

Just Giving Charity Membership Fee **£54.00**

Mengo notes postage **£227.12**

Bank charges for international transfer, 3 @ **£20 - £60**

In addition, since 31st March further giving has been maintained with a grant of £13, 294.24 ($22,050), vitally needed to support the ongoing work of the HIV/AIDS department when their grant was cut.

The committee will be making further grants to projects at Mengo at our meeting early in February 2015.

Richard Oliver, Treasurer.

Help us support Mengo Hospital ...

If you would like to be a friend of Mengo Hospital, or if you would like to get more involved, please complete the form below, ticking the relevant boxes and return it to us. If you would like to make regular donations please also complete the Standing Order Mandate and return both forms to us.

Title: _____ Forename(s): _____ Surname _____

Address: _____

_____ Post Code: _____

Email: _____

- ☐ Please send me future issues of Mengo Notes by post/email (delete as applicable).
- ☐ I would like somebody from FOM UK to contact me with information about organising a fundraising/awareness event.
- ☐ I want to make my donations go further, so ***please Gift Aid this donation as well as all my future donations*** to **Friends of Mengo Hospital UK** (registered charity number 289737) and all donations I have made for the six tax years prior to the year of this declaration.

giftaid it

Using Gift Aid means that for every pound you give, we get an extra 22 pence from the Inland Revenue, helping your donation go further. This means that £10 can be turned into £12.20 just so long as donations are made through Gift Aid. Imagine what a difference that could make, and it doesn't cost you a thing.

Completed forms should be sent to: Friends of Mengo Hospital UK, 18 London Road, Great Shelford, Cambridgeshire, CB22 5DD. To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

Standing Order Mandate

To: the Manager of _____ (Bank / Building Society name)

Address: _____

_____ Post Code: _____

Customer Account name: _____

Sort code: _____ Account number: _____

Please set up the following Standing Order (cancelling any previous instructions regarding this payee) and debit my account accordingly:

Amount: £ _____ - ___ Amount in words: _____

Date of First Payment: ____/____/____ (dd/mm/yy)

Frequency: Monthly / Quarterly / Yearly thereafter on the same day. (Select as appropriate.)

Benificiary details:

Bank: CAF BANK Ltd, Kings Hill, Kent. Account name: Friends of Mengo Hospital

Account number: 00082896. Sort code: 40-52-40. Reference [for internal use]

Signed: _____ **Date:** ____/____/____ (dd/mm/yy)

IMPORTANT: Please return to Friends of Mengo Hospital UK and not to your bank.

Helping is simple...

There are plenty of ways in which you can help us support Mengo Hospital. Here are just a few suggestions:

- **pray** for us and for the needs of the hospital

- **donate by post or via our website**
  Please make cheques payable to Friends of Mengo Hospital. There is a gift aid form overleaf.

- **set up a regular payment**
  Simply fill out the standing order mandate on page 19.

- **organise a fundraising/awareness event**
  This can be anything ... how about a coffee morning at your church, a bring-and-buy sale or even a sponsored sky dive!

- **visit Mengo Hospital**
  Why not spend some time at the hospital? Even if you are not a doctor, nurse of medical student there are still ways you can help ... nothing beats seeing the hospital for yourself!

- **give through your will**
  A generous legacy could assist 100s if not 1000s of Ugandan patients.

- **shares**
  You can give shares and get exemption from capital gains tax, and that's not all, you get income tax relief on all your giving too!

www.mengofriends.org.uk

Contact us:
Treasurer: **Richard Oliver**
Call us on: **01223 844479**
UK Editor: **Clive Kennett**
Email: **clive_kennett@yahoo.co.uk**
Write to us at: **FOM UK**, 18 London Road, Great Shelford, Cambridge. CB22 5DD

Designed and produced by **Whiteing Design Partnership** Tel: 01582 792215 **www.whiteingdesign.co.uk**

Friends of Mengo Hospital UK is a registered charity under the Charities Act 1960 - No. 289737