Mengo Notes

Vol. 55

Winter 2020/21



Medical students at Mengo

WE CAN MAKE A BIG DIFFERENCE!

WELCOME TO MENGO NOTES 2020



Dear Friends, Welcome to another edition of Mengo Notes. You will see that there are many exciting developments taking place at Mengo Hospital. However, these are also met with great challenges at the present time, many of which relate to the current Covid-19 coronavirus pandemic which has had a very significant impact in Uganda, albeit without the deaths that we've seen in the UK so far, thankfully.



Dr Jason Ward, Head of the Leeds MBChB Programme with Dr Rose Mutumba, Medical Director of Mengo Hospital and Dr Ned Kanyesigye, Dean of the Uganda Christian University School of Medicine and Dentistry.

A lot has happened since the last edition. To begin with, I'd like to thank Sophy Fisher for her hard work and support as a committee member and advocate for Mengo at our largest supporting church – St Mary's, Twickenham. Sophy has generously hosted meetings and provided sage, thoughtful insight into issues at our committee meetings over the last 3 years. Her term has come to an end and Sophy wanted to make room for a new face on the committee. She will be greatly missed but promises to keep in touch and insists on regular visits to Twickenham to outline the latest developments at Mengo. This does mean the we welcome Dr Anna Littlejohns onto the committee who is a Foundation Doctor in West Yorkshire. You will see from the last edition of Mengo Notes she spent her elective at Mengo Hospital and fell in love with the place. Anna is really passionate about Mengo and we look forward to her contribution.

I had the opportunity to spend a few days at Mengo in March 2020 and managed to get back home just before lockdown was in full swing and I continue to be encouraged by what I see. The Mpereza obstetric theatre lights are working well and continue to do sterling work. Dr Billy, Head of Department of Obstetrics and Gynaecology is very pleased with them and I hope that he, along with Sr Tina, labour ward manager, will be able to provide an account of their work caring for mothers and their babies in the next edition of Mengo Notes. The staff continue to employ the skills they polished up during the RCOG Excellence in Obstetric Skills Course (see previous edition of Mengo Notes) and report that there have been a very low number of maternal deaths this year, which is very encouraging indeed.

I was impressed to see the significant building work taking place at the old general Outpatients Department just by the main hospital gate.

The vision is to improve services there and include an Emergency Department to cater for the seriously unwell patients as they arrive in hospital. I think this will be a great development. I also had the opportunity to meet the Dean of the Uganda Christian University (UCU) School of Medicine and Dentistry, Dr Edward Kanyesigye and it was great to hear about the progress being made in the school.

In October 2019 I had the pleasure of hosting Dr Kanyesigye and Dr Rose, Mengo Hospital Medical Director for a visit to Leeds where they had an intense programme of meetings with clinicians and academics as well as the opportunity to sit in some teaching sessions at the School of Medicine at the University of Leeds. The visit was supported by FOMHUK and we hope to welcome another delegation to Leeds at the end of 2020!!!! with a more clinical purpose and emphasis on patient safety and governance. Drs Rose and Edward met Prof Laura Stroud, the Director of Leeds Institute of Medical Education and Professor Linda McGowan who is the Pro Dean International for the School of Healthcare, both of whom were positive about formalising a partnership between the two institutions. This led to the drafting of a Memorandum of Understanding between Leeds, UCU and Mengo Hospital with a view to sharing excellence and collaboration with research projects. Dr Sheck Matsiko joined the delegation for the final day and then drove everyone back to his place to conclude their visit.

Then Covid struck. The impact of this is far more than putting the brakes on international collaborations and the pause of student elective visits to the hospital. The lockdown in Uganda has been intense which has resulted in far fewer patients coming to hospital which in turn reduces hospital revenue. Some services at Mengo have had to be postponed and some staff have had to be placed on leave in order for Mengo to stay afloat as well as a pause on new staff appointments. In addition, it has made access to Personal Protective Equipment (PPE) and hand hygiene very challenging indeed.

FOMHUK very quickly pledged £10,000 for a 'Covid Emergency Fund' with the intention of helping staff and patient access hand hygiene kit and PPE. We have also continued to build on established partnerships with our FOMH US and Canada groups who have also pledged similar amounts to support the hospital. We are however, aware that this is able only to scratch the surface of the issue and we need to rally round to make greater provision for Mengo during these dark days. Any financial contribution at all that you can spare would be greatly appreciated as ever, but even more so under the current circumstances.

More sad news, as I have to report the death of Mr Gordon Lavy who died on 22nd November 2019. He was General Surgeon at Mengo between 1959 and 1965 and was a committed Christian. He leaves Pat, his beloved wife of 64 years; seven children; 23 grandchildren; and five great grandchildren. We are thankful for his faithful service and also wish to thank his family for the generous gift left to Friends of Mengo Hospital UK in memory of Gordon.

In addition to the Covid Emergency Fund, going forward we hope to be able to support further improvements to the hospital water supply, the provision of a much needed new ambulance for the hospital as well as contributing to a major building project to provide more education facilities at Mengo for the growing medical and dental school as well as the existing training schools at the hospital.

I would like to thank all of the committee for their hard work and enthusiasm despite having busy lives. In particular I'd like to thank Clive Kennet and Peace Matsiko, as well as all contributors for producing yet another fantastic edition of Mengo Notes. And most of all however, I want to thank you, our friends and supporters for your generosity and prayer which allows the work of Mengo to continue. It really does make a difference. I hope you enjoy the read.

Dr John Dalton
Chair of Friends of Mengo Hospital UK

AFTER AMIN ...

"I thank my God every time I remember you....."

As we live through this period of uncertainty and restrictions on daily living due to the Covid-19, I am reminded of another significant period in my life, the two years I spent in Uganda in the immediate aftermath of the Amin regime. My new husband John Davies had already been working in Uganda since 1967, first as Medical Superintendant in Kisiizi and from 1977 at Mengo Hospital, where he lived through the martyrdom of Archbishop Luwum and the subsequent invasion of the Tanzanians.

I joined John at Mengo as a new bride in April 1980. Those early days of the post-Amin era were very turbulent, as one president after another tried to keep hold of the reins. During the whole of my stay we lived under night curfew; water and food and general supplies including petrol and medicines were hard to obtain because of a chaos which had gripped the country under Amin but persisted in the ensuing disorder.



Mengo staff, including John, dodging shells – *British Medical Journal*

Amin may have gone, but some of his men, and other brigands still rampaged the streets, set up road blocks, where people were roughed up or shot and had belongings stolen, while others took people in the night. As late as 1982 John and I had our car taken from us at gunpoint just outside the hospital compound as we returned from the British embassy. The car was never retrieved and this meant that my travels in Uganda which had been limited to a couple of journeys to Kisiizi and a few trips to Mukono and Gayaza for a break in the country among friends and a bath (!) were now totally curtailed. During this period I felt the full force of the Lord's Prayer :- "give us this day our daily bread." Food was very basic. Fresh produce was often intercepted at road blocks.

We were always grateful for gifts brought in by visitors from up country. Our home became a guest-house to people coming to Kampala for supplies and eventually also to visitors from abroad who were now bringing aid to Uganda. John accompanied some such visitors up to Karamoja as they brought funds from the Band Aid appeal for famine relief. Another source of aid was food parcels. I remember John and I being somewhat bemused that the Americans sent in a food supplement called Aydes (before anyone had ever heard of the aids virus – but it announced itself as a slimming product so the locals wouldn't touch it!). We added it to our porridge as it had lots of supplementary vitamins!!

The hospital had regular plumbing – but no water flowing through it as the pumps bringing the supply from Lake Victoria had long since broken. Storage tanks outside hospital buildings were insufficient, so water had to be fetched in jerry-cans from another part of town where there was a functioning stand-pipe, using precious supplies of petrol. Meanwhile we learned to eke out water as much as possible: water was stored in every available vessel – pots, pans, basins, buckets, and the bath which was never used for its original purpose (!) - we just had a stand-up wash in the minutest quantity of water (about a pint), which was then fed into the toilet tank for the daily flush....I cannot comment much on the work of the hospital itself as I am not a medic and spent my time looking after the home but the staff were obviously working under very difficult conditions. However, seeds of hope emerged during this period, as new funding post-Amin saw the beginnings of the new buildings which have since transformed the hospital and also the establishment of a dental department. In times of hardship relationships go very deep. We had the joy of seeing the Lord answering prayer in supplying our needs, the joy of fellowship in tribulation. Life-long friendships were forged. Moreover John and I were delighted to welcome our firstborn in Annie Walker ward, and anticipate the arrival of our son who was born only a few weeks after our return to UK.

Our fellowship does not end there. Our youngest daughter Sian has now taken up the baton and developed a ministry in Rukungiri giving refuge to abused children. She is grateful that some members of Mengo staff are serving on her board of trustees.

Helen Anderson

COVID 19 PANDEMIC

The Covid 19 pandemic hit Uganda in the middle of 2020. Strict government controls on people restricted the spread of the epidemic. However after the restrictions have been relaxed there has been a surge in cases in Uganda recently with more positive cases being identified . The numbers still remain low compared to the UK.

If a patient tests positive while on a ventilator in the ICU at Mengo, they can continue treatment until a ventilator is available in the government Covid treatment site, then they can be transferred.

Currently the hospital has 5 ventilators but they are normally used for hospital in patients. Mengo would like to have 2 additional ventilators specifically for Covid patients. The hospital has created 3 beds for suspected Covid patients but are already overwhelmed with suspected cases and therefore need to expand space to manage at least 10 -15 suspected patients.



The FOM UK have sent £10,000 to the hospital to help their Covid fund and assist them in purchasing PPE equipment.

REPORT FROM : MENGO HOSPITAL, KAMPALA, UGANDA

Penney and Andrew Billington have links with Mengo Hospital. Andrew's father was a doctor at Mengo for over 30 years and Andrew was born at Mengo. Andrew is currently the President of 'Friends of Mengo Hospital UK'.



Each time we visit Uganda we spend a day at Mengo Hospital. In October 2019 we focussed on the School of Nursing and Midwifery; Andrew was pleased to see Meryce Mutyaba as he had known her when they were children.



Meryce Mutyaba, the Principal Tutor and two student nurses, Bonitah (left) and Eron (right).

BONITAH

Bonitah age 23, is in her 2nd year of training to be a midwife. Bonitah first had the idea of becoming a nurse at the age of 5. She comes from a village with about 50 houses in Western Uganda and is the first born of 5 children; she believes that being firstborn in a family is an advantage. Both her parents were educated at Primary level, work hard in their family business and are passionate about education. Bonitah started school at 6 spending two years in the government school in her village. After that she boarded at a school in Central Uganda. This was a big challenge for her as she did not know Luganda or English, and there were no other children from her home district. The teacher told her to keep quiet and she realised that she had to learn those languages fast. After one term she was able to participate in class! Determination enabled Bonitah to go on to take O levels and then Biology, Chemistry and Maths at A level.

Her exam results enabled her to gain a place at Mengo Hospital School of Midwifery, where she began her training in 2017. At a later stage she hopes to go on to university to gain higher qualifications.



ERON

Eron age 23 is studying general nursing. She grew up in Central Uganda and is the firstborn child of her mother. She started school at age 5 and was only 7 when her mother died; (the sadness from the loss of her mother stays with her) Not long after that she went to live with a cousin who was a nurse. Her father, who is a Social Worker, continued to pay her school fees and by the age of 10 she transferred to a boarding school with some fear in her heart.

She had already decided that she would like to be a medical person. She settled in well and went on to study Sciences at A level, thus gaining the entry requirements to study nursing at Mengo.



WHAT IS GOOD ABOUT TRAINING AT MENGO HOSPITAL?

Eron and Bonitah deliberately chose to train at a Christian hospital. They say that there is freedom to worship with 3 services a week in the chapel, a Student Christian Fellowship and Bible studies on Wednesday evenings.

They say that Mengo really cares for the nurses and patients; they receive good training with placements outside Mengo to broaden their experience when necessary. Sports facilities are also available including netball, volleyball and football.



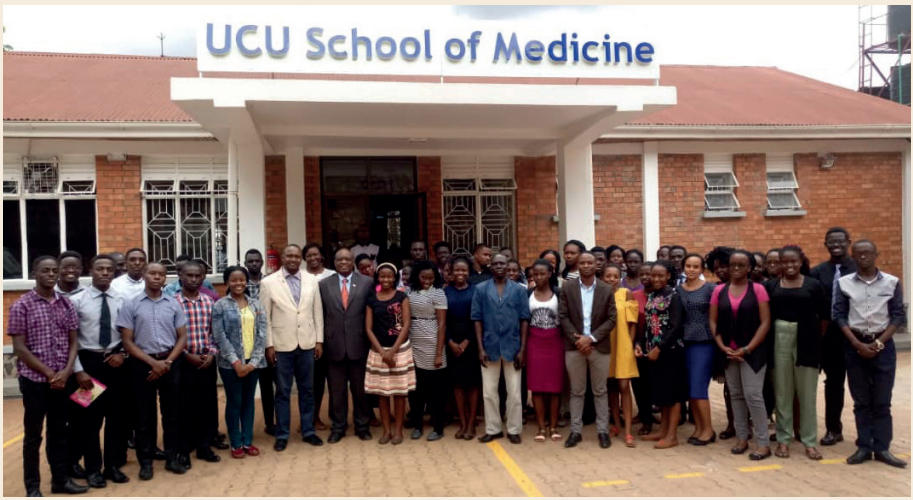
(Above) A midwifery tutorial in the school of nursing

A CHALLENGE THEY HAVE AT MENGO ...

The chapel is now too small to hold all who attend the services. Pictured here is the Chapel extension!



THE UGANDA CHRISTIAN UNIVERSITY SCHOOL OF MEDICINE (UCUSoM)



INTRODUCTION

- Uganda Christian University (UCU) - the largest faith-based university in Uganda - started in 1997.
- In 2014 the Faculty of Health Sciences which I had the honour to found opened with the Departments of Nursing and Public Health.
- A decision was made to begin a School of Medicine at UCU.
- Preparations towards this went on for over 3 years.

UCU received official Accreditation for two programmes:

1. Bachelor of Medicine Bachelor of Surgery (MB ChB)

2. .Bachelor of Dental Surgery (BDS).

APPROVAL

- Mengo Hospital received approval as the University Teaching Hospital.
- On 14 September 2018, the Uganda Christian University School of Medicine (UCUSoM) was launched at a ceremony graced by the Prime Minister of Uganda Dr Ruhakana Rugunda and the then Archbishop of the Church of Uganda, His Grace Stanley Ntagali.
- The NCHE - The National Council for Higher Education - gave UCUSoM a ceiling of 50 MBChB and 10 BDS students.
- UCUSoM has so far admitted two cohorts of students -years 1 and 2 a total of 120 students.
- At the end of the five Academic years, God willing, UCUSoM will have 300 students.
- We expect 60 students to graduate in June /July 2023.



THE UNIQUENESS OF UCUSoM

- Our school of medicine aims at training Competent, Conscientious and Compassionate health professional so as to make a difference in the Ugandan Health Services.
- Students receive clinical experience right from the onset of the training.
- The students also spend a considerable period within the community during their training where they will do their practicals.
- Another aim is to ensure gender balance during enrolment.
- Our students are from different faiths and nationalities.

(Above) Medical students during their training.



Microscopes from Leeds University in use by students (right).

A VISIT TO UK

In October 2019 The Friends of Mengo led by their Chair Dr.John Dalton and Friends of Mengo Hospital committee member Dr.Sheck Matsiko hosted the Medical Director of Mengo Hospital and the Dean of UCUSoM, in the UK.

The trip mainly involved meeting, discussing and setting up a collaboration with Leeds University. *(A full report of this visit is available.)*

Friends of Mengo UK are among our partners who responded to our call and donated Microscopes and have promised other equipment for use in Students' instruction.

A Memorandum of Understanding was developed between UCUSoM / Mengo Hospital and Leeds University to foster this collaboration.

THE THREE GREATEST NEEDS OF UCUSoM ARE:

1. Human Resources: In form of lectures of basic sciences

2. Equipment: Especially laboratory and other learning resources

3. Capital: with which to set up infrastructure for classrooms, lecture theatres, laboratories and offices.

Recent Challenges

- A visit in February by the East African Joint Medical Councils Inspection Committees found UCUSoM grossly understaffed and under resourced and recommended radical improvements to mitigate against these.
- UCU has agreed with the Regulator (NCHE) on phased but systematic interventions in response to the report.
- UCUSoM (like all other institutions) was forced to close abruptly on March 14 as a result of the Nationwide COVID 19 Lockdown.
- Although the partial easing of the lockdown has now been permitted, Institutions are still closed and it is not clear when we will open.
- However, the university management is making all arrangements to conduct most of the teaching online.
- We have also taken the matter to God in prayer.

Dr. Edward Kanyesigye MBChB, DPH (Mak), MPH (Adelaide), FAIPH

DR NED AND DR ROSE'S VISIT TO NEWARK

On the 23rd October 2019 after their visit to Leeds, we welcomed Dr Rose Mutumba, the Medical Director of Mengo Hospital, and Dr Ned Kanyesigye, the Dean of the new Medical School at Mengo Hospital to our home in Newark.



We had a very joyful week full of happy memories and laughter and our guests took the opportunity to rest after the very busy visit at Leeds.

On the Sunday we hosted a greet and meet luncheon- attended by a small group of friends from our church (St. Mary Magdalene Newark).

We were excited that Richard Oliver, FOMUK treasurer was able to join us on the day.

Peace Matsiko

NASSOLO WARD

Andrew and Penney Billington spend a day at Mengo Hospital during each visit to Uganda. On October 21st 2019 they visited Nassolo Childrens Ward and learned more about Sickle Cell Disease and met mother Sarah with her 6 year old daughter Everest on the ward.



Andrew and Penney Billington spend a day at Mengo Hospital during each visit to Uganda. On October 21st 2019 they visited **Nassolo Childrens Ward** and learned more about **Sickle Cell Disease** and met mother Sarah with her 6 year old daughter Everest on the ward.

Everest is the firstborn child of parents who are both carriers. This was her **6th admission to hospital with Sickle Cell Crisis in 10 months.** Her mother Sarah stayed with her and slept on the floor beside her bed.

Her parents have separated. Fathers often find it hard to stay and support a wife with a sick child.

Her main symptoms on admission were anaemia and acute **pain** throughout her body that was **almost impossible to control even with morphine and pethidine, and she would cry constantly at first.** The spleen is also affected in this condition and this leads to a poor immune response and increased risk of infection.

Everest's treatment has been: blood transfusion, oxygen, meds to bring down her temperature, oral morphine and pethidine, antimalarial and IV antbiotics. After 6 days Everest's pain was easing but she still flinched if her skin was lightly touched. This was the first day that she did not need oxygen. It was hoped that after 10 days in hospital she would be well enough to walk and be able to go home.

The cost of a bed per night for Everest was 25 thousand Uganda Shillings (£5)

Sarah, Everests's mother, was fortunate to receive **vocational training** through a community programme; she hires a sewing machine that she uses to make clothes and rucksacks to sell. On average she makes a profit of 20 thousand shillings (£4.70) per item. She is fortunate to have a skill to enable her to support herself and her child. We were able to give Sarah 50,000 shillings (£11) towards the costs of Everest's stay in hospital thanks to a donor.



(Above) Dr Benjamin Watyaba

Dr Benjamin Watyaba explained that it is advisable for couples to be screened before starting a family, however many children are born with the condition. There are currently 250 children with Sickle Cell Disease attending Dr Ben's clinic at Mengo and many will die before the age of 5. There is a high risk of stroke for such children. If a child has a stroke it is hard for the parents to care for the child and also earn money and the child often dies. **Sickle Cell Crisis is one of the major causes of death on the ward with 15-20 deaths a year.** Medication to prevent complications should be taken daily but some families struggle to pay for the medicines which can cost up to 30p a day.

Sickle cell disease is caused by a gene that affects how red blood cells develop and is more common in people with an African family background. If both parents have the gene, there's a 1 in 4 chance of each child they have being born with sickle cell disease. The child's parents often will not have sickle cell disease themselves as they're only carriers of the sickle cell trait.



Sarah, mother of Everest (right), who makes rucksacks to support herself and her child.

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

FROM THE ARCHIVES ...

"A tour of the hospital squatting on the side of the hill beneath Namirembe Cathedral is an unforgettable experience. Not because this is a modern hygienic miracle, all glass and chromium and smelling of antiseptic; Mengo is none of these things. But because it has a spirit which affects every ward and every office, every road and classroom . Everyone you meet, from the matron to the youngest student nurse, believes implicitly in the work she is doing. In an age which tends to be ashamed to mention faith Mengo Hospital is a revelation."

Extract from an article for the Diamond Jubilee in 1957.

We pray that any visitor to the hospital today might still find this true.

NOTES ON THE HISTORY OF MENGO HOSPITAL BY MAUD BUDD



The Mengo Medical Mission of the Church Missionary Society began with the arrival of Dr Albert Cook and Miss Catherine Timpson, nursing sister, on Namirembe in February, 1897.

The first Mengo Hospital was opened on 14 May 1897. Sir Albert tells us that the first hospital consisted of two reed houses with thatched roofs and mud floors. The bedsteads were made by having four palm poles sunk firmly in the ground, with longer pieces for the sides, the mattresses were made of byai (dried leaf sheaths of the banana). One house was for men, the other for women; and at first each bed was surrounded by barkcloth curtains; a fireplace occupied the centre of the floor; the windows were large apertures which could be closed by reed shutters.

Those who knew Albert Cook will not be surprised to hear that careful notes were kept of all the inpatients from the very first; and these notes can be seen today in Mengo Hospital.

Patients needing operations were amongst the first and so operations began; the first operating table was a camp bedstead, the instruments for sterilised in a saucepan and put into disinfectants, vegetable dishes or soup plates. In spite of difficulties in equipment, shortage of drugs and lack of helpers, inpatients and outpatients by their hundreds were successfully treated; and so began the work which was to spread over the whole Protectorate.

In his forward to a Albert Cook's " Uganda Memories ", Lord Lugard says: ' In 1900 the marriage of Dr Cook and Miss Timpson inaugurated an ideal partnership. Together they were able to undertake long journeys to the extreme frontiers of the Protectorate illustrating their own motto that:

"Christianity is not a creed to be learned but a life to be lived".

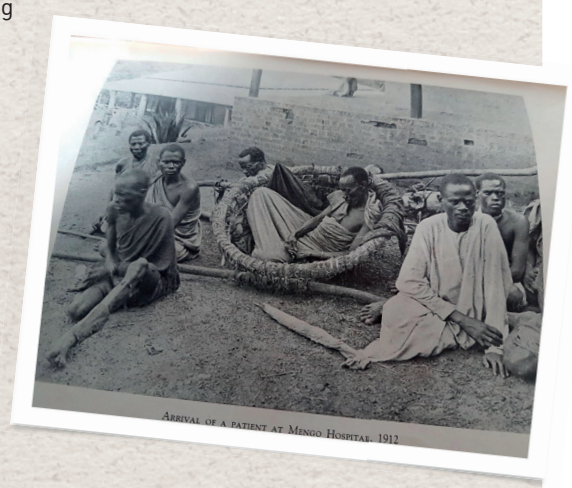
As Dr Roy Billington said at the Mengo Hospital thanksgiving service in St Paul's Cathedral, Namirembe, last year, ' From the first days the hospital has been a place where patients and others could find help for both body and spirit ... we want to show the love of Jesus to others in practical ways'.

Though there have been many ups and downs difficulties and mistakes, yet, through all, the keynote of the hospital has been the service of others for the love of our Lord Jesus Christ.

In the early days of the hospital the country was very unsettled and for years there was fighting of some kind going on. So many bullet wounds had to be treated as well as all the usual cases.

In September 1899, Dr Jack Cook, another brilliant man, joined Dr Albert and together the two brothers made the name of Mengo Hospital famous throughout East Africa.

In May 1900 the second Mengo hospital was opened. This time two wards of 25 beds each. The walls were mud and wattle, a thatched roof with a beautifully reeded ceiling. This hospital was struck by lightning on 28 November 1902 and burned to the ground. Two years later to the very day the third Hospital opened. In the present general wards that hospital is still seen.



First transport to Mengo 1912

NEW BLUE LIGHTS AT MENGO!

Anyone who has visited Kampala will know that the roads in the city take a heavy toll from vehicles trying to negotiate the deep potholes.

The hospital needs to replace their elderly ambulance and I am pleased to report that FOM UK have been able to fund the purchase of a reconditioned Toyota Hiace ambulance. This will provide patients with a well-equipped ambulance to transport them to Mengo Hospital for treatment.



WATER - A VITAL COMMODITY

There is a mains water supply connected to the hospital but the supply is unpredictable and quite expensive. Mengo have for a long time relied on spring water from a well some way down Namirembe Hill.

Two pumps in a small pumphouse pump water up the hill to fill large metal water tanks in the hospital grounds. Distribution pipework then supplies the hospital wards and other buildings in the hospital. The spring water is regularly sent away for testing at a laboratory.

About 50% of the water supply to the hospital is from the spring water and 50% from the mains.

All the equipment used to supply the spring water to the hospital is old and the pumps have been breaking down regularly. The old metal pipework has corroded causing regular leaks and the water tanks are also leaking.

Friends of Mengo UK were asked to help with supplying two new pumps and repairs to the pipework and water tanks. After receiving estimates from the hospital management for the work we have sent £54,802 to the hospital to have the replacement pumps installed and other improvements carried out.



GORDON ALEXANDER DYCE-LAVY 1924 – 2019



Gordon (on the right) with Roy Billington worked at Mengo between 1958 – 1965.

He was destined for a career in mission service. His father Ernest Edward Lavy started his life as an Arabic speaking missionary in Baghdad, then trained in medicine and served in the North West frontier of India before partition. Sadly his first wife died in Peshawar in childbirth and Ernest returned with his new wife Dorothy to Nablus (Shechem) in Palestine where Gordon was born.

He was named after Gordon of Khartoum and Alexander the Great. He excelled at Shirley House prep school in Watford, then Seaford College Sussex before winning a place to read medicine at Emmanuel College Cambridge. He took junior hospital posts at Gravesend and Norwich before his FRCS. His marriage to the Patricia Ward, a Barts nurse and midwife strengthened his calling to serve God wherever they were both needed. He and Pat felt called to Uganda in 1958 and they served there for 7 years, Gordon as the hospital's surgeon and Pat as homemaker, counsellor, mother to 6, and friend to many.

He felt most fulfilled at Mengo where he was part of a dedicated team serving the poor with high quality surgery. The educational demands of a growing family prompted a return to UK in 1965 and he took a senior registrar post in Aberdeen where his great grandfather had been senior surgeon. There his last child Harriott was conceived and he was appointed consultant surgeon in Tunbridge Wells in 1967 where he lived until the Lord called him home.

Gordon was a wonderful father to us seven children. He prided himself in not keeping up with modern fashions, not knowing exactly what schools we were at, what A levels we were doing, not coming to any of our school matches, or understanding the difference between fax, email, messaging and tweeting. He was however a father who demonstrated a love for us, a personal love for Christ, and a life of service to his local church and for the needy worldwide. Five of his children followed him to Barts, three as fellows of the Royal College of Surgeons. Two subsequently left the rigorous demands of surgery to do eyes and ENT but he was gracious enough to understand.

He was one of Gods faithful servants. He was lay reader at his local St Peters Church and supporter and counsellor to many. He will be deeply missed by us all but we rejoice that he is home at last in God's presence.

THANKS FROM MENGO

Whenever I have visited Mengo I am always asked by the nurses, doctors and medical staff where I am from.

When I tell them that I have come to visit as a supporter of the Friends of Mengo UK they are full of thanks for the small things the Friends have done in their department and the hospital.
We are considered good and loyal friends.
Dr Rose the medical director recently asked John Dalton ,who was visiting the hospital to convey her thanks to the Friends of Mengo UK in the strongest terms for continuing to take an interest in Mengo and for supporting Mengo both financially and in other ways. She requested that John conveyed this to you all.
Clive Kennett

JOHN WHITLOCK 1930 – 2020



It was in 1964 and due to an emergency that John was transferred to Mengo Hospital by the Church Missionary Society to take up the post of Administrator for one year.

Then after furlough in 1967 he returned to Mengo Hospital to use his military Radiography training to set up the X-Ray department.

It was during the third tour of Uganda in 1970, that political unrest took place, when still based at Mengo Hospital, John's brief was to visit many other church hospitals in Uganda, Ruanda and Burundi. This was to advise and share his paramedical training in pharmacy, radiography, microbiology and as treasurer for the Protestant Medical Bureau.

In March 1973 on the advice of both the Church Missionary Society and the British High Commissioner, John, Shirley and Rachel left Uganda. John's position in the country had become untenable with Amin's Secret Police due to his travelling and fluency in four Ugandan languages.

Back in the UK, John worked in retail pharmacy, initially with a small family business and latterly setting up his own businesses. He worked as a locum pharmacist well beyond his retirement.

John leaves 3 children: Peter, Daniel and Rachel. Nine grandchildren and one great grandson due 31st December 2020.

Peter Whitlock

John competently held the position of Treasurer for FOMUK for many years before passing it on to our current treasurer Richard.

TREASURER'S REPORT

For the year ending 31st March 2020

Total Income:

£92,314.26

(Including three posthumous donations totaling £76,320 which were very gratefully received)

Total Expenditure:

£11,467.39

(but see note below re funds sent in October 2020)

Three payments to Medical Aid International for the purchase and shipping and installation at Mengo of delivery beds, microscopes and various medical items totaling **£10,490**.

Administration and Publicity expenses (Total: £977.39): This included support for the UK visit of Dr. Rose and Dr. Ned Kanyesigye, bank charges, Mengo Notes printing and postage plus costs to maintain our website.

We have already taken advantage of some of this funding by sending the hospital £88,086 to top up the emergency Covid fund for vital PPE and handwashing facilities, to upgrade the important water delivery system from a local natural spring and purchase a reconditioned ambulance. The hospital received these funds on 26th October 2020 and we will report back on these projects in the next edition of Mengo Notes.

The Friends of Mengo Hospital UK thank you wholeheartedly for your support in the hospital's endeavours. We are particularly thankful for the thoughtful and caring legacies that have boosted our donation income radically this year.

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 or email John Dalton at **jawd2@cantab.net**. 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 FOMH 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 last four tax years**. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Using Gift Aid means that for every pound you give, we receive an extra 25% from the Inland Revenue, helping your donations go further. This means that £10 can be turned into £12.50 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.

giftaid it

Completed forms should be sent to: Friends of Mengo Hospital UK, 18 London Road, Great Shelford, Cambridgeshire, CB22 5DD or you can scan this form and email it to our Treasurer, Richard Oliver, at *oliver47@virginmedia.com.* 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

- **join our mailing list**
  Send an email to John Dalton - **jawd2@cantab.net**

- **donate by post or via our website**
  Please make cheques payable to Friends of Mengo Hospital or make a BACS payment direct to our CAF bank account – details overleaf. There is also a gift aid form overleaf.

- **set up a regular payment**
  Simply fill out the standing order mandate overleaf.

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

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