Mengo Notes

WINTER 2022 / SPRING 2023

125 YEARS CELEBRATORY ISSUE

MENGO HOSPITAL



WE CAN MAKE A BIG DIFFERENCE!

WELCOME TO MENGO NOTES 2022

Dear Friends,
Welcome to another edition of Mengo Notes. As ever, I hope you are encouraged by the great number of exciting developments taking place at Mengo Hospital. A lot has happened since the last edition.



To begin with, I must thank Andrew Billington for his longstanding and dedicated service to FOMHUK. He encouraged me to join the committee back in 2009 and take over from him as Chair in 2011. He has played an invaluable role as President, providing sage advice and a constant support for me and the rest of the committee. He has decided to step down as President as you will read later. His presence on the committee will be greatly missed but I know he, as well as his wife Penney, will continue to maintain an interest in Mengo.

I must also thank Raymond Wood who has decided to retire from the committee. He has continued to serve Mengo since his retirement (see Mengo Notes Autumn 2011) and continues to visit Mengo periodically. His legacy of the laboratory training school is something of which he should be very proud, and I'm pleased to read his latest positive report from the lab.

Sadly, I have not had the opportunity to visit Mengo since March 2020, but I hope that 2023 will be a year when this becomes possible again. I'm so enthused by the vast amount of positive activity that is taking place both at Mengo and in terms of visits which have taken place including the recent visit of Dr Henry and Dr Billy to the UK. You will read more of this later, but I must say that it was a pleasure to host these old friends in Leeds and I know that there is a growing enthusiasm for Mengo from an ever increasing body of people in Leeds, spearheaded by Dr Helen Please, Mr Adam Peckham-Cooper and Professor Giles Toogood. Thank you for your interest in Mengo and for providing such staunch support. I'm a great believer in the power of partnership and I look forward to seeing the relationship between Mengo and Leeds continue to develop to the benefit of both parties.

A few weeks ago, as a leak was sprung somewhere underneath the delivery suite and water dripped through the ceiling of my office at work, I was struck by the similarities between Uganda and the UK. Not only must we not take water and plumbing for granted; there are many similar challenges in medical training too, for example. Surgical training in the UK is under pressure and simulation, especially since Covid, plays a key and increasing role in preparing surgeons to master their craft. It's great to see cutting edge surgical training being developed at Mengo too and the selfless ambitions of the staff at Mengo to constantly strive to improve their services. I know we will read more about this in the current and later editions of Mengo Notes.

I want to thank the entire committee for their hard work and enthusiasm despite having busy lives. In particular, I'd like to thank Clive Kennett and Peace Matsiko for the really tough job of editing Mengo Notes and for being so patient while the articles come in. Thanks too to all contributors for producing yet another fantastic edition of Mengo Notes. But finally, and most of all, I must thank you, our friends and supporters for your generosity and prayer which helps the work of Mengo to continue. It really does make a difference and without your support, these exciting and worthwhile projects are impossible. Please do spread the word and pass on this small but vibrant publication to friends who you think may be interested in learning more about Mengo. I hope you enjoy the read.

John Dalton
Chair, Friends of Mengo Hospital UK

MENGO HOSPITAL - 125 YEAR CELEBRATIONS

This year Mengo hospital celebrates 125 years of Christian Medical Witness and pioneering medicine in Uganda and East Africa. Helen Please, a doctor from Leeds joined in the celebrations.

This was my first visit to Mengo Hospital or Uganda (having worked previously in East Africa in 2008 in Tanzania) and it was an enormous privilege to be there during some of the 125 year anniversary celebrations. One thing I quickly realised about Mengo is that the staff are extremely proud, and so they should be, of the history of the hospital. The story of the Kabaka's invitation of missionaries to the Buganda Kingdom in the form of a

letter to Queen Victoria is quite extraordinary. As is the response of young men and women who chose to commit their lives to unknown people in an unknown land, inspired by their faith in God and their desire to respond to His and the people of Buganda's call. I have found it quite humbling to reflect on, when we think of how self-motivated many cultures and people have become in modern times.

It didn't take long living and working at Mengo Hospital to become proud of the



history myself, and I'm certain other visitors have also previously assimilated a great deal of Mengo pride. I quickly realised that many people in the bustling city of Kampala know of Mengo as a centre of excellence (especially for their renowned eye and dental departments) but are often unaware that Mengo is the oldest hospital established in East Africa. The 125 year celebrations were the ideal platform to showcase both the history, and the modern excellence of the hospital to the public.



The first celebration I was aware of was a special thanksgiving ceremony at Namirembe cathedral. This enormous cathedral is a stone's throw from the hospital, on the top of the famous hill that Sir Albert Cook set up his first clinic 'under a tree'. It can be seen from miles around, and has very impressive architecture and peaceful grounds. The day started early with a huge parade through the streets around the hospital. The streets of Kampala are hectic at the best of times (which is certainly an understatement), so I was intrigued as to the logistics of walking on the roads during the busy hustle of the day.

A huge group of us gathered at the Mengo blood bank and were organised by the PR manager into an orderly procession. In the lead was an ambulance with lights flashing to clear the way; next came a group of senior staff led by the Archbishop of Uganda, with members of the hospital leadership; then came a huge banner heralding 'Mengo Hospital @ 125 years, Pioneer of Medicine in Uganda, "Mengo cares" carried by staff; then a large group of doctors, nurses, dentists and other healthcare staff; next a group of medical students from UCU; and finally a local brass band in full uniform playing with much volume and gusto.

Many of us were wearing our new bright white '125 years of Mengo' t-shirts printed for the occasion. I walked with Dr Ken Chapman (then Head of Dental Department), who is one of the longest standing members of the hospital staff, and throughout the day enjoyed his many stories reflecting over the years he has worked here. It was quite a sight, and very celebratory with its pomp and circumstance.







I've never experienced something like that procession before. The public were excited to see the parade, with whole schools of children running to their gates and waving, and many standers-by stopped their work and came out of their workplaces/homes to cheer and clap.

We snaked our way down from the hospital onto the 'Royal Mile' connecting the Kabaka's Palace and Parliamentary Building, walking past the large statues of clan totem animals. We completely stopped the traffic for the most part! The frantic and unpredictable nature of Kampala roads made the parade quite challenging at times, with many determined boda drivers (motorbike taxis) ambitiously trying to squeeze between the side of such a large mass of people and the edge of the roads.

The brass band seemed to have no end of energy, with the band leader delivering short performances at every major traffic junction. These involved much spinning and throwing of his baton, accompanied by blasts of the trumpets and the booming drums from his troop bringing up the rear of the procession. It had a wonderful feeling of pomp and celebration, if not slightly dangerous moments of opposition from traffic and bodas.

After much walking we arrived at the cathedral to be greeted by even more people arriving to celebrate. It was clearly a very prestigious event which had months of planning behind it. A plaque and a painting of Sir Albert Cook were ceremonially unveiled by the Medical Director prior to the service.

The subsequent cathedral service had a much calmer and reflective feel by comparison, although there was also much celebration mixed in. I had not been inside the building before, which is incredibly spacious and beautiful, adding to the grandeur of the event.

The entire event was publicised on national television, with cameras setup throughout the cathedral. A Mengo choir had been formed for the occasion, which I knew had been having regular practices after our weekly Monday chapel services.

I had only managed to attend a few of these myself, so decided to sit with the congregation to enjoy their singing. The choir was led by some very spirited individuals who reminded us all of the God which Mengo was set up to serve, and the joy of celebrating so many achievements over the year.

The Medical Director of the hospital Dr Rose Mutumba, and the Archbishop of the Church of Uganda Stephen Kaziimba spoke powerfully of the history and impact of Mengo, and its firm foundations in Christian faith.

Many of the achievements and hardworking people of the hospital were commemorated, including the heads of each department. I was delighted to discover that there is a special 'Albert Cook' song which was to be performed in Luganda, celebrating the life and work of that missionary and his wife. It was sung beautifully by 3 student nurses and 2 staff members of Mengo Hospital. Following the service many photos were taken, and then we enjoyed a special lunch in big marquees within the grounds of the Cathedral. The food was excellently prepared by Namirembe Guesthouse, which has a longstanding relationship with Mengo Hospital, and all the usual 'foods' of matooke, posho, cassava, sweet potatoes, etc. were enjoyed.

The celebrations continued throughout 2022, with a documentary made of Mengo Hospital; the medical Expo which attracted huge numbers of patients from Kampala and the surrounding areas; and more events planned towards the end of the year. Mengo has much success and longevity to celebrate, and they are doing so in a very fitting way. Let's pray Mengo has another 125 years (and more) of medical excellence, provision of compassionate care, and diligent service to the people of Uganda.

Helen Please
Surgical Trainee, Leeds/Oxford



Mengo Hospital Medical Director, Dr Rose Mutumba and Mr. Kiboneka the Board Chairman of the Hospital hand over a dummy cheque of Ugx 20 million as the Hospital contribution to Church House.

UK TRIP ...

Dr Henry Luweesi and Dr Billy Ndiwalana, Heads of Department of Surgery / Obstetrics / Gynaecology at Mengo visit the UK.



This trip involved visiting three places in UK: 6 days in Brighton where we participated in Virtual Reality conference as part of faculties, 4 days in Leeds on benchmarking and Strengthening Mengo-Leeds collaboration and 3 days in Newark where we benchmarked Grantham community Hospital.

BRIGHTON

VRiMS (Virtual Reality in Medicine and Surgery) course: This course was about demonstration of virtual reality as a way of improving surgical skills and competence of surgeons and trainees. Demonstration of lifesaving emergence surgical and obstetrics procedures were done on cadavers and these were filmed in real time across the globe. A centre of this virtual reality course was organised at Uganda Christian University School of Medicine (UCU-SoM) Mengo and at ACE Makerere where Ugandan participants attended in person using 360 degree VR headsets.

This is an upcoming mode of teaching where the trainer and trainees meet virtually to upscale surgical and medical skill acquisition.

Dr Henry Luweesi HOD surgery and Dr Billy Ndiwalana HOD Obs/Gyn were faculty in this course. We shall have access to these archived procedures for training and surgical skill enhancement.

LEEDS

We were invited to Leeds by John Dalton, for a 4 day visit funded by FOMHUK in order to strengthen the Mengo-UCU-Leeds partnership and to meet Professor Giles Toogood head of the Leeds Institute of Emergency General Surgery (EGS) and the rest of their team at Leeds Teaching Hospitals.

This interaction involved:

- A number formal and informal meetings with EGS team members discussing issues of Mengo-Leeds collaborations.
- Developing collaborative ideas and developing personal relationships with surgeons and obstetricians / gynaecologists in Leeds including two welcome dinners hosted by John Dalton and Giles Toogood which were relaxed and fun occasions.
- Visiting and training in laparoscopy simulation laboratory.

Discussions tailored to strengthening Mengo-Leeds collaboration. Areas of collaboration emphasized covered the following areas;

- Laparoscopic surgery. Help in setting up a laparoscopic simulation lab for training and acquiring Laparoscopic tower (stack) in Mengo Hospital. The Leeds team has promised support in this area.
- Clinical knowledge sharing through combined journal clubs, minirounds and individual exchange of experiences through virtual means.
- Nursing collaboration between Mengo and Leeds. Nursing exchange will help us improve our nursing care.
- Research collaborations in clinical medicine.
- Mengo-Leeds Exchange programs. This will partly involve mini surgical camps in Mengo.



NEWARK/ GRANTHAM

Lastly, we were hosted for two days by Dr Shek Matsiko and Peace his wife, both FOMHUK committee members at their home in Newark. We had a guided full day tour of Grantham Community Hospital for benchmarking purposes.

Learning Points:

- Remote learning (VRiMI) is a new technology we need to develop. This is the future.
- Patient safety at all levels of care is paramount: many safety checklists at every level of care within the hospital.
- We can improve the hospital information system to incorporate all units like Radiology, theatres, link OPD with IPD patient care information.
- Specialised nursing care.



Current and future outcomes of this uk visit:

- MENGO-LEEDS journal Club started. This is a monthly program where we identify a clinical paper and critique it. This will help adopt a full clinical evidence based care.
- Laparoscopy development in Mengo. Some steps are already underway. We have realised that we need to set up training facility to ensure adequate skill before full introduction of laparoscopy services. In this line, together with Leeds Emergency General surgery team we are applying for a grant to help set up laparoscopic simulation laboratory. Our dream is to have Mengo Hospital as one of the regional training centres for laparoscopic skills.
- It is hoped that FOMH and the Leeds team may be able to arrange purchase and shipping of quality laparoscopic equipment to be used at Mengo.
- We are continuing to ask our friends in Leeds General Surgery team to continue strongly in this collaboration. We intend to invite interested consultants to visit us in Mengo for skill enhancement through preparing mini surgical and gynaecological camps. In this line we expect to host one colorectal consultant in August 2022.
- More Leeds undergraduate medical students are coming to Mengo for their electives this summer.

We want to thank the following people who helped us a lot in this journey:

- VRIMS-GASOC a UK based charity which sponsored us. The sponsorship covered visa costs, return air ticket and full accommodation while attending the UK VRIMS-GASOC conference at University of Sussex, Brighton.
- FOMHUK for the Leeds trip facilitation
- Prof Giles Toogood and entire LIEGS team for warm welcome at Leeds Teaching Hospitals and all the benchmarking meetings in Leeds. Also thanks to Prof and Dr Toogood for a wonderful dinner at their house.
- Dr Rose Mutuma, MD Mengo Hospital and Hospital Management for the Per diem given to us and other support.
- Dr Helen Please who worked tirelessly to ensure UK Visas are obtained in the short period, for all collaborations she influenced at Brighton and Leeds. She is also appreciated for the recommendations she gave us for the VRiMS-GASOC scholarships.
- Mr John Dalton, Chair FOMHUK for his long-standing friendship, warm welcome to Leeds, for connecting and introducing us to EGS team and to make sure that our stay at Leeds remain memorable.
- Dr Shek Matisko and Mummy Peace for hosting us at Newark, guided Grantham community Hospital tour for benchmarking purposes.
- Colleagues in our departments at Mengo who covered us for duties while away.
- Our families who prayed and supported us in this trip.

Dr Henry and Dr Billy

THE WATER OF LIFE

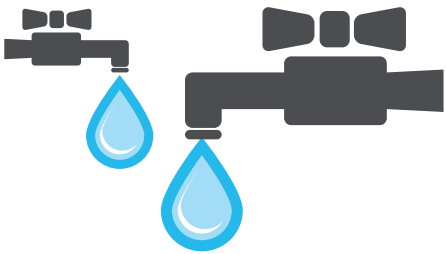
As mentioned in the last Mengo Notes, "water is a pretty important commodity for the hospital." I am sure we can all concur with this statement after the long hot and dry summer we have experienced this year.

A recent report and communication with the hospital established that the hospital requires 250,000 litres per day including 50,000 litres required as a reserve. This has recently increased with the establishment of the Dialysis Unit at Mengo Hospital in February 2022. The National water grid supplies an average of 80,000 litres per day (24 hours) under normal situations, leaving a deficit of 170,000 litres, which must be sourced elsewhere. However, national water supply has also proven to be unreliable, at times reducing to less than 24,000 litres in a day.

The spring water supply, which used to deliver 100,000 litares daily, is currently providing no water (since July 27th, 2021) because of the low water levels and encroachment caused by FIFA/FUFA (National Football Association) developments within the water catchment area. This problem has previously stalled progression, but recent agreements have been completed to ameliorate this.



The pumping shed and spring.



Pumping equipment for the spring water

Rainwater capture is available in the rainy season with some surface water tanks collecting rainwater from the roofs of buildings on site and underground tanks for storage. However, these are currently insufficient with only two plastic water tanks of 24,000 litres each and one steel tank of 40,000 litres making a total water storage of 88,000 litres. This capacity can only serve the Hospital when there is a constant supply of water. Also, following the breakdown of the water spring source, a single 4000 litre steel tank, which used to store water from the spring, was diverted to solely storing water from the National grid.

The current solution is to purchase water delivered in 10,000 litre trucks on a daily basis. An average of 6 to 8 trucks are required every day with this increasing if the national supply is interrupted. In the period between July to December 2021 this amounted to USD $36,900 (£30,187).

Proposed way forward towards addressing the Hospital water challenges:

The capacity of 250,000 liters of water needed to effectively run the Hospital can only be achieved at a relatively low cost with the upgrade of the spring to a borehole source.

The borehole project will consist of the following.

- **Borehole drilling**
- **Placement of a heavy duty submersible pump**
- **The full upgrade of the water delivery pipeline from the spring**
- **The purchase and installation of an additional steel water reservoir with a future proof capacity of 750,000 litres**

Last year the Procurement Department outsourced for bidders to undertake the borehole project. The drilling of the borehole was anticipated to cost USD $14,065 and a submersible pump costing USD $19,691 which brings the total project cost to USD $33,756 (£27,614). However, owing to the stalling of this project and the probable increase in prices these costs will be more.

The Hospital currently holds £30,948 for this endeavour with further funding available for the required uprating of the delivery pipework and water storage. We therefore hope for a more cost-effective water supply and delivery outcome in the near future.

The spring water is also currently accessed by the community (see photo) and the Hospital will put in place mechanisms for the community to continue utilizing the facility even with the construction of the borehole.

Richard Oliver

WHERE YOUR MONEY GOES



Administration costs and publicity - average ***(3%)***

Donations to Mengo hospital to treat the sick people of Uganda (97 %)

97 % of your donation helps Mengo hospital to treat the sick people of Uganda. Administration costs account for an average of just 3% of the money that we receive and donate to Mengo Hospital. *(Oxfam spends 17% of its funds on fund raising and admin, 17% is quite common with other charities).*

We keep our costs very low because nobody is paid to be on the committee, nor do they receive 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 25% extra if you are a UK taxpayer (a £10 donation becomes £12.50). Just tick the box on the form (page 29) 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!

VIRTUAL REALITY SURGICAL TRAINING

By Doctor Helen Please (Surgical Trainee, Leeds/Oxford)

Demonstrating Virtual Reality headsets.

I have had the privilege of working at Mengo Hospital for the last 6 months as a resident in General Surgery. During this time I was involved in running a cutting-edge virtual reality surgical training program across Uganda and the UK, which was broadcast internationally. Mengo was one of the key collaborators in this multi-institutional initiative, which was a great success.

This was the first time an educational conference of this nature has been organised cross-continentally, and as such it was a highly ambitious proof-of-concept. It involved intensive planning, international and cross-specialty collaboration, and generous engagement from a number of key stakeholders.

"A novel way of joining the surgeon at the operating table"

As a surgical trainee in the UK, I first experienced virtual reality from the comfort of my own home, whilst attending a virtual surgical conference during the COVID pandemic (when in-person conferences were prohibited). Virtual reality is a technology which enables the user to experience a recorded or computer-generated 360-degree environment via a headset/digital glasses. This usually comprises of visual and audio input, but can include other senses i.e. tactile/ smell. Depending on the complexity of the virtual reality system, the user can observe or interact with the environment in a way which simulates real-life interactions.

For my first experience I observed an operative educational session from the VRiMS (Virtual Reality in Medicine and Surgery) library, in which the steps of a surgical procedure were taught using a cadaveric specimen (filmed at Brighton and Sussex Medical School). It was aimed at the level of a UK surgical trainee, filmed using 360-degree cameras, live-streamed to an audience of surgical trainees, then stored in a library for later viewing by other surgical trainees.

" My instant thought was .... enormous global potential."

I was inspired by what I saw - a novel way of joining a surgeon at the operating table from the comfort of my own room. Furthermore I was able to get zoomed in perspectives, pause, rewind, rewatch at leisure, and in the instance of live-streaming I could also ask questions and get responses in real-time.



My instant thought was that this medium has enormous global potential, particularly in resource poor or rural settings. Having previously worked in a number of low- and middle-income countries (LMICs), I have seen the disparate lack of post-graduate surgical education resources, thirst for training, and desire to connect to surgeons in more resourced settings. Virtual reality seemed to offer an innovative solution with future potential for bi-directional learning.

"Live streamed to doctors in 43 countries for free."

I contacted the creator of VRiMS Prof Jagtar Dhanda (Maxillofacial consultant surgeon), who I was delighted to find was already considering how to share his resources with a global audience, particularly those in LMICs. We discussed the need for bespoke content tailored to a low-resource content, and developed a vital collaboration with UK-based trainee organisation GASOC (the Global Anaesthesia, Surgery and Obstetric Collaboration). Through this collaboration in July 2021 we ran a single-day 'Global VRiMS' pilot conference, focussing on the Bellwether procedures (essential life-saving surgical procedures: C-section, fixation of open fracture, emergency laparotomy). This was delivered by a combination of faculty from the UK (in-person), and LMICs (remote), including the chairman of FOMH-UK Dr John Dalton (O&G Consultant). The content was live-streamed in real-time for free to doctors globally, with engagement of delegates from 43 countries (including 26 LMICs).

LEAD SURGEONS FROM MENGO HOSPITAL INVOLVED

I had already decided to go to Mengo Hospital for 6-months to gain surgical experience in Africa, and following the success of our first Global VRiMS, this seemed the perfect opportunity to launch a larger virtual reality educational conference. So we made ambitious plans to run in person conferences in parallel in Brighton, UK, and Kampala, Uganda. We gathered a strong team of experts across major surgical specialties most relevant to LMIC hospitals, and started designing a 4-day program for July 2022. The lead surgeons on the project from Mengo Hospital were Dr Henry Luweesi (head of General Surgery) and Dr Richard Billy Ndiwalana (head of Obstetrics and gynaecology at the time).

We were delighted to be able to secure funding through VRiMS and Saving Faces (a UK charity) for both of them to fly to the UK to teach as in-person faculty on the course.



The program design was based on the WHO global burden of disease (including topics in general surgery, orthopaedics, neurosurgery, obstetrics, and gynaecology). Input was sought from Ugandan specialist surgeons, trainees, and rural/remote general partitioners, to create content bespoke to the Ugandan setting. We secured funding (including from Saving Faces) for 10 scholarships for East African surgical trainees/doctors to attend the UK course in person; and advertised free virtual attendance to surgical/medical doctors, trainees and students globally.



The cardboard headsets used with a personal smart phone.

BRIGHTON / KAMPALA /GLOBAL

This hybrid event therefore had 3 modes of access for delegates from LMICs:

1. In person attendance to Brighton conference for hands-on cadaveric surgical experience with the VRiMS Global Health scholarship (9 East African scholars, 2 faculty from Mengo)
2. Attendance in Kampala for VR experience using cardboard headsets (these cost between £7 & £10 each). Hosted across two venues: UCU (Ugandan Christian University) School of Medicine, and the African Centre of Excellence (ACE) at Infectious Diseases Department (IDI), Makerere University
3. Remote access from any location globally by accessing the live-streamed 360-degree videos on smartphone/laptop

In order to make this project a reality, we engaged a number of collaborators across the UK and Uganda. In addition to Mengo, UCU, ACE/IDI, we also involved the College of Surgeons of Eastern Central and Southern Africa (COSECSA) and the Association of Surgeons of Uganda (ASOU). We presented our initiative at the annual ASOU AGM in advance of the conference. It was exciting to have support from so many different groups, and this was key in recruiting delegates to both the UK scholarship experience and the Kampala conference.

More than 130 applications were received for the travel scholarships, and the successful scholars were chosen through a rigorous process. This prioritised: East African doctors who serve large populations in remote/rural areas; and strong local teaching practice alongside their clinical work. This selection was to maximise the chance of scholars' acquired skills being shared with other doctors and used in areas that lack post-graduate opportunities. 10 scholars were selected; 9 successfully receiving their visas and attended the conference in person in Brighton; 1 scholar attended the course in Kampala.

Cardboard headsets and personal smartphones

At the Kampala event cardboard headsets were provided (donated by Medical Realities), and delegates used their personal smartphone to access the live-stream of the course. A trial run had been conducted at each venue with medical students, with positive feedback and useful troubleshooting. For each of the four conference days a mean average of 21 delegates attended, involving a total of 79 individuals over the 4 days.

UK and Ugandan collaboration

The success of this project is a testament to the strong collaborative efforts from UK and Ugandan institutions and individuals. It is a proof that the concept is feasible, and has enormous potential expansion into future medical educational work in LMICs.

Analysis of the impact of the course is ongoing, with hope to publish the results in due course. VRiMS and GASOC have plans for future conferences at other locations, and continued involvement of Ugandan surgeons will be paramount in continuing these ventures. In terms of Mengo Hospital's input and experience, we are pleased to have built on the collaboration with UCU SoM, as well as building links with specialist virtual reality/bioinformatic academics at Makerere University and surgeons at Mulago Hospital. Furthermore, the 2 Mengo faculty were key in the program design and delivery and built on their scholarship opportunity in Brighton by organising a visit to Leeds to further build the growing Leeds-Mengo surgical collaborative.

Featured on National Ugandan TV

Finally, the excitement of the virtual reality training venture was captured as a feature story for NTV (National Ugandan Television), aired in April, with interviews from myself, Dr Luweesi, Dr Ndiwalana, and the head of ACE at IDI Dr Jiingo. It was exciting for the field of surgery in Uganda, as well as each institution involved (including Mengo) to have such a prominent spotlight on our work.



Editor's Note:

- With only 200 surgeons in Uganda for a population of 45 million people, VRiMS is an important tool for improving skills for health professionals in cities, towns, remote medical facilities and hospitals throughout Uganda.
- The cardboard headsets cost between £5 and £10 pounds so should be affordable by most medical facilities throughout Uganda. All the trainees need is their smart phone to join in this innovative surgical training.

HOMEMADE SCRUBS FOR MENGO



When a local UK based group of dedicated sewists started producing scrubs for local hospitals during the Covid pandemic, it seemed fortuitous to be offered some of their excess production to send to Mengo.

They have produced over 5000 sets from contributed fabric, including used duvets, and supplied hospitals such as Addenbrookes and Papworth.

Having received 20 sets of scrubs, expertly sewn and brightly coloured, the task came to pack and send them out to Uganda. This proved slightly more complicated than originally thought but with perseverance they were dispatched in August 2021 and arrived about 10 days later.

The procurement officer, Sr. Prossy Kibuuka, had them expertly embroidered with the hospital logo and distributed to the General Operating Theatre and the Eye Theatre. She commented as follows:

"The donation of 10 pairs of scrubs were well received by our theatre teams. These appealed more to the nurses as these like the flowered as opposed to doctors who prefer the plain ones.



They were distributed to 2 theatres that is; 6 pairs with their head caps to the General Operating Theatre, famously regarded as GOTH, and 4 pairs to the Eye Theatre. All these were well engraved as a way of accountability.

The teams received the scrubs with delight, and we are indeed grateful, however we couldn't satisfy all since they were limited in number.

As Mengo Hospital, your kindness is to us is immeasurable. Looking forward to further collaborations."

Richard Oliver

VISIT OF DR BILLY NDIWARANA RICHARDS AND MR. HENRY LUWESI (MENGO HOSPITAL) TO NEWARK AND GRANTHAM HOSPITAL, MAY 2022

Peace and Shek Matsiko, committee members of FOMUK write:

- **Our aim has always been to provide rest and refreshment for friends from Mengo**
- **visiting the UK.**
- **It is always a wonderful privilege that we enjoy as a family.**

The doctors arrived on the evening of Thursday 5 May. The next day, I showed Billy and Henry around our town and then attended a coffee morning fundraiser for Dementia UK organised by friends at a local church in Newark.

At the coffee morning some of our Newark friends got to hear about the work the doctors are doing at Mengo Hospital.

Our Mayor, Lisa Geary was very glad to meet Henry and Billy.

Henry and Billy certainly put Mengo on the map…The following week we all appeared in our local newspaper!

After the coffee morning, I drove our guests to Grantham Hospital where Shek had an afternoon programme planned.



From left to right:
Mr Henry Luwesi, Dr Billy Ndiwarana, Lisa Geary (Mayor) and Peace Matsiko

Below:
Billy, John Fee, Steve Johnson, Peace, and Henry



Shek writes:

I had the pleasure of showing Billy and Henry around Grantham Hospital.

Our first stop was at the Postgraduate Centre where we joined the acute medicine departmental lunchtime lecture on acid-base balance which Henry and Billy found useful.

After the lecture, they were shown around the centre including the Skills -Lab. where they tried out various equipment used for patient monitoring and treatment.

Next, I took them to our recently refurbished Endoscopy Unit where they were shown our state-of-the-art equipment. Billy and Henry were impressed with the unit and interacted with the team, some of whom warmed to the idea of coming out to support endoscopy work at Mengo Hospital.

MR LUWESI AND DR BILLY NDIWALANA RICHARDS IN OUR ENDOSCOPY DECONTAMINATION UNIT.

We then visited the x-ray department, where our guests were able to meet one of our radiologists and her team in their reporting room. Billy and Henry were shown the modern scanners and the ultrasound equipment.

Following this, they were shown around the MRI department.

The technician explained the capabilities of the machines and Billy and Henry made comparisons with the machines available in Kampala.

We then visited various other departments, including the outpatients' department, the pharmacy, occupational therapy, physiotherapy including the hydrotherapy pool.

Billy and Henry left Grantham Hospital buzzing with ideas!

Later on in the evening, at home we were joined by Dr Fred Magezi, a consultant physician in Peterborough, who knew Henry and Billy from their time at Mbarara University Medical school.



Fred did his house jobs at Mengo and later was Shek's mentee as a junior Dr at Grantham Hospital.

We were also joined by Jayne Wheway, a supporter of FOMUK who is the Patient Safety and Clinical Lead for Children & Young People with NHS England.

Shek and I thoroughly enjoyed Billy and Henry's visit to Newark.

A CAUSE FOR CELEBRATION

What a wonderful moment in history! As I am sure many of you know Mengo Hospital was founded by the legendary Sir Albert Cook in 1897.

This makes it proudly the oldest hospital in Uganda and makes this year Mengo's 125th anniversary. I understand that, rightly so, Mengo is having a year of celebrations. These started in May with a large thanksgiving service at St. Paul's Cathedral Namirembe led by Bishop Wilberfoce Kityo Luwalira and The Archbishop of the province Church of Uganda His Grace Dr Stephen Kaziimba Mugalu.

I feel very fortunate that my trip has coincided with the second big anniversary celebration in the calendar, the medical exposition, presided over by the Deputy Buganda Premier. The expo ran over 3 days hosted on site at Mengo and it was an absolute joy to be a part of. All hospital departments pulled together to make it such a success, and credit must be given to Mr Denis Bwanika, public relations officer, for putting on such a fine event, engaging (literally) thousands of Kampala residents. All manner of health promotion services were offered, all free of charge, to members of the community



(see front page of Mengo Notes). The aims of this event were three-fold; to showcase the services at Mengo, to strengthen the relationship with the population of the Buganda Kingdom, and to raise funds from private partners.

With live music, lively atmosphere, people queuing at each stand the day had something of a festival feel about it. If only festivals were free and all about promoting health. There was a training area where staff provided tutorials on; good dental hygiene, basic life support and safely delivering a baby. The maternity department also offered foetal dating and growth ultrasound scans for pregnant women. Mengo had also partnered with other organisations who provided education on first aid, methods of contraception, nutrition, and healthier cooking. There was a drive for blood donations and covid vaccinations were offered.

The numbers from the day are staggering. The dental department delivered 392 dental check-ups and delivered dental education to a further 145 people. The wellness clinic screened 1227 men and women for raised BMI, diabetes and high blood pressure. This highlighted that 45% had raised BMI, and 76% had high blood pressure, and 4% need further testing for diabetes, all of whom were given appropriate health education. The prostate cancer screening was particularly popular with 1509 men over 45 receiving ultrasounds! The HIV team were busy testing 397 people and distributing a further 180 oral testing kits. Overall, 6 clients tested positive and 5 enrolled to receive care. The mobile Tuberculosis van was a real highlight for me, organised by the wonderful Dr Edith Namulema.

As you can see in the photo the mobile van was proudly parked outside the main gates of the hospital. Prior to the expo 800 clients had been screened, 231 presumptive cases identified, and sputum samples were collected.

During the expo 171 men and women had chest x-rays taken which were interpreted on the day and linked to their sputum samples. Ultimately the process identified 10 new cases of TB.

Reflecting on the event it struck me just how deeply Mengo cares for the needs of the community. It was great to see staff from all departments, job roles and levels of seniority go above and beyond their regular duties to host such an event. It was a very large and commendable undertaking to address screening and education for both communicable and non-communicable diseases. As a private not-for-profit hospital Mengo try to provide affordable services, but sadly cost will always be a barrier for some to access healthcare services, a concept which is alien to us fortunate British readers. It was excellent that Mengo could host this day and provide everything free of charge and engage those who perhaps otherwise wouldn't attend. Congratulations Mengo for this wonderful event and thank you for letting me be a part of it.

Anna Littlejohns
Trustee of Friends of Mengo UK



FROM THE ARCHIVES ...

This year Mengo Hospital celebrates 125 years since it was opened in 1897. In 1997 there were Centenary celebrations at the hospital .

SOME CENTENARY HIGHLIGHTS

1947 Jubilee, special celebrations took place at Mengo and in the Church.

1957 Diamond Jubilee.

1958 The Hospital was handed over by CMS to the Church of Uganda. CMS missionaries continued to work in the hospital and others were recruited direct to work as employees of the Hospital.

1960 New houses were being built on the Campus.

1962 October – Ugandan Independence. Many of the staff were present at the celebrations. The hospital took the theme "Yesu l'edembe yaffe "- Jesus our Freedom – for its banner, float and other celebrations.

1968 Opening of the cerebral palsy unit.

1970 March 5th / 8th – Sir Albert Cook Centenary.

On the Friday evening there was a play called The Visitor, performed by the Theatre Company at the National Theatre, based on the early life of Sir Albert and Lady Cook at Mengo.

On Saturday afternoon there was a great Tea Party with Sir Albert's daughter as the guest of honour. It was in this year that Dr and Mrs Billington left Mengo but not Uganda., and Dr Oliver took over as Medical Superintendent until March 1976.

1976 Ugandan doctors become Medical Superintendants of the hospital.

1979 Liberation.

We have a day- to- day account of the happenings at Mengo from March 11th to 10th April, the great day of Liberation.

Many people took refuge in the Hospital compound and the Hospital was able to provide food for all.

A shell fell on the Store on April 9th just as Dr John Masaba was doing a Caesarian Section for twins. Babirye, the first, was out; then the Theatre windows were blown in ,but having encouraged the frightened staff, Dr Masaba delivered the second twin, Naakato, both girls. He then sent out to see if any wards were still standing , to be told in excitement they were, and no one was hurt.



The Operating Theatre, Mengo Hospital, 1900

There was great praise and rejoicing amidst the broken glass.

The next day it rained heavily , bringing much needed water to the Hospital. About 4pm re was cheering heard and people shouting "They have come !" as the liberating soldiers marched into the centre of Kampala.

There were still some days of looting and fear but on April 18th,Good Friday, President Lule was sworn in. On Easter Sunday All Saints was packed. As there was little bread in the city , biscuits, kindly donated by the Liberation Army were used to supplement this.

1983 Friends of Mengo UK was registered as a charity in 1983 and had their first meeting in meeting in July.(The Friends Group actually started in 1959). Friends of Mengo USA was formed soon after this , as was FOM Canada.

On December 21st, the Hospital had its first running water since 1976 and for some people it was days before they really believed it !

LEEDS-MENGO SURGICAL COLLABORATIVE

Introduction

We have been delighted to see enormous growth in the collaboration between Mengo and the Leeds Teaching Hospitals Trust (LTHT) this year. Obviously there has been a longstanding connection between Mengo and the UK through FOMH-UK, with a particular link to Yorkshire through the FOMH-UK chairman (John Dalton, Obstetrics Consultant at LTHT. University of Leeds (UoL) medical students have been coming to Mengo on elective for many years, and in 2019 there was a site visit to LTHT & UoL by the Medical Director of Mengo (Dr Rose Mutumba), and the previous Dean of the UCU Medical School (Dr Ned Kanyesigye). This has been a firm foundation to continue building on, with Mengo's collaborations with Leeds now extending into anaesthesia, surgery, engineering, academia, and the medical school.

I have been working as a surgical trainee in Leeds, and made a 6-month visit to work at Mengo Feb-Aug 2022. I have really enjoyed being part of this growing collaboration and would love to give a brief update of a few projects I have had the privilege of being involved in.

Surgery/Education

In November 2021 we identified an exciting opportunity to develop a sustainable bidirectional link between the General Surgery departments at Mengo and Leeds. This was motivated in part by the growing desire of the Mengo surgery and gynaecology departments to bring laparoscopic techniques into their practice.

This will take much planning and resources but is achievable with a collective effort.

Furthermore, I was joining the Mengo surgical team for 6 months following a 6 month post in the LIEGS (Leeds Institute of Emergency Medicine), so there was a natural opportunity to develop professional relationships between the two teams.

The LIEGS (established in 2020) have a strong training ethos and laparoscopic expertise. They also work alongside the gynaecological dept (where John Dalton works); and the University of Leeds (who have longstanding links to Mengo through regular student electives). Furthermore, Leeds has a history of global surgical innovation in surgery and academia. The LIEGS consultant body was excited to hear our proposals of building a collaborative relationship with Mengo. This seemed a great opportunity for both departments to learn academic and clinical skills from a very different work environment, with huge potential for future education and innovation. Personally, as a UK trainee, I saw the value of an NHS team coming to understand more about the challenges and skills of our colleagues working in a low resource environment.

The surgical collaborative has been developing in a number of ways over the last year:-

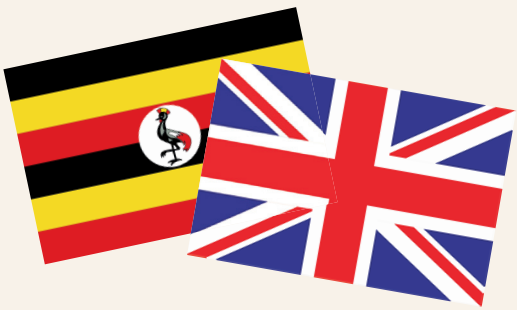
- **Surgical journal club:**
  We established a monthly collaborative surgical journal club. The focus is on surgery, but the club has also been well attended by those in obstetrics/gynecology/medicine. So far, the topics have ranged from pancreatitis to hernia repair. In Ugandan there are limited training opportunities in these post-graduate skills.

The Mengo team therefore have independently initiated weekly sessions in which they are learning and teaching one another critical appraisal skills. We strongly feel the strengthening of this academic skill will have a positive impact on post-graduate training and patient care/safety.

- **Mengo visit to Leeds:**
  A visit was enabled to LIEGS by two Mengo consultants: Dr Luweesi (Head of Surgery) and Dr Ndiwalana (Head of Gynecology at the time) – see Article – Visit to Leeds and Grantham hospitals. This included a site visit to the LTHT laparoscopic simulation lab. Their trip was made alongside a scholarship opportunity to teach on the Brighton VRiMS course . Their visit included working with the LIEGS consultants, juniors and nurses, and experiencing surgery/gynaecology in a new environment.
- **Leeds visit to Mengo:**
  As a surgical trainee from the Leeds deanery, I have spent 6 months (Feb-Aug) at Mengo Hospital doing a mixture of clinical, academic and educational work in the General Surgery department. I was made to feel very welcome, and quickly became part of the Mengo family. In August one of the LTHT surgical consultants, Mr Peckham-Cooper, came to visit Mengo for 2 weeks. His visit included preparing and delivering the first Mengo laparoscopic simulation course, which lasted 2 days. This included basic laparoscopic skill training delivered by LTHT and Mengo staff, and the pilot use of Proximie (a video-conferencing tool which provides opportunities for remote supervision). Several LIEGS/gynaecology consultants were able to provide laparoscopic skill supervision virtually from Leeds with great success.



Dr Melvin Gloria Nassaka at Mengo Hospital



- **Laparoscopic simulation centre:**
  In collaboration with LTHT and input from several equipment providers, a laparoscopic simulation centre is being established at Mengo, with plans for future remote proctorship/supervision sessions (details to follow in future Mengo Notes). The vision of this centre is initially to train Mengo surgical staff in basic laparoscopy, prior to the establishment of clinical laparoscopy in the operative theatre. Then the longer vision is to use the simulation laboratory to serve the regional surgical community.

COVID MEDICAL TRIAL GIVES HOPE TO CHILDREN AT MENGO

The Leve CPAP trial was established during the COVID-19 pandemic. This is a research study being conducted between Leeds and Mengo teams, as well as input from specialists at several other centres. The world watched in desperation during the covid waves, as the rapid increase in patients with respiratory failure put huge strains on human resources, equipment and oxygen supplies globally. This was felt most acutely in environments with already limited resources, with Uganda being no exception. Innovative solutions were sought rapidly to address the critical situation.

Studies during the pandemic demonstrated the utility of early CPAP (continuous positive airway pressure ventilation) in cases of severe COVID-19 respiratory failure. A group at the University of Leeds developed the 'LeVe CPAP' using frugal engineering techniques. This device, tailored to LMICs settings, aims to deliver CPAP at lower cost and lower oxygen use. Mengo and Leeds collaborated to plan a formal randomised control trial (RCT) to examine using LeVe CPAP devices in COVID-19 patients.

Following this change of events, the paediatric department identified a much needed potential for use of the LeVe CPAP in the paediatric population. Study design is underway and ethics approval is in progress, to enable safe repurposing of these devices for the paediatric population at Mengo. This could have huge impacts as respiratory distress is a common clinical presentation in children, and there is currently no specialist paediatric high-dependency or intensive-care capacity at Mengo (other than in neonates). With exciting plans in place for the building of the new paediatric department , an ability to safely provide high-oxygen provision through LeVe CPAP would be highly advantageous and help the transition of the department towards higher level care.

Helen Please
Surgical Trainee, Leeds/Oxford

THE REPUBLIC OF UGANDA

THE PEARL OF AFRICA

Location	East Africa (on the Equator)
Population	45 million
Average age of population	16 years (in 2015)
Life Expectancy	59 years
Income	In 2019/2020 30% of the population live below the poverty line of $1.77 per person per day . This has improved since 2012 when it was 38%
Independence from Britain	1962
Inflation	The inflation rate in September 2022 was 10% - in 2011 it peaked at 30%
Staple food	Matooke (a green banana)



FOMUK AMBULANCE PURCHASE UPDATE

In the last edition of Mengo Notes we reported on the funding to be made available for the purchase of a new ambulance (£31,784). Although this was enough to purchase a Toyota HiAce, the hospital decided to add a further £1652 to procure a Toyota Land cruiser, which has a better ability on the rougher and wetter road conditions.

The report and pictures below have been sent directly from the hospital:

OPERATIONS OF THE NEWLY ACQUIRED HOSPITAL AMBULANCE



The Land cruiser ambulance was acquired from the donations of friends of Mengo UK.

Its usage commenced in July 2021, and it is used to pick patients from their homes to hospital but also drop them at home after discharge. Our biggest clientele has been those taken for the procedures done from outside Mengo hospital. The Ambulance service is charged and is based on the mileage to be covered. For cases where the patients are genuinely unable to pay for the service it is offered free of charge.

Out of the three ambulances available, it is the land cruiser, which is in position to manage all terrain. The two HiAce's have narrow ground clearance and are challenged especially during the rainy season thus finding that the Land cruiser is most frequently used.

There are cases when the patient transfers and referrals overwhelm the available Ambulances which ultimately causes delays in patient care, thus if there is any opportunity request for more support ambulance operations.

Current Challenges include Lack of a call room and a Nurses station- a central place to store ambulance property, Medicines, consumables.

..and more equipment delivered to Mengo



FOMHUK arranged a container shipped by Tim Beacon at MedAid International containing 6 new delivery beds for the labour wards, blood pressure monitors and assorted laboratory equipment for the medical school. The laboratory kit was decommissioned from a teaching laboratory at the Faculty of Biological Sciences at the University of Leeds and included 26 microscopes as well as numerous other pieces of useful equipment.

Hearty thanks to Prof Kenneth McDowall and Chris Jones for all the effort they went to in coordinating the generous donation from the University of Leeds.

ANDREW BILLINGTON
RETIRING PRESIDENT OF THE UK FRIENDS



Andrew Billington was invited by Hugh and Gwen Oliver to join the UK Board shortly after the hospital celebrated its centenary 25 years ago, in 1997. Since then, he has been actively involved on the Board and was chairman for a number of years. On retirement from that post, he was invited to become Vice President and then more recently, President.

As he no longer regularly visits Uganda and as the hospital celebrates its 125th. Anniversary he believes it is an appropriate time to step down. For many years Andrew and his wife Penney visited the hospital once or twice a year and this enabled them to meet and share ideas with the management and staff and provide articles and photographs for Mengo Notes.

When Hugh and Gwen retired there was grave concern that the UK Friends committee was becoming rather elderly; Andrew is encouraged that in recent years John Dalton and other younger people have joined the Board and brought new and valuable expertise.

Andrew's father joined the hospital staff as a doctor in 1937 and occasionally worked alongside the elderly founder, Sir Albert Cook. Andrew was born in the hospital in 1949 and so has been pleased to retain friendships and serve with the UK Friends over these last 25 years.

NEW OUTPATIENTS AND A & E DEPARTMENT



Just inside the main gate to the hospital was until recently the old building housing the Outpatients Department.

The building was at the end of its life and the hospital are investing in a completely new facility providing services for Outpatients and an Accident and Emergency department serving the people of Kampala and the surrounding communities .

We all look forward to seeing the finished building and the new facilities that it will offer.

THE LABORATORY

Mr Raymond Wood (Mubiru) provides us with an insight into the work of the laboratory at Mengo Hospital.

If you go to see your doctor, there is about a 75% chance that you will be asked to produce a specimen for analysis. It may be blood, urine, stool, sputum or a swab. There are several reasons for this your doctor may want to confirm, make the diagnosis or monitor the course of treatment that you are having for chronic conditions such as diabetes, kidney disease and so on. There are many different types of tests available to your doctor, but it is absolutely essential that the results are accurate, as a wrong result is worse than no result at all and may mislead your doctor.

The specimen will be sent to a diagnostic laboratory (like the one at Mengo) where it will be tested by highly trained and qualified technicians and scientists. To ensure accuracy there will be controls and quality assurance samples run with every sample and with every batch of samples. The laboratory is an essential part of any hospital. You may not see the laboratory staff, but they are there behind the scenes looking at you down the microscope long after the clinic has closed.





When I visited Mengo Hospital laboratory in April this year, that is exactly what I found. At long last, Mengo has a well-equipped well-run laboratory with all the modern analysers you might find in the UK, producing accurate and timely results for the doctors to treat their patients effectively.

It is exactly 30 years since the then medical director invited me to come to Mengo and rehabilitate their laboratory after the years of civil unrest. We had two broken microscopes, 4 untrained technicians and very little in the way of equipment. So, we had to struggle for the next 20 years to make improvements and as the economy improved and peace and prosperity was restored to Uganda, more resources became available in terms of equipment and supplies. It's taken many years but I'm now happy that Mengo has a lab that is as good as any in the UK.

In the beginning I realised that rehabilitation without proper training would not be a sustainable option, so I founded a training school for medical laboratory technicians which was registered with the Uganda Ministry of Health. We started with just three students.

Today there are over 400 students being admitted per year and the Mengo School of Medical Laboratory Technology has one of the finest reputations in Uganda. This also provides a healthy income for the hospital.

I find it so satisfying to attend the graduation ceremonies at Mengo to see what an impact the Mengo School is having with graduates going on to work throughout Uganda and even beyond.

TREASURER'S REPORT

For the year ending 31st March 2021:

Total Income:
£17,431.49

Total Expenditure:
£93,662.00

Closing balance:
£50,956.88

Two payments were made directly to Mengo Hospital as follows:

- 19/10/20: **£88,086** to fund the purchase of an ambulance, water pipe and pump update and a Covid Emergency contingency
- 08/12/20: **£5000** donation to the Psychiatry and Mental Health Department

Expenditure in the UK for administration and Mengo Notes amounted to **£576**

For the year ending 31st March 2022:

Total Income:
£20,555.09

Total Expenditure:
£131.00
(Administration costs)

Closing balance:
£71,380.97

It would seem from this year's figures that little has been done financially to aid the hospital, however the committee in conjunction with the hospital management have reassigned some of the funding previously sent (£23,854.00) for the water pump and pipe update to purchase and install new theatre lights.

This leaves us currently with a credit of £30,948 held at Mengo awaiting a decision on the water spring access.

The Friends of Mengo Hospital UK thank you wholeheartedly for your support in the hospital's endeavours. We are particularly thankful for your thoughtful and caring legacies.

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.

Mengo Hospital through the years ...




NGO HOSPITAL, 1900 : DESTROYED BY LIGHTNING, 1902
THE THIRD MENGO HOSPITAL ; MEN'S BLOCK, 1904

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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