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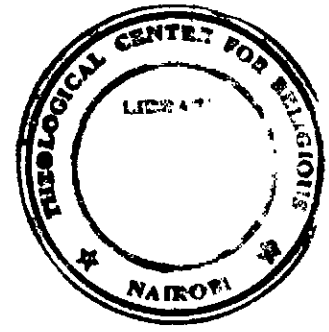
CATHOLIC UNIVERSITY OF EASTERN AFRICA

TANGAZA COLLEGE

(INSTITUTE OF SOCIAL MINISTRY)

LONG HOLIDAY PROJECT:

INTEGRATED HOME CARE AIDS SERVICES



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DATE: SEPTEMBER 1998

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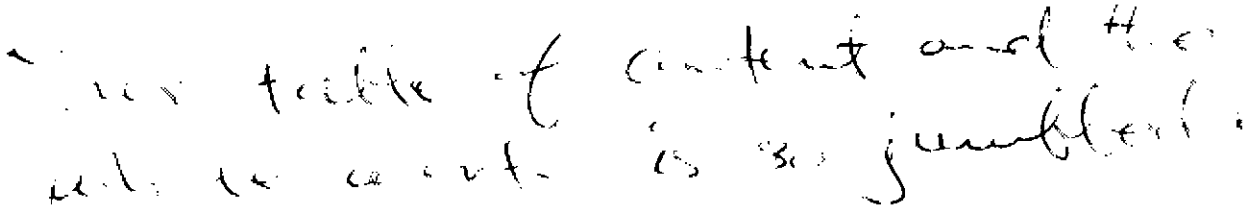

Chapter I

1.1 GENERAL INTRODUCTION

Aids was first recognised in Uganda in 1981, but because of the negative feelings and sensationalism that surrounded this subject, the Govt. of the day decided too bury its head in the sand like the proverbial Ostrich. A lot of time therefore lost between 1981 and 1986, when the recent government got into power. Our government has had no qualms about being frank to our people on issues of a National catastrophe such as the a Aids epidemic. When NRM (National Resistant Movement) came to power in 1986 the problem had already spread to most part of the country. The gates to national and international effort aimed at controlling the epidemic was opened. Unfortunately, our government's efforts and the high level of awareness among the population, the AIDs epidemic is becoming more and more serious in the place. However, this awareness has over the last few years started paying off. I am informed that there has been a marked decline in the incidence o other STDs. AIDs has, however, hit hardest those who are not only in their most sexually active fears, but also in their most economically productive years. A number of professionals working in government and other institutions have died. This will affect production by small-holders, which accounts for over 90% of our country's export earnings. With regard to social services, AIDS is already affection our over-stretched medical services. Apart from looking after AIDs patients, secondary infections such as tuberculosis (TB) have increased because of AIDs. It is understood that already a two - to - three fold increase has been observed in our region, where dominant TB is common. Yet treatment for a single case of TB costs US $ 126. If you remember that the per capita health expenditure is US$ 3.50 in this region, you cansee the magnitude of the problem. In Uganda, over the six last years with the help of UNICEF, Uganda has managed to achieve over 90% immunisation coverage for the six

Immunisable diseases, including TB, thus dramatically reducing the infant Mortality rate. To make matters worse, I am afraid, however, that AIDs might reverse these achievements.

1.2 OVERVIEW / BACKGROUND OF THE PROJECT

Nsanbya Integrated AIDS Home Care Services Program Within Nsambya has been in the care and support service for 10 years, started in 1988 by Dr. Sr. Etina Monica.

The target beneficiaries of the program are people living with HIV / AIDS their families and communities within the catchment area of 10 miles radius of the Kampala City.

A wholistic approach is used to provide medical treatment and nursing care at the Home Care Centre and during home visits. Psychosocial and spiritual counselling is offered and at the same time addressing many of the social and economic issues that arise out of illness e.g loss of gainful employment and death of the breadwinner.

The program, which started with 327 clients in 1987, has now grown to about 10,000 clients including children infected with HIV/AIDS. The persistent increase of people seeking care necessitated the opening of two community outreaches at Kamwokya Caring Community in 1994 and a new one at Gaba, which opened in May 1997 to curb down overcrowding at the hospital clinic. To date the program cares for 6527 clients including 600 children living with HIV/AIDS.

The problem of orphans is also getting bigger as more people die and the traditional way of caring for orphans is over stretched.

1.3 WORKPLAN FOR IMPLEMENTATION OF PROGRAM ACTIVITIES

Through a wholistic approach Nsambya Integrated AIDS Care Services continues to support people living with HIV/AIDS, their families and the Community. Listed below are the interventions Home Care implemented during the year:

MEDICAL TREATMENT

Medical care and treatment is provided weekly at clinics.

Monday afternoon	- -	Gaba outreach (Clinic held in the parish school)
Tuesday Morning	- -	Clinic at the Home Care base at Nsambya Hospital for new cases.
Tuesday Afternoon	- -	Kamwokya Christian Community outreach.
Wednesday	- -	Follow up clinic and review.

Emergency cases are seen daily at the Home Care At the Community out reaches a team includes, doctors, nurses, counsellors, and pastoral workers from the home care. At these clinics medical, nursing, counselling, pastoral care, social services and discussions for support are offered and drugs supplied and at times food assistance.

HOME VISITATION

Home visits are carried out daily and planned according to difference areas, but emergency requests are also dealt with. In the homes not only is the client given medical and nursing care, but also counselling and basic nursing techniques are shown to the patient and carers, as well as material assistance where possible. The availability of another full time Doctor on the program has

greatly helped in the home visitation. With a general increase of people developing full blown AIDS, there is an increase on the workload at caring centres. More people are coming out to receive care and treatment due to more AIDS awareness campaigns, education, information and communication. There is an increase in children infected with HIV/AIDS within the age range of 2 - 12 and a situation of " Child headed families" is becoming more pronounced. By the end of 1996, 3,789 children below 12 years had been reported in the HIV Surveillance Report in Uganda.

As the pool of the people now presenting with HIV grows, those who develop full-blown AIDS also increases as does the burden on caring services. AIDS does not only affect the physical status of an individual and his family, but also the social and economic well being especially when they are no longer working. Most patients cannot afford private medical services so opt for government services, which are also overwhelmed due to lack of resources. So missionary hospitals are where services are cheaper. Currently 30 - 40 new clients are registered every week on a Tuesday clinic.

1.4 CURRENT AIDS SITUATION IN UGANDA

According to the STD/AIDS Control Programme's Surveillance Report of March 1997 a decline in infection rates was reported. This data was obtained from mothers attending sentinel surveillance sites in various parts of the country and health units. However, data is affected by the fact that the survey is done on pregnant women living with HIV who had been counselled not to get pregnant and also the fertility rate is lowered in people with HIV.

The survey gives some indication but not an accurate one. The real fall in clinical cases will probably take some years. Note should also be taken that rates of infection do not necessarily

reflect the magnitude of the AIDS situation in the country. Already there is a pool of 2,000,000 infected people who continue to develop full-blown AIDS.

Chapter II

2.1 PROJECT GOAL

Nsambya Integrated AIDS Care Services aims at improving the quality of AIDS patients and their families through a wholistic approach by providing psychological, socio-economic, spiritual, medical and nursing care support.

2.2 PROJECT OBJECTIVES

1. To relieve suffering of patients and support patients to live meaningful and longer lives through medical treatment and nursing care.
2. Address the psychological and social trauma associated with HIV/AIDS through counselling and spiritual care.
3. To equip and empower carers and family members with basic nursing skills and health education to enable them care for patients in their homes.
4. Address economic issues related to AIDS like unemployment through support of income generating projects to needy families.
5. Address trauma and anxiety in orphans, children infected and affected with HIV/AIDS who watch their parents die through counselling and support.
6. Sponsor legal education for clients empower them about their legal rights especially widows and orphans.
7. Help people HIV to support one another through support groups i.e Centenary Club.

4. Transport is another problem because they lack enough cars to carry out their duties accordingly.
5. Clients are too dependant so that enough attention is not done as planned.
6 Lack of effective Communication hampers the projects objectives in case of death occurrence.
7. Social workers are not enough to run well the project.
8 The project lacks enough capital to sustain itself so it relies on donors.

2.5 COUNSELLING

IV/AIDS Counselling is still a major challenge as more people come to request for the service. pre-test , post- test on going, counselling and spiritual support is provided. Every Tuesday at least 30-40 new cases are attended to and registered Also patients on the hospital wards are referred for counselling. A counsellor or social worker is often called upon to offer the service on the ward.

COUNSELLING FOR CHILDREN

Children who watch their parents die, are often psychologically disturbed or stressed. The need to reach out to these children has been recognised. This necessitated an intervention and now child counselling sessions are held on alternate Saturdays to address this trauma in the children. During these sessions issues of trauma are identified and dealt with. So far 120 children between the age group of 5-12 are receiving the service. Trained paediatric counsellors are available to support the children. The counselling of children is best carried out in groups, and using games, art, story telling techniques. This work is developing, and should be extended to many more children. Rose Nassaba one of the counsellor participated in a refresher course in child counselling which has

facilitated in developing the program. Staff also participated in a seminar to develop guidelines in child counselling organised by Save the children Fund.

2.6 TESTING

Continued collaborative support of UVRI (Uganda Virus Research Institute) has assisted in early and quick diagnosis for clients. pre-test and post counselling services are offered by the Home Care Personnel Otherwise the majority of clients are referred from testing centres in the city.

2.7 CARE FOR PATIENTS ADMITTED ON THE WARDS

Patients who required admission are admitted to the hospital. The cost care on the wards is covedred by a grant from Catholic relief services. only cases that cannot be managed at home are admitted, and the stay in the hospital is kept to a minimum.

2.8 COMMUNITY OUTREACH

A new outreach was opened last February on the request of the parish of Gaba. Every Monday afternoon, clients from surrounding areas attended the clinic, the home care team renders service once a week, a volunteer nurse assisted by the parish priest and volunteers of the parish visited patients in their homes and report very sick cases to the centre for follow up. Acute cases were referred to the hospital, patients admitted on wards from the communities are followed up by social workers or counsellors. Kamwokya centre has continued to grow with registration of thirteen hundred patients since work commencement. Funding this outreach is supported by CRS. However, a Medical team from Nsambya Home care carry out a clinic in Kamwokya every Tuesday. The outreach clinic have reduced on transportation as well as number of clients

attending Nsambya Home care. The volunteers from the parishes live within the community and are able to visit the client on foot or use bicycles to give care and encouragement.

2.9 TRANSPORT

Very week clients continue to be transported to and from the clinic for treatment. Terminally ill patients and sometimes dead bodies of patients are also transported when there are no relatives to claim them Bad roads, especially heavy rains do raise expenses on vehicle maintenance The acquisition of a new vehicle of recent was very helpful and had eased a lot on transportation. Unfortunately, it was involved in a major accident while home visiting at the end of June 1998. The staff sustained minor injuries, but the vehicles were damaged. The other vehicle belonging to a transportation company was in the wrong and the driver of the Home care vehicle was exonerated . Luckily the vehicle was insured and presently is under repair.

2.10 PASTORAL / SPIRITUAL COUNSELLING

Pastoral workers and priests continue to give spiritual support throughout the illness and especially in the terminal stages of the illness, and also assist during time of bereavement. This spiritual support has been invaluable in the work .

2.11 RETREATS

Days of retreats for clients are conducted for times a year. This was on inter-denominational. Clients were supported, shared experiences in coping with HIV/AIDS and learned to pray with each other. Many testified of being strengthened and receiving inner healing on those days. A priest, staff of the Home care, pastoral workers, members of the Youth alive club facilitated at

these occasions. A snack or a meal and refreshment were offered. This intervention has proved helpful to many clients who have found encouragement, refuge in God and solace in suffering.

2.11.a DAY OF REFLECTION AND RECREATION

Staff members were supported to manage burnout as the year was marked with a lot of demoralising events. An outing for staff was organised at the lake shore resort, this was very refreshing and everyone had fun - a necessary break from the continuos drain at work when dealing with a lot of suffering and dying.

2.12 INCOME GENERATING PROJECT

Catholic relief services continues to support this activity. The CRS grant was approved and released last February. Very poor client and their families especially widows and orphan-headed families were supported. Social workers assessed eligible clients and those suitable were funded. Project assessment forms were designed, progress of the project is monitored by social workers twice a week - Thursday and Friday. Seminars on book keeping and project management were conducted as well as project counselling offered. So far 42 projects have been funded.

FIDA - the Federation of Women Lawyers continues to offer free legal service particularly in regard to will making. A Lawyer is available every Wednesday afternoon for advice and guidance in will making, clients can now secure their property, know their legal rights, plan for the future for their family under the protection of the law.

2.13 BEHAVIOUR CHANGE PROGRAMS

Every opportunity is used to bring about AIDS awareness during home visitation when speaking to groups and in schools. Some staff members facilitate on these programs.

2.14 MATERIAL FOOD ASSISTANCE

International Care and Relief continues to be major benefactor in giving food assistance. The support has played a major part in enhancing the well being of clients. There are delays in supply due to logistics with tax authorities, which has been now rectified. Many clients are dependent on these food rations for their livelihood as many are not working. The food assistance has been a great help, and is much appreciated, otherwise many of our poorer clients would at times die of hunger.

Chapter III

3.1 PROGRESS ACHIEVED-DECEMBER 1997

* Between January to December, 1,880 new clients are registered of which 83 are children. Presently, 6527 adult clients and 600 are registered and receiving care.

* In March a draft report of the evaluation done in 1996 was received. Some of the required guidelines were implemented which has improved quality of services given. The project anticipate receiving the final report soon.

* The staff salary increment and snack, lunch allowances are effective and staff are motivated.

* Gaba - a - new community out reach was opened to take services nearest to the people, already 154 clients are cared for through this our-reach.

* Between August and September, a social worker in charge of child counselling trained in facilitation of programs in the care and management of HIV/AIDS patients is to be sponsored by Mildmay through British council.

* A course of two weeks was organised for volunteer workers. Twenty volunteers were trained in home visitation and how to give support and encouragement to AIDS patients.

* Student nurses of the hospital were trained in basic counselling skills to equip them in rendering basic counselling services. This was organised and facilitated by Home Care Staff. Two programs in education for life (behaviour change process) and AIDS awareness were conducted to enhance behaviour change among student nurses.

* All members of staff were involved in a two days leadership workshop at la Verna Franciscan Centre to enhance leadership roles among staff.

* Home Care Staff participated in developing guidelines for counselling children organised by Save the children Fund.

3 2 PERSONNEL

The Home Care has maintained staff of 15 members. Unfortunately the organisation lost two staff-nurses Rose Nyanzi and Rose Nakintu, a new nurse Josephine Tebaganyi was recruited in November last year to replace one of the deceased. A doctor was recruited in the course of the year. This has eased the workload .

3.3 STAFF

Doctors:	Sr. Dr. Miriam Duggan
Nurses/Counsellors:	Sr. Christine Namutebi

	Rhesty Mukasa
	Grace Kintu
Nurses:	Jane Nakachwa
	Josephine Tebaganyi
Counsellor/Secretary :	Sarah Okurut
Drivers:	Marchel Ndibu
	Mativa Kizza
Cleaner attendant	Rose Nalubega
Part time Volunteers:	Dr. Joseph
	Dr. Fr. Louis
Pastoral workers:	Steven Muhindo
	Fr. Damba
	Joseph Kakooza
Others who assist with Administration on clinic days	Victor Monday
	Lawrence Ssenabulya

3.4 SUMMARY OF ACTIVITIES DONE IN A YEAR.

No. Alive and Receiving Care through Nsambya Home Care at the end of the year - 6527

COUNSELLING SERVICES:

Pre-test	900
Post-test	1002
On-going	3021
Paediatric	121

Project/Social counselling	60
TRANSPORT	
No visited in homes	1932
Terminal cases returned to village	874
Dead bodies transported	55
SOCIAL SERVICES	
Food assistance supplied	5530
Patients requiring admission	127
Income generating projects funded	42
DAYS OF SUPPORT	
Clients	4
Staff	2
OTHERS	
TB cases treated	601
Children supported	600

3.5 BELOW IS A SUMMARY OF CASES REGISTERED SINCE 1987

YEAR	NO. REGISTERED
1987	321
1988	344
1989	341
1990	526
1991	1019

1992	1357	
1993	1605	
1994	1492	
1995	1145	Kamwokya out-reach clinic started
1996	1307	
1997	1880	Gaba clinic started

Despite the government saying that the rate of infection has decreased the number developing full-blown AIDS is increasing. Of those registered 6527 are still alive and benefiting from Home Care Service. Our over all impression is that people living with AIDS who receive care and support regularly live longer, which is of great benefit not only to themselves, but also to their children.

Chapter IV

4.1 ACKNOWLEDGEMENTS

FUNDING SUPPORT:

CAFOD - Major funding for Home Care Services salaries, vehicle maintenance, fuel, days of support, drugs, surgical sundries, maintenance and maintenance of buildings.

CRS - In Patient Care, supported also by local donations.

4.2 DONATIONS IN KIND RECEIVED

Caltex Oil	-	Fuel
Shell Uganda	-	Fuel
Compassion International	-	Drugs

Compassion International	- Drugs
Brother Regis Salvation Mission USA	- Drugs
STD (Ministry of Health)	- Drugs
ICR (International Care Relief)	- Food
Italian Corporation, Kampala	- Food
Mildmay International	- Christmas party for children with AIDS and orphans, plus materials for children counselling.

Every year Kampala AIDS walk takes place, led by Ugandan first lady Mrs Janet Museveni in order to carry out a fund-raising to cater for different projects dealing with AIDS patients.

4.3 RECEIPTS AND PAYMENTS ACCOUNT FROM JULY TO DECEMBER

AIDS CONTROL MOBILE UNIT

RECEIPTS	JULY - DECEMBER
OPENING BALANCE	
26/3/1998 Cafod grant 1st Instalment $22500	37,559,250
4/6/ 1998 Cafod grant 2nd Instalment $15133	25,294,810
31/12/1998 Patients contribution	2,395,200
PAYMENTS	
STAFF SALARIES	17,696,90
TRANSPORT	

Fuel for 2 vehicles		6,000,000
Maintenance and Repairs		782,106
Insurance and Licence		303,800
	Total	7,085,906
ADMINISTRATION		
Stationery		100,000
Printing		8,000
Utilities		700,000
Bank charges		300,000
Handling of drugs and food		50,000
Total		1,158,000
TRAINING		
Seminars		470,000
Workshop		0
Behaviour change and Prevention Seminars		567,600
Total		1,037,600
PATIENTS CARE		
Drugs		9,918,000
X-Ray		2,165,000
Laboratory tests		1,078,300
Drinks		0
Clients days of support		400,000
Nacwola pwa Women activities		1,500,000

Total		15,061,300
STAFF CARE		
Support days for staff		170,000
Lunch snack for 15 staff		720,000
6 Volunteers Pastoral workers		115,000
Volunteer Doctors		38,600
Paediatric group counselling		0
World AIDS day Preparations		100,000
Archdiocese AIDS Exhibition		20,000
Building Maintenance		1,400,000
Overheads Electricity and Water		600,000
Total		3,163,600
	Balance c/d	20,045,945
	65,249,260	65,249,260
31/12/1998 Balance Carried Forward	20,045,945	

Chapter V

5.1 AN INTEGRATED SECTORAL APPROACH

In Uganda, it is realised that the Aids problem goes beyond the mere health of the people. Uganda in general therefore, adopted a multi-sectoral strategy for the control of the epidemic where control measures were previously centred the health sector. Uganda is now establishing fully-fledged control programme in other key sectors of communication, rehabilitation, education,

community services, defence and economic planning. An independent body the Uganda Aids Commission has been established to guide, direct, co-ordinate and monitor the strategy. The commission monitors the control measures of the various sectors by listening to the voices of the people through its field officers and grassroots leaders. This strategy will be able to harness our efforts in combating Aids.

I listened to a story at a certain hospital, of a woman taking her child to hospital for treatment when she got there, the nurse on duty told her that the child needed an injection but the woman was worried that the syringe might be unsterilised. The nurse said to her " for you madam, we shall use a disposable syringe but we do not bother to use them on those other common people." to me this kind of attitude is completely at variance with medical ethics. This is criminal irresponsibility on the part of the medical staff. If a medical practitioner do not do his or her professional duty towards a patient to ensure his safety then surely the law should penalise him or her somehow.

5 2 MORE PROGRESS AGAINST AIDS IN UGANDA

HIV infection continues to decline, according to a recent report by the Epidemiology and Surveillance Unit of the STD/AIDS Control programme in the ministry of health. Trends indicate a decline in urban areas and stabilisation in rural areas. The report shows that in the majority sites, infection rates for 1997 are lower than they were in 1996. In Nsambya the rate decreased from 15.4% in 1996 to 14.6% in 1997, 15.1% to 14.8% in Rubaga, 15.0% to 14.5% in Mbarara, 14.8% to 11.0% in Jinja,10.4% to 8.5% in Kilembe and finally 7.7% to 5.3% in Soroti. Trends of HIV infection among STD patients have also declined from 44.2% in 1989 to 30.2% in 1997.

Since AIDS was first diagnosed in Uganda in 1984, more than 400,000 people have died from

the disease and another 1.5 million people have been infected with HIV. Combined that is 10% of Uganda's population. Yet even as the devastation continues every year, an average 2,500 more Ugandans die from AIDS. The government's effort to combat the disease is drawing praise from public health officials around the world.

Uganda is rewarded today for its openness and uncompromising stand against discrimination and stigmatisation. Thanks to these efforts, the epidemic in Uganda is the first in Africa and in any developing country to show signs of stabilisation Uganda was one of the African countries to take high-profile action to contain the spread of the virus, " the recent report noted." It continues to see a drop in the proportion of adults infected. From three Surveillance sites indicate infection levels of between 5 and 9% a decrease of about one-fifth compared with 1996. And the decrease appears to be concentrated in the younger age groups, confirming findings that the youth have adopted safer sexual practices than was the decade ago. "Ugandan president his Excellency Yoweri Kaguta Museveni embraced the AIDS fight and personally campaigned to increase awareness." Ugandan officials say that data indicate their efforts are paying off. Government statistics show people are delaying their first sexual experience, having fewer sex partners, and using more condoms. It has been realised also that Uganda has begun a program to eliminate other sexually transimitted diseases since the lesions they cause can facilitate the spread of the AIDS virus. During my project exposure, happened to attend the workshop which was held to train district officials in monitoring and evaluation of the sexually transmitted infections project activities. More than 30 participants from some of the districts in the third phase: Kalangala, Kasese, Nakasongola, Luwero attended. Meanwhile implementation of the Sexually Transmitted Diseases project, a World Bank project supporting AIDS control activities, has entered third phase, since the implementation is done at the district level, accuracy of

information on HIV/AIDS cases depends on the reporting skills of district officials. Those trained include medical officers, clinical officers, mid-wives and nursing assistants. The training includes a study of the indicators designed for monitoring of activities at the district level. One of the most hopeful aspects of Uganda's apparent success is the example it could set for another nations in Africa and around the world. If a nation as impoverished as Uganda can summon the resources to make progress in the battle against AIDS, surely more prosperous countries can do the same. Dr. Michel Carael, from the UN AIDS office in Geneva, said " HIV infections in some other African countries are declining, although not as much as in Uganda. But we must stress that infection levels across the region remain unacceptably high.

5.3 CONCLUSION

Traditionally, Uganda as an African Society, when patents die, the children go to live with another member of the extended family. With my own capacity, if the orphaned children survive, they will find it increasingly difficult to occupy the place in the society as they will have missed educational opportunities and later, have no hereditary rights in their adoptive families.

Therefore as a religious and social minister, I suggest and comply with the government, the Church also other bodies should have to come in and fill the gap. Apocalyptic visions of the virtual decimation of much of Uganda's population may be un warranted, but the growing devastation is a very real genuine danger. We should not however, become despondent because we shall survive this disease, provided we control the spread now.

I understand that there have been meetings on AIDS held in this region in spite of the fact that the epidemic has been raging in the country for the last 10 years. I, therefore, wish to thank the Uganda Medical Association for taking the initiative to arrange this conferences. Let me hope

that such conferences will continue to take place in our countries so that more of our scientists can be exposed to more information. Because AIDS is spreading rapidly, it is also linked with one of the many developmentally infectious diseases. It is really becoming a decease of backwardness. AIDS has not only become the most important health challenge of our time, but it has also become threat to the growing economical, cultural, social and even political developments. It is in view of this back ground that I emphasise a return to our time - tested cultural practices which emphasised fidelity and condemned premarital and extramarital sex. I believe that the best response to the threat of AIDS is to reaffirm publicly and forthrightly the respect and responsibility every person owes to his or her neighbour. Instead now, we are being offered the condom for "Safe Sex". I feel that condoms, have a role to play as a means of protection, especially with those couples who are HIV Positive, but they can not become the main means of stemming the tide of AIDS. I am not against the use of Condoms as it is instructed by the doctors to be utilised. But if it were available, affordable, and if our ignorant people knew how to use it, then it would be of help to protect themselves from AIDS. Condoms are not banned but cautioned. These people ~~that~~ are ~~being~~ advocated the use of condoms may not be able to use them properly. ~~So~~ my caution is, our people shouldn't be misled. It is better that they are frightened with the dangers of AIDS than lull them into a false sense of security. Condoms are not the way our in a population that is 90% peasant and largely illiterate. Instead of wasting money on condoms a mass scale, more AIDS testing equipment should be bought to reach the villages so that young people who are getting married should first test their blood.

As a social minister, i would like to say that in countries like ours where a mother often has to walk 20 miles to get as aspirin for the sick child or five miles to get water at all, the

question of getting a constant supply of condoms may never be resolved but to conscientise people about the reality of AIDS, which is incurable and can be avoided.

KAMPALA AIDS WALK '98

and

CANDLELIGHT MEMORIAL

A charity walk through the streets of Kampala and an afternoon of festivities in Constitutional Square with Guest of Honour

The First Lady Mrs. Janet Museveni

WHO? You, your Friends, Family, Colleagues.....

WHEN? Saturday June 13th 1998.

WHERE? Starts at Centenary Park at 8.30a.m.
ends at Constitutional square.

HOW? Register to walk in advance by buying a badge for 500/= at selected Shell Stations.*

WHY? To raise awareness and come together in the fight against AIDS.

GRAND RAFFLE!!!

2 return tickets to LONDON *courtesy of* BRITISH AIRWAYS

and much much more...

*** SHELL Stations**
Jinja Road
Kampala Road
Bombo Road
Ben Kiwanuka Street
Grand Imperial
Mukono

Sponsored by Coca-Cola

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and
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MULTIPLE MEDICAL RESEARCH IN HERBS • ROTARY CLUB OF KAMPALA EAST • CINEPL
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