Six Monthly Report

The ISIS Foundation

1 July, 2001 – 31 December, 2001

The ISIS Foundation
www.isis.bm

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Contents

Plate 1: (front cover) Ugandan child, 1999

1. Management and Administration of *The ISIS Foundation*

1.1 Overview and Staffing

The latter half of 2001 was a busy and productive period for *The ISIS Foundation*.

In addition to managing our work in Uganda and Nepal, undertaking research on a variety of primary health care issues, and working with our current partner NGOs, we began the process of registering as a charity within the United Kingdom. This should be finalised by middle 2002, and will enable us to offer tax benefits to donors from the UK.

Our profile was raised within the philanthropic community when, on behalf of the Centre on Philanthropy in Bermuda, Audette Exel spoke at the Family Philanthropy Forum in London. The focus of Audette's presentation was the benefits of operating charities from Bermuda. The Forum gave us the opportunity to develop further links with philanthropic families and international foundations working in fields similar to that of *The ISIS Foundation*.

It was with some relief and much delight that we finished a major revision of our website – we have now included substantial information on our partner NGOs, which allows those without their own sites to have an internet presence for the first time. Visit and send us your comments – we are on www.isis.bm

Our staffing increased in the latter half of 2001, with the following additions to the *ISIS* family:

- Debbie Anzalone-Lester, who has previously run training for *ISIS* at Kiwoko Hospital in Uganda, began working for us as a part-time Uganda Special Projects Manager in December 2001. She has 14 years experience in Neonatal Nursing, and her training and assistance is highly regarded by the medical staff at Kiwoko, where she has worked voluntarily in the past. She is collecting equipment, developing training programmes, and co-ordinating our medical volunteer programme to the Hospital. As a result of Deb's enthusiasm, there are now five major hospitals in Seattle with collection points for equipment for *The ISIS Foundation* for provision to the Neonatal Intensive Care Unit at Kiwoko Hospital in Uganda.

- In Nepal, we hired a part-time Research Assistant to assist with the running of the office, and to contribute to our business planning for the Humla Region. Angjuk Lama worked with Dr. Haddix-McKay, our Nepal Country Manager, as a translator on the original *ISIS Foundation* baseline study of Humla. He speaks fluent Nepali, English and Tibetan.

- In Bermuda, Alexa Rosdol, a student studying at the London School of Economics volunteered to undertake research for *The ISIS Foundation*. She prepared a paper on international best practice in reducing mother to baby transmission of HIV. Research such as this assists us to make operational decisions on the basis of solid international knowledge and precedent, and thus ensures that we support the most effective programmes on the ground.

1.2 Donors and Donations

Since inception, we have received donations totalling approximately US$431,026 to *The ISIS Foundation,* and we have an additional US$150,000 in commitments.

ISIS Limited, the profit-making company established by the same partners who set up *The ISIS Foundation,* has paid US$875,385 in head office and general administration costs for *The ISIS Foundation* to date. *ISIS* Limited will continue to pay all these costs of *The ISIS Foundation* going forward, as long as it is able to do so.

The latter half of 2001 saw a number of financial contributions to the Foundation, but also a range of in-kind donations, which were much appreciated. Some of those included:

- Free layout and management of our Christmas Card by RB&K Advertising, and printing by Island Press, in Bermuda.

- Continuing donations of medical equipment for the Neonatal ICU in Uganda, from:

  - University of Washington Medical Centre - Neonatal Intensive Care Unit,
  - Evergreen Hospital Medical Centre -Special Care Nursery Children's Hospital, and
  - Regional Medical Centre of Seattle - Infant and Paediatric Intensive Care Units.

- The Bermuda Guild of Stitchery, who donated hundreds of 'Bermuda Bear' soft toys to go to children in both Nepal and Uganda.

We would like to make special mention of Debra and Tyler Grooves of Lyden Washington, for their donation of two suction machines (one with battery back up) to go to Uganda. Tyler is a wonderful 13 year old who is a patient at the Children's Hospital, and he donated boxes of his own medical supplies for the kids at Kiwoko.

A million thanks to all donors, large and small – we continue to work to ensure that your donation is well utilised in the developing world.

1.3 Mission and Objects

In late 2001 we reviewed the Mission and Objects of *The ISIS Foundation*, after a lengthy process of consultation with staff and management. *ISIS Limited* also clarified its raison d'etre, which is inextricably linked with the Foundation. Whilst *The ISIS Foundation* retains largely the same flavour that it has had since inception, our experience has enabled us to clarify our goals to ensure that we all work together cohesively to assist children in the developing world. The new Mission statements for *ISIS Limited* and *The ISIS Foundation*, and the revised Objects of *The ISIS Foundation*, are below and overleaf.

***ISIS Limited* Mission Statement**

ISIS Limited is dedicated to the concept of linking business and charity.

Our mission consists of two inter-related parts:

1. To operate, with integrity and excellence, a specialised corporate finance and consulting firm.
2. Through *The ISIS Foundation*, to make a positive difference to the lives of children in the developing world.

Through rain, hail, snow, and those very very hot days, we will never stop laughing, and never stop having fun at work.

The ISIS Foundation **Mission Statement**

The ISIS Foundation's mission is to make a positive difference to the lives of children in the developing world.

The ISIS Foundation **Objects**

We will achieve this by:

- Actively funding, and where appropriate assisting and resourcing, Non-Government Organisations (NGOs) which operate ground-up, long-term health and/or education projects which focus on disadvantaged children in Nepal and Uganda.
- Developing a comprehensive understanding of the needs of the communities that we assist.
- Maximising the impact of philanthropic grants by ensuring the most effective return on donor contributions.
- Encouraging accountability, financial control, reporting, and quality measurement of outcomes in relation to each project that we fund.
- Developing long-term relationships with key authorities, universities, hospitals, educational institutions, and government organisations to ensure on-going training, assistance, and links for both ourselves and our partner NGOs.
- Ensuring that our work is research-driven, and well monitored and evaluated.
- Ensuring that our projects work to improve the lives of underprivileged people in a way that is locally appropriate.
- Ensuring to the best of our ability, that our work is non-political, and is not used to the advantage or disadvantage of any political party.

Nepal Activities

The ISIS Foundation

1 July, 2001 – 31 December, 2001

2. Nepal Projects

As we mentioned in our last report, there has been substantial and growing political instability in Nepal. As of the time of writing of this report, the King and Parliament were largely united in re-ratifying a three-month state of emergency, which was first imposed in November of 2001 in an attempt to bring order to the nation. The Maoist insurgency has picked up a great deal of steam since the last round of peace talks ended in September of 2001, causing the government to take this serious step.

Our work in Humla, though slowed somewhat, continues despite the political instability Nepal is experiencing. In addition, we have continued to expand our operations in Kathmandu Valley, working with a variety of Kathmandu-based partners in areas that are relatively safe from violence. We also continue to manage our response to the security issues in the country, and through close links with Embassies, security advisors, and other development professionals we keep close tabs on the unfolding situation.

2.1 Children's Health and Education

Nepal's national health care system faces many problems, not the least among which are a very difficult to reach rural population and cadres of doctors and other health professionals who are unwilling to live outside of Kathmandu Valley. Government health posts in the mountains are often non-functioning unless supported by non-government organisations.

Consequently, one of the earliest initiatives pursued by *The ISIS Foundation* was to look carefully at the health delivery system operating in both Kathmandu and the region in Humla upon which we have focused. We continue to research needs to ensure that our work is relevant, does not replicate government or non-government services, and genuinely assists the people who need it most.

Table One, overleaf, shows just some of the challenges faced in Nepal in the delivery of health and educational services. Statistics from Australia and the USA are included to provide a benchmark for comparison.

Plate 2: (previous page) Housing in Syanda, Humla.

Indicator	Nepal	Australia	USA
Gross National Income Per Capita	US$ 220	US$ 20 530	US$ 34 260
Infant Mortality (# of child deaths per 1 000 live births)	72	6	7
Under 5 Mortality (# of child deaths per 1 000 live births)	100	6	8
Maternal Mortality (# of mothers who die per 100 000 live births)	540	dna	8
Access to Safe Water, % of population:			
Rural	87	100	100
Urban	94	100	100
Adult literacy, % of population:			
Male	59	dna	dna
Female	24	dna	dna
% of children who are underweight (moderately or severely so)	47	dna	1
% of children who are stunted (height)	54	dna	2
% of one-year-olds Immunised Against:			
Tuberculosis	86	dna	dna
Diphtheria, Whooping Cough, Tetanus	76	88	96
Polio	70	88	91
Measles	73	89	92

– data not available

Table One: Showing difference in health and education indicators between Nepal, Australia and the USA, UNICEF, 2002, www.unicef.org

The national education system in Nepal faces similar challenges to the health system. Particular weaknesses are teacher training programs and rural education. Teacher training in the colleges and universities in Nepal is notoriously weak, and the quality of education available in most schools is very low. More than half of the primary and secondary education teachers are untrained, and girls attend school at half the rate of boys (UNESCO World Education Report, 2000).

Teachers, like doctors, are reluctant to leave their homes or the community they have joined around their colleges in order to travel to and teach in remote areas. This includes Humla, which is widely regarded by Nepalis to be Nepal's 'most remote district'. Very few children have the opportunity to consistently attend school in Humla. One of the reasons for this is that the population in Humla is not large and does not support an extensively developed education infrastructure. The one regional high school in the area where *ISIS* has been working draws students from all over Humla. Until recently however, they had to board in houses in the village, straining the resources of villagers. At the request of villagers, students and teachers alike, we are in the process of building a hostel building to house 40 students at that school, in partnership with a local NGO.

A son goes to school,
a daughter collects fodder;
the division of work has been the same
since the day we were born.
Educating daughters is not a waste of money;
with education, they would serve the country.
The United Nations talks of equal liberty;
sons and daughters are part of the same family.
Take pity on girls born in a country like Nepal;
Nepal cannot progress without
education for all.
A son gets pen and paper,
daughter gets a bamboo basket;
Oh! My parents, the lives of your
daughters are being wasted!
Oh dear parents, I'll serve you both if
you send me to school,
and give me enough to eat like my brother.

Child from 'Educate the Children' Programme, Nepal

2.2 Project Progress: July 2001 – December 2001

Though progress in development work all across rural Nepal is slow at present, *The ISIS Foundation* has nonetheless made some real strides in development in both Humla and Kathmandu.

2.2.1 Humla Projects

Our major projects in Humla in the last six months have been largely in collaboration with our partner, USC Canada-Nepal. They have included the following:

- Construction of a large hostel building is in progress for schoolchildren at the regional secondary school in Chauganphaya, Upper Humla. The hostel building has rooms for boarding students, accommodation for staff, a kitchen block, and latrines for students and staff.

- A re-building project has begun on the sub-health post in Syanda village, complete with staff quarters, waiting room, treatment room, improved smokeless stove, and latrine for staff and patients.

- Funding Karnali Natya Samuha, a theatre group, to perform street dramas on health, sanitation, nutrition and safe motherhood issues. Ten members of this organisation walked around mountain villages to perform to around 2,400 people in the latter half of 2001.

Plates 3 – 5: Karnali Natya Samuha, Nepalese Theatre Group, performing on health and sanitation in Humla.

- Running de-worming camps to address gastro-intestinal problems in the populace, mainly among children in *ISIS's* target areas. These camps treated several thousand children in six districts in the mountains.

- Two Assistant Nurse Midwives (ANMs) have been hired with *ISIS's* support and are currently working in and around Simikot, the 'capital' of Humla. The ANMs have been involved in a number of activities, including:

  - Visiting several government health posts in the regions targeted by *ISIS* in Humla, to ascertain what equipment needs exist and can be addressed using our support.
  - Preparing training programs for traditional birth attendants, mothers groups, and primary education teachers in Humla, focusing on health and hygiene.
  - Organising a Humla-wide meeting of all health professionals for coordination of activities.

- Alex Zahnd, a consultant from Kathmandu University Engineering Department, went with *ISIS's* support to Humla to assess and research needs in the region in relation to smokeless stoves, latrines, and solar lighting. Alex has extensive experience working on projects such as these from his years living in Jumla District, not far from Humla. As a result of this trip, *ISIS* will now consider extending our assistance to villagers, by providing additional training to Humlis.

"Overall I have to say that a smokeless metal stove and pit latrine programme are of great need for the Humla people. It addresses so many problems the local people struggle and fight against, such as health, hygiene and deforestation. The local people in all villages (Lama and Nepali) were VERY receptive for such a smokeless metal stove. Many of them also understand the need for a pit latrine, though more on the awareness about the need for a pit latrine and the benefit of a pit latrine has to be brought to the people compared to the stove."

Alex Zahnd, *ISIS* Humla Report October 2001

Humla – Western Nepal

Plate 6: Girls carrying wood for stoves, above Simikot in Humla (airstrip in background).

Plate 7: The most modern smokeless stove – it has 3 hot plates, a 9 litre water container and a slot for charring roti.

Plate 8: The current sub-health post at Syanda; this will be demolished to make way for the new sub-health post in 2002.

Plate 9: Chauganphaya hostel, mid-construction, 2001. These are the school children who will board in the hostel once completed.

2.2.2 Kathmandu Projects

We have continued our support to three NGOs in Kathmandu, and have been delighted with the progress and work of each of these organisations, as follows:

- The Himalayan Medical Foundation, another Kathmandu-based partner of *The ISIS Foundation*, has with our support expanded the number of patients they see daily at the Benchen Gompa Clinic at the foot of the famous pilgrimage and holy site Swayambunath Temple. The two health workers now treat between 500 and 600 people each month.

- Our support to Hands in Outreach (HIO) also continues. HIO is a Kathmandu-based educational service provider. *ISIS* is helping HIO with the salaries of their two Case Workers, providing health assistance to children in need (particularly dental care, which is desperately needed), and assisting travel to Nepal for Board Members to support the work of the agency.

  Below is an outline of the family circumstances of Tara, a ten year old whom HIO both sponsers and supports - she is now boarding at a local school.

> "…All seven were living in one rented 10' by 12' room. There was a bare light bulb overhead hanging from a pair of wires and one small window. Two beds lined the sides of the room and in one corner stood a small kerosene cookstove and a few pans. The wall was blackened behind the stove and a stack of clothing rested nearby. There was no indoor plumbing and the toilet was shared with other families in the building. Neither of Tara's parents are literate but both have a strong commitment to the girls' education. Her father, Prem, works off and on as a 'tuc-tuc' cab driver, earning about $ 18 in a good month… Tara's mother stays home while her oldest brother age 21, works in a small factory earning about $ 20 a month…"
>
> HIO Newsletter, Winter 2002

- With *The ISIS Foundation's* support, our partner The Tashi Waldorf School, a Waldorf kindergarten for the children of very poor families in Kathmandu, has been able to rebuild a large section of its school building. The renovations allow the kindergarten to provide 40 additional places for underprivileged children. The School also provides teacher training on early childhood education, using internationally renown Steiner educators.

2.2.3 Dr. Haddix-McKay, Nepal Country Manager

Dr. Kimber Haddix-McKay, the *ISIS* Nepal Country Manager, still resides full time in Kathmandu, representing *The ISIS Foundation*. She was evacuated for several months in late 2001 as a result of increased violence, but returned (bravely!) in early 2002.

Her role is primarily to manage *ISIS*'s relationship with NGOs within Nepal, undertaking due diligence of potential new partner agencies, and working with our current partner agencies to monitor performance and ensure effective service delivery. She has undertaken a range of discrete projects in addition to this work, including:

- In late 2001, Dr. McKay undertook research on international best practice in (i) primary health care and (ii) safe motherhood programmes. We believe that such research is vital, so that we can heed the advice of those who have developed and tested innovative health services in locations similar to those in Nepal. The papers will be available on our website in mid 2002.

- Together with illustrators in Kathmandu, she is developing a set of educational posters and flip cards for household educational visits to teach people who live in Humla about the benefits and proper usage of smokeless stoves and pit latrines. These posters and flip cards are illustrated with particular attention to mountain peoples' dress, architecture, crops and surroundings, and may be of use to a variety of NGOs working in the mountains.

- Kimber is working with Kathmandu University Medical School to design a baseline study of the Humla region – a natural progression from the Needs Analysis she undertook on *ISIS*'s behalf in 1999. This study will provide medical treatment to people in six local villages at the same time as research on disease prevalence is undertaken.

2.3 Looking Forward: The Next Six Months

The next six months for *ISIS* in Nepal are likely to stay busy.

In Kathmandu, we will continue our assistance to our partner NGOs, and look forward to seeing the completion of construction at the Tashi Waldorf School. Our assistance to Hands In Outreach will continue, and we will be assessing the efficacy of providing funding for training programmes, and staff for a laboratory, with the Himalayan Medical Foundation.

We will be continuing to expand our work in Humla, which will include at the very least:

- The completion of the sub-health post at Syanda.
- The completion of the building of the school hostel at Chauganphaya.
- The design of six formal baseline health studies in villages in Humla, to enable us to accurately measure the effectiveness of our projects.
- The hiring of Nepali staff from Jumla to train Humli people on effective installation of smokeless stoves, solar lighting and pit latrines, and the development of training curriculum, posters, and flip cards that are culturally appropriate. We hope to asssit local people to install 100 latrines and 100 smokeless stoves in 2002.
- Provision of training programmes for traditional birth attendants, mothers groups, and others in the region.
- Assessment of the need for solar power in Syanda and Chauganphaya, and re-assessment of the needs at the *ISIS* funded primary school in Yalbang, which was completed last year.

We are also assessing new initiatives in both Humla and Kathmandu, with a view to:

- Increasing the level of assistance to people in need, and in particular providing support to NGOs which have a proven track record in working with mountain populations or particularly marginalised groups (such as women and those in 'lower' castes).
- Ensuring that our assistance can continue despite continuing violence in the mountains, and the restrictions that entails for staff in Humla.
- Developing stronger links with the tertiary sector, to ensure the long-term benefit of our work, and to assist in the process of restoring Nepal's confidence in the expertise of Nepali-trained professionals.

"We must teach our children to dream with their eyes open"

Harry Edwards

Uganda Activities

The ISIS Foundation

1 July, 2001 – 31 December, 2001

3.0 Uganda Projects

Uganda's challenges in terms of health and education of children differ from those in Nepal. Whilst poverty is a continuing issue for both countries, the violence in Uganda is largely confined to fighting on the country's borders, outside of our current project areas. Thus our work with the Kiwoko Hospital in Uganda continues without immediate pressure from these regions.

3.1 Political and Economic Situation

President Yoweri Museveni was returned to power in early 2001 for his third five-year term in office, winning the election with around 70% of the vote. His rule stands in stark contract to the violence of the Idi Amin and Milan Obote periods.

Uganda has, however, considerable economic and political issues to face. As at the end of 2001, Uganda was in conflict in the following regions:

- Relations with Rwanda were still tense, leading to UK intervention and threats over possible losses of international aid should the two countries continue at a stand-off.

- Fighting in the West, on the border with the Democratic Republic of Congo (DRC), continued. Under pressure from the UN, Uganda withdrew some of its forces from the DRC in 2001 but has since seen renewed fighting amongst rebel groups.

- In the North, on the Sudanese border, nearly one million Ugandans are compelled to live in 'protected villages' as a result of continuing violence. President Museveni ordered more troops to the Northern Border region in July 2001, and has received wider international support as the European Parliament condemned the actions of the Sudanese Lord's Resistance Army (Uganda Country Profile - 2002, Economist Intelligence Unit).

Uganda's economic woes are further exacerbated by its extreme reliance on coffee production (which accounts for over 90% of its exports), plus the fact that around 60% of its foreign earnings are used to pay off the large overseas debt (Findlay and Crowther, 1997).

Plate 10: (previous page) Ugandan children in Wobulenzi, Uganda, February 2002

3.2 Children's Health and Education

Despite economic difficulties and serious military activity, Uganda has made major inroads into solving its public health and education problems in the last decade. The difficulty in moving forward is largely a result, of (i) the devastation of the Amin / Obote era, and (ii) the advent of AIDS.

The chart below compares Uganda, in terms of health and educational indicators, to those in the UK and USA. Data from the Economic Intelligence Unit (2002) also shows that only 49% of boys and 29% of girls complete primary education (largely due to incapacity to pay fees), and around 40% of primary school teachers are untrained.

Indicator	Uganda	UK	USA
Gross National Income Per Capita	US$ 310	US$ 24 500	US$34 260
Infant Mortality (# of child deaths per 1 000 live births)	81	6	7
Under 5 Mortality (# of child deaths per 1 000 live births)	127	6	8
Maternal Mortality (# of mothers who die per 100 000 live births)	510	7	8
Access to Safe Water, % of population:			
Rural	47	100	100
Urban	80	100	100
Adult literacy, % of population:			
Male	78	dna*	dna
Female	57	dna	dna
% of children who are underweight (moderately or severely so)	26	dna	1
Children who are stunted (height)	38	dna	2
% of one-year-olds Immunised Against:			
Tuberculosis	83	dna	dna
Diphtheria, Whooping Cough, Tetanus	55	93	96
Polio	55	93	91
Measles	53	91	92

– data not available

Table Two: Showing difference in health and education indicators between Uganda, UK and USA, UNICEF, 2002, www.unicef.org

HIV / AIDS continues to be the major health issue in Uganda, despite publicity about the country's success with reducing transmission rates. The latest figures indicate that the number of people infected with the HIV virus is around 1.9 million – close to 9% of the population. Uganda is reputed to be the most successful African country in terms of lowering infection rates – research indicates that this is due to increased condom usage (particularly among prostitutes), a delay in the age at which young people are becoming sexually active, and a decline in the incidence of casual sex.

"Uganda's aggregate health indicators… are among the worst in the world, yet at independence health standards were better than in many African countries. As in other sectors, the Amin era and its aftermath resulted in neglect of health infrastructure and loss of resources. In addition, Uganda has been struck by the AIDS epidemic. AIDS is now the leading specific cause of death among adults, followed by tuberculosis and malaria. Among children, the main killers are malaria, pneumonia, and diarrhoea. Because of inadequate family-planning services, pregnancy–related health problems are serious, and Uganda's maternal mortality rate is over 12 times higher than the norm for developed countries."

Uganda Country Profile - 2002, Economist Intelligence Unit

"AIDS… is the biggest risk to young Ugandan adults, who should be the main bread winners in the society but instead are falling sick and dying of AIDS. Often they leave many children behind to be looked after by grandparents who have invested all their money in the education of their children, only to see them die. I recently discovered a sign of the overwhelming poverty many face. It costs 60 pence for a tooth extraction and £ 1.20 for a filling. Most people would rather lose a tooth than pay an extra 60 p. to keep it."

Kiwoko Hospital Newsletter, October 2001, www.fokh.org.uk

3.3 *The ISIS Foundation* and Kiwoko Hospital, Luwero

In Uganda, our partnership with Kiwoko Hospital continues.

Kiwoko Hospital, from humble beginnings in 1989, has now expanded to include a number of innovative programmes and facilities. The Hospital continues to provide medical care to thousands of patients from surrounding areas. In addition, in 2001 the first graduates from their newly established Nursing Training College gained exemplary marks in their final exams. The new farm and income generation project, which is staffed by AIDS sufferers, now has 73 cows, a eucalyptus forest, and around 11 acres of land growing coffee and maize.

Staff who work at Kiwoko face unusual challenges. The hospital is remote, and reliant on international donations to function.

"The patients at Kiwoko are overwhelmingly poor people from the surrounding areas. Many of them walk for miles with their babies on their backs before reaching the hospital. It is very different working somewhere like Kiwoko as you see where everything comes from – your milk comes straight from the cow, the blood supplies sometimes run out and doctors are running around the hospital asking the nurses to give blood for their patient, there is a power cut, and suddenly the surgeons are left with no lights, oxygen or monitor… You also have to be much more aware of cost than in the UK, both to the patient and the hospital – and this of course has a huge influence on which drugs are used, or even how hard you try to find out what is wrong with a patient."

From a medical student at Kiwoko, September 2001, Kiwoko Hospital website: www.fokh.org.uk

Kiwoko Hospital Community Based Health Care Programme

Plate 11: Transportation in Ngomo, Luwero district.

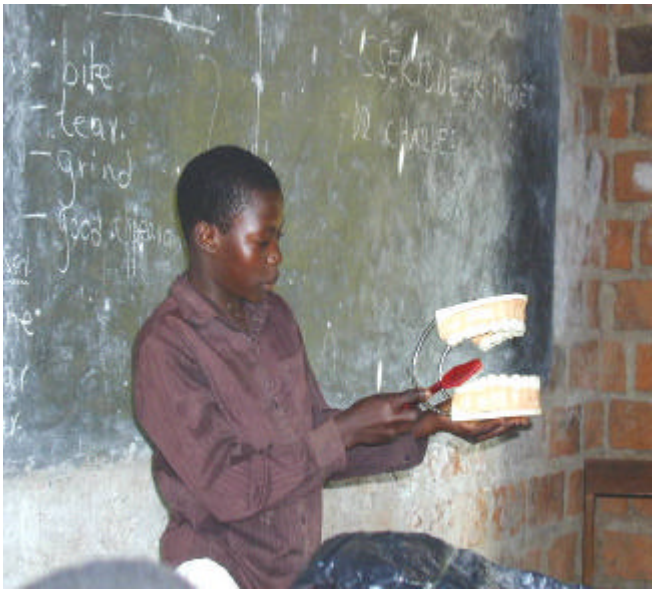

Plate 12: Lessons on dental hygiene.

Plate 13: The *ISIS* funded Community Based Health Care Hall.

Plate 14: The opening of the CBHC Hall; performance by Traditional Birth Attendants.

The workload at the hospital has been increasing, and 2001 saw an increase in admissions of around 35% over the previous year's numbers. Table Three below shows the number of admissions and procedures over the last two years; this work is undertaken by 7 doctors, 1 dentist, and a number of nursing, para-medical, and support staff.

Area / Unit	2000	2001
Admissions: Paediatrics	2 081	2 717
Admissions: Male ward	901	1 153
Admissions: Female Ward	825	1 152
Admissions: Maternity	1 080	1 497
Admissions: TB Ward	168	114
Admissions: Neonatal ICU – Special Care Baby Unit	Nil	212
Outpatients	20 672	25 711
Operations	1 458	1 681
Deliveries	722	969
Laboratory Tests	32 534	46 919
Dental cases	1 034	1 299
X-Rays	1 823	2 548
Ultra-sounds	556	972

Table Three: Comparison of Numbers of Admissions and Procedures at Kiwoko Hospital 2000 - 2001; Kiwoko Hospital Annual Report, 2001.

3.4 Project Progress: July 2001 – December 2001

The ISIS Foundation has, to date, been working with Kiwoko Hospital in the areas of Neonatal care, community health, and HIV / AIDS.

3.4.1 Neonatal Intensive Care Unit

The Neonatal ICU at Kiwoko Hospital, which was initiated and funded by *The ISIS Foundation*, was completed in around April 2001, and has been an extraordinary success.

In the nine months of 2001, the staff of the ICU saw 212 babies in the new unit, with monthly admission numbers ranging from 15 to 30 babies. They see

babies with a variety of conditions, including septicaemia (the most common diagnosis, often arising from unhygienic cord-cutting), tetanus, malnutrition, neonatal pneumonia, and birth asphyxia.

"Our special care baby unit … had one baby who was born at 770 grams. It died last night after having lived for two weeks and its weight dropping to 600 grams. For the two weeks it was alive, born at only 26 weeks gestation, it was another of our miracles, since such children have no chance of survival for even a day. In fact, under Ugandan law it is counted as a miscarriage, since they have never survived. So our record for a survivor is still 800 grams – still remarkable."

Kiwoko Hospital Newsletter, October 2001, www.fokh.org.uk

More remarkably, the Unit has now developed such a good reputation for dealing with premature babies that it is receiving referrals from other government and non-government hospitals, even from the capital, Kampala (1.5 hours drive from Luwero).

The staff of the Unit are highly dedicated, and full of enthusiasm, compassion, and humour. Enormous thanks to Dr. James Nyonyintono, Dr. Keiko Kitagawa, Christine Otai, Florence Nakamya, Carolle, Betty, and the rest of the team who have made the Unit such a success. *The ISIS Foundation* funded the salaries of two Midwives at the Unit in late 2001 and will continue to do so in 2002.

Debbie Anzalone-Lester, the *ISIS* Special Projects Manager – Uganda, has continued to collect donations of equipment from hospitals in Seattle, which we then freight to Kiwoko Hospital.

In the hospital magazine of the Seattle Children's Hospital and Regional Medical Center of Seattle, they describe Deb Anzalone-Lester's work collecting equipment for Kiwoko :

"In the past, Kiwoko was a dumping ground for old equipment that didn't work", Debbie says. "Children's is providing newer items, and the staff in Kiwoko are very grateful."

… Many of Children's staff are becoming involved. Some plan to take vacation time to work at Kiwoko. Others are helping acquire needed equipment. Even patients want to help. One 13-year-old boy who has undergone over 25 surgeries made it clear to his mother that any of his unused home-care equipment should go to Uganda. On the day that his mother learned devastating news about his condition, she still worked overtime to get his suction equipment from Lyndon, Washington to Seattle in time for Debbie's recent trip to Uganda."

'InHouse', July 2001,
Seattle Children's Hospital and Regional Medical Center of Seattle

We will review the progress of the Unit in early 2002, with a view to assisting Kiwoko further with staff, training, and resources.

The Neonatal Intensive Care Unit, Kiwoko Hospital Uganda

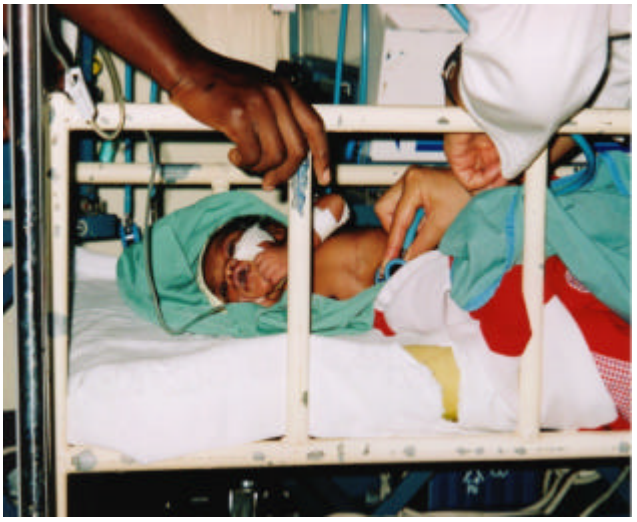

Plate 15: Premature baby, February 2002, in the Neonatal ICU.

Plate 16: Premature baby, Kiwoko Hospital.

Plate 17: Premature baby, 2001, Kiwoko Hospital.

Plate 18: Staff of the Neonatal ICU, Kiwoko Hospital, February 2002.

3.4.2 Community Based Health Care (CBHC) Programme

The ISIS Foundation continued to support the CBHC Programme at Kiwoko, by providing the running expenses for the mobile clinic, which was purchased in 1999 with a donation from Partner Re in Bermuda.

The CBHC staff run a wide range of programmes in the Luwero area, and are currently working in three sub-counties – Kikamulo, Ngoma, and Wakyato. They provide direct assistance to people in these regions, and they also train local community members to be voluntary health workers and traditional birth attendants. Some of their current work includes:

- Immunisation (tetanus for mothers, and immunisation against diphtheria, whooping cough, tetanus, polio, TB, mumps and rubella for children and babies).
- AIDS Counselling.
- Sanitation training (including subsidised provision of materials for building latrines).
- School visits.
- Disability Services.
- Dental Care.

The ISIS Foundation's provision of a vehicle and its running costs allows the staff to access remote areas, where they can provide services to villagers who have little or no access to health posts or the hospital. There is a real reliance on community based health care in rural Uganda. For example, over 70% of villagers use the services of traditional healers, and 90% of mothers give birth with a Traditional Birth Attendant, rather than with a midwife or in a hospital. As such, community based programmes are essential in improving child health in these communities.

Kiwoko Hospital could potentially extend their community based health care services to further regions, and T*he ISIS Foundation* will be considering additional assistance in the next year or so.

3.4.3 Subsidised Treatment for AIDS Patients

In 2001 the Bermuda Anglican Cathedral donated money to *The ISIS Foundation* specifically for subsidising the treatment of people with AIDS at Kiwoko. This was used to fund medicine for destitute patients who had no opportunity to purchase medication or pay for inpatient services. Kiwoko hospital provided treatment free of charge to 195 AIDS patients in 2001, some as young as 5 months of age.

Access to affordable medication is a critical issue for AIDS sufferers in the developing world:

> " Last night one of our cleaners died of cryptococcal meningitis... this week we have lost three patients with (this) on just one ward, and there are many other sufferers around on the other wards. There is treatment available but it will cost over £50 for the intensive phase and has to be carried on for life. People cannot afford this and the hospital also cannot afford to subsidise it since there are so many sufferers and it would bankrupt us."
>
> Kiwoko Hospital Newsletter, October 2001

3.5 Looking Forward: The Next Six Months

The next six months for *The ISIS Foundation* in Uganda will involve:

(i) visiting Kiwoko Hospital to assess further areas where *The ISIS Foundation* could be of assistance, and to monitor project progress;

(ii) provision of further training to staff of the Neonatal Intensive Care Unit, particularly in thermo regulation, nutrition, and care of the newborn infant;

(iii) provision of additional equipment to the Neonatal ICU, and;

(iv) continuing our support for, and consideration of further assistance to the Community Based Health Care Programme, including renovations to the Community Based Health Care training hall funded by *ISIS* in 1999.

"A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove... but the world may be different because I was important in the life of a child"

Unknown