



The ISIS Foundation
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Plate 1: Front Cover: Girls above Simikot, 12 000 feet high in the mountains, carrying wood for stoves

1. Management and Administration of *The ISIS Foundation*

1.1 Overview, Staffing, and Site Visits

The latter half of 2002 was again a busy time for *The ISIS Foundation*, both on the ground in Uganda and Nepal and in the back rooms, where we continue to develop monitoring systems and processes to ensure that our donors' generosity is well honoured by the work that we do.

Our two country-specific staff – Deb Lester (Uganda) and Kimber Haddix McKay (Nepal) continue to work with the local non-Government organisations (NGOs) via their bases in the United States. In late 2002 Deb's hours increased as a result of the workload involved in preparing volunteers for work in Uganda, oversight of the Neonatal ICU at Kiwoko Hospital and all that this entails, and organising equipment donations for the hospital. Kimber's hours decreased as she has returned to work at The University of Montana – while this is a loss in some ways for the Foundation it is also a gain, as her links mean that we can utilise the wonderful resources at the University – students who are itching to volunteer to undertake research for *The ISIS Foundation*!

In terms of country monitoring and evaluation, Leonie Exel, General Manager, visited Uganda in September/October 2002. This trip allowed us to finalise a major new expansion at Kiwoko Hospital, and to begin a new partnership with a Kampala-based organisation working with street children. We also began to develop links with the staff working in the Neonatal ICU of Mulago Hospital, a major hospital in Kampala, in the hope that this will further assist our work out in Luwero.

In addition to Leonie's time at Kiwoko, two specialist medical volunteers donated their time and expertise and ran training programmes at Kiwoko Hospital in late 2002 – Dr. George McInnes, a Radiologist from King Edward Memorial Hospital in Bermuda, and Jeff Austin, a Radiographer who had previously also worked at KEMH. Their work in Uganda was hugely appreciated by all at the hospital, and we cannot thank them enough for their generosity in visiting Africa on behalf of *The ISIS Foundation*. Please see Section 3 for more detail.

Our plans for 2003 include the following visits to Uganda and Nepal:

- In early 2003, a Paediatrician from Seattle, Dr. Maneesh Batra, will spend a month working in the Neonatal ICU at Kiwoko Hospital. He will be followed by Deb Lester and Leonie Exel, who hope to visit mid-year, and Audette Exel, who is planning a visit in May.
- Both Audette Exel and Leonie Exel will – security permitting – revisit projects and NGOs in Nepal over the course of the year.

1.2 Donors and Donations from Around the Globe

The ISIS Foundation has been able to help thousands of children since it began. This simply would not be possible without the assistance of literally hundreds of donors who have supported us, either financially or through in-kind donations. Many, many people have spent hours quietly fundraising or helping us out, and they are often the unsung heroes of our Foundation.

It is frustrating not to be able to mention every donor or volunteer in these reports – space does not allow it, as there are so many. But perhaps some examples of the kinds of donations we receive will give a picture of the goodwill and heart that lies behind the work we do:

- In Seattle, USA, a group of locals decided to start an ‘African AIDS Angels’ project on *ISIS*’s behalf. This concept was originally developed in Canada, and involves groups getting together and making Christmas ornaments – angels – decorated with the name of a child in Africa who has died of AIDS. In November last year groups of nurses, hospital employees and students got together and spent hours making the angels. These are then sold, and the profits donated to assist with HIV/AIDS work in Uganda. This work will continue this year – in the first night that the angels were put on sale the entire stock was sold! Please see section 3.1.3 for more detail.
- Prior to our last visit to Uganda, we needed medical supplies for use by Dr. McInnes, the Radiologist running training for doctors at Kiwoko Hospital. Craig Bethune, from Atlantic Medical International in Bermuda, donated box loads of critical equipment and supplies, without which we could not have run the training. Craig not only found what we needed, he helped us crawl around an office floor covered in supplies and boxes, and itemise and re-pack for the long flight to Uganda. Glen Smith, the owner of IBC in Bermuda then provided air freight free of charge for nine huge boxes to be sent across the world. THANKS!
- The effort and support from the Kilimanjaro Climbing Fundraisers, mentioned in our last report, was just overwhelming. In total by year end they had raised over US\$130 000, which will be matched by ACE Limited in 2003 to reach a total donated of US\$300 000. It was not just the total funds raised which astounded us, it was the ingenuity of the fundraisers – and their tenacity at keeping on with the donations well beyond what was required of them – which was so impressive. They encouraged their friends and family to donate, ran garage sales, set up sponsorship linked to the number of feet of the mountain that they climbed, and one couple even ran a bluegrass night at the local pub, where the band donated their time and the cover-charge became a donation to *The ISIS Foundation*.

- We have received so many donations from the wonderful Nurses and Doctors in Seattle that we have now rented a storage shed to collect equipment and supplies to send by container to Uganda. In each of five major Hospitals involved, dedicated people collect equipment, beg, borrow and badger in order to get high quality supplies for our partner hospital in Luwero. We just wish that all these donors could see the looks on people's faces as they open the boxes that arrive. It is not only the actual equipment which counts, but the knowledge that although life is tough in rural Uganda, there are people overseas who genuinely care and want to help out where they can.
- Julia Cook, in Bermuda, has put a huge amount of time into getting donations of high quality kids clothes and toys that we can send to our projects for the literally hundreds of children we now work with. As a consequence, our Bermuda office seems to be constantly overflowing with bags of gifts that will light up the eyes of their recipients, and which we ship and carry to our projects as often as we can.
- Once again, layout and management of our Christmas Card has been provided free of charge by RB&K Advertising, and the printing by Island Press, in Bermuda. This is no mean feat – we send out over 1500 cards across the world – and these two organisations have been quietly helping us out for years. We always get a great response to the cards, with donors remembering us over the holiday period, and this is in no small part due to the generosity of these two organisations.
- One final example which warmed our hearts – from Somersfield Academy in Bermuda. This well-regarded Montessori school runs a community service programme each year where the kids raise money for charity – in our instance, junior school children did 'extra chores' and their wages went to a donation to *The ISIS Foundation* for clothing and supplies for the babies in the ICU in Uganda. These children washed cars, tidied up at home, cleaned up patio furniture, baked and sold scones, and helped with the gardening, and in doing so raised nearly US\$400, a large sum in Ugandan terms. A note on their notice board said it all:

"Jabari Robinson did FIVE chores, and donated all of his pay to Kiwoko Hospital. He took out trash for Ma, cleaned 5 sliding glass doors for Lucy, packed groceries for Mom, and cleaned Aunt Tracey's and Aunt Judy's bike."

1.3 Total Donations – To Date and for 2002

Since inception, we have received donations totalling approximately US\$ 752 513 for the work of *The ISIS Foundation*. In 2002, the generosity of hundreds meant that we received \$296 487 in just one year alone.

ISIS Limited, the profit-making company set up by the same partners who set up *The ISIS Foundation* was established to generate revenue to support administration costs of *The ISIS Foundation* and to allow donors to donate 100 cents in every dollar to project and country-related costs of the Foundation work. Accordingly, in addition to the funds donated to *The ISIS Foundation* by donors, to date, *ISIS Limited* has paid US\$1 025 782 for head office salaries, Foundation management, general administration, and a portion of project costs for *The ISIS Foundation*

During 2002, we were able to reduce administration and head office costs significantly, as we made our work more efficient. We also made the decision to approach selected donors to co-fund the administration costs of *The ISIS Foundation* with *ISIS Limited*. Since September 11, 2001, turbulent financial markets have resulted in increased volatility of the revenues of *ISIS Limited*, even while *The ISIS Foundation* has continued to grow. At times, this has made it difficult for *ISIS Limited*, which is a small consultancy and corporate finance business, to cover all necessary costs. In addition, the dependence of *The ISIS Foundation* on one large donor, *ISIS Limited*, is a business risk for the *Foundation* that we think needs to be mitigated. Accordingly, in 2002 a marvellous donor contributed US\$50 000 to these costs alongside *ISIS Limited* – our thanks to that donor for giving us such a boost. Going forward, unless donors specify that they would like their funds to be used for administration costs, they will continue to be applied 100% to project and country-related costs only. If donors wish to help co-fund the administration costs with *ISIS Limited*, we will accept such help with gratitude!

Thank you, thank you, thank you to all our donors, large and small – we continue to work to ensure that your donation is well utilised in the developing world.

Nepal Activities

The ISIS Foundation

1 July, 2002 – 31 December, 2002



2. Nepal Projects

The security situation in Nepal continued to be tense throughout 2002, as the civil war continued unabated. Although the primary 'front' still tends to be in the mountains, people in Kathmandu are affected on a day-to-day basis.



Despite the ongoing problems, our partner NGOs in Nepal are still providing quality service to thousands of people, sometimes putting themselves in dangerous positions to do so. Several staff have been stopped in the mountains and questioned by Maoists – and then allowed to keep working when it becomes clear that they are simply trying to help local children with health and educational programmes. We have nothing but admiration for those who are so dedicated to helping others that they will trudge through snow and civil war to achieve their goals – we thank and salute all those individuals, communities and NGOs who continue to work with us, for the greater good, in such difficult circumstances.

The Nepalese army was deployed on the streets of Kathmandu fully armed. This was such a strange and extremely disquieting sight. The throngs of people in the streets went about their business as though nothing had changed, but all are fearful of the potential violence. Immediately after the two-week old school strike ended, a bomb exploded in a building in a crowded section of the city... Kathmandu is terribly overcrowded and choking on the dreadful fumes of diesel from the growing number of cars, trucks and motorbikes.

Correspondence from Ricky Bernstein, Hands in Outreach, January 2003

2.1 Humli People Welcome Tibetan Medical Assistance

The provision of western-style medical assistance has become more difficult in Nepal, particularly in our remotest project in Humla, North Western Nepal, owing to the ideology of the local Maoist groups. We have therefore looked to adapt to those changing circumstances by providing medical assistance to Humla in ways that are acceptable to all parties to the civil war. One of the ways we have adapted to the changed circumstances is to become more involved with traditional and Tibetan healers and doctors.

Our work with our new partner NGO, the Amrit Tibetan Medical Centre, is providing real assistance to people in the most remote areas of Humla via their 'mobile clinic'. We are working closely with the two Tibetan doctors at the Centre, providing help with various costs such as air travel to Humla, wages, and production of medicines. We are also providing both financial and in-kind assistance so that they can develop their infrastructure over time to enable them to better structure their Centre to be able to access other international assistance.

Dr. Sanga Tenzing travelled to and from Humla villages on four occasions in 2002, treating hundreds of people who rarely, if ever, had access to Tibetan medicine.

Plate 2: Nikita and Sunita: Two children assisted by Hands in Outreach, Kathmandu

Most have very limited access to allopathic medicine, with the only services in the region being health posts staffed by locals with limited training, and a district 'hospital' which has only recently obtained its first bed.

"I am 72 years old and working in Yalbang Monastery since seven years. I am an artist in the monastery and have to stay long time in the monastery assembly hall. It is very cold through whole year and I have got hydrocele disease. Gradually the problem was increased and consulted to the Government District Hospital in Simikot. Though for few months I was given treatment by Government Hospital the problem still persisted. Eventually my health condition comes to last stage and doctors had advised to operate.

Luck and fortunately Dr Sanga Tenzing was come to the monastery in time and I immediately consulted to him and got medication for ten days. By his medication I was recovered in total from my severe illness. I like and trust on Tibetan herbal medicine. In particular Doctor Sanga Tenzing is experienced on diagnosis and compassionate on patients as well..."

Letter from Taklha Lama, Humla, Nepal, October 2002

Tibetan medicine is highly regarded in Humla, and locals are always delighted to meet with Dr. Sanga, who trained at the Dalai Lama's institute in Dharamsala.

The Tibetan medical system is extremely ancient, having been in practice for over 2500 years. It includes components of (i) the ancient Greek medical system, which it assimilated via Persia, (ii) the Ayurvedic medical tradition, which it imported with Buddhism from India, and (iii) many forms of Chinese medicine which were incorporated over the centuries. The approach is extremely holistic and the doctor regards all aspects of a patient's life when considering diagnosis. The aim is to treat the patient, not just the illness. This necessarily involves treating the mental side as well as the physical side of the patient, and focuses attention on a range of factors which contribute to physical illness including physical activity, social support (or lack thereof), diet, sleep patterns and so on. There is a massive body of literature that makes up Tibetan medicine, including the oldest surviving written system of medical psychiatry, a huge herbal pharmacopoeia, and a complete system of diagnosis and treatment.

Dr. Sanga's training and expertise is valued greatly by Tibetan communities in the remote North. He not only treats people when he travels to Humla, but collects herbs which are later used in preparation of medicines in Kathmandu.

"I am very glad to learn that ISIS Foundation is funding to Amrit Tibetan Herbal Medicine for the provision in free medication to the poorest people of Humla, in particular for Monks and local communities in Yalbang Monastery and villages in most remote areas.

Even in this new generation economics and health is still not progressive – health of this people is miserable. They are not getting even one dose when they are suffering from illness. And it is countless in untimely death rates. ... Tibetan medicine is very effective for those diseases. Monks and villagers are very happy about it. Many patients are getting restoration from illness..."

Letter from Pema Rigtsal Renpoche, Namka Khyung Dzong Monastery, Humla, October 2002

Nepal: Humla Projects

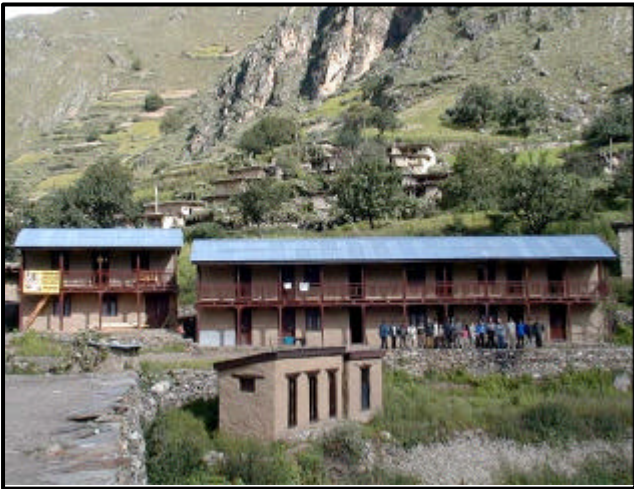


Plate 3: Chauganphaya Hostel Complex



Plate 4: Secondary School students at Chauganphaya Hostel cooking with smokeless stoves



Plate 5: Traditional Birth Attendants in Humla, Nepal, attending training by USCCN



Plate 6: The team of Jumli staff working in Humla

2.2 Striding up the Mountains with Health and Educational Programmes

A whole range of health and educational projects and training programmes were completed by end 2002 in Humla. We are delighted that these projects, despite one of the worst monsoon seasons on record and worsening security in the Humla district, were finalised and can now be of benefit to locals. Particular thanks to Shree Ram Shrestha from USCCN, who has focussed on *The ISIS Foundation's* projects for over four years and has been the driving force behind many of them, in addition to running a large, successful NGO which has helped tens of thousands of people over the years. Our thanks also to Alex Zhand from Kathmandu University Engineering Department, whose hard work and enthusiasm kept projects moving and many faces smiling despite the difficulties faced in the region.

So many projects took place in 2002 that it is difficult to summarise them all in limited space. Among the achievements were:

- A team of eight - four experienced people from the Jumla district, and four trainees from Humla - ran a major smokeless stove and latrine installation project across twelve remote villages. They not only assisted locals to install 108 pit latrines and 103 smokeless stoves, they provided training to all the families involved in the project, using posters developed by our Nepal Country Manager and staff at UMN, another NGO in Nepal. Stoves and latrines make a huge difference to people in the region, reducing the level of respiratory infection, saving the amount of wood needing to be used in the home and thus time spent collecting it, and reducing gastrointestinal illnesses.
- We are delighted to report that the Chauganphaya School Hostel, which now accommodates 26 children attending the local secondary school, is now complete. Another 14 children are expected to join the Hostel in 2003. The finishing touch - a solar power system to provide 93 energy-efficient WLED lights throughout the Hostel - was completed in late 2002. The students have bedrooms, kitchenettes, and latrines; the staff have accommodation and facilities; a training hall provides room for meetings and study, and there is clean running water for their use.
- The Syanda Sub-Health Post is also now complete, save for solar power which will be installed when the snows melt in early 2003. This two-storey building comprises a clinical room, storage facilities, an office, and a bedroom and kitchen for the resident health worker. It is fully furnished, surrounded by a retaining wall to protect from landslides, and stocked with new equipment. The Health Post will provide services to around 1600 people in the Syanda region. As with all other projects in Humla, local people initiated the project and contributed to the building process - a principle in all our work which means that there is always local ownership and input.

- Two Health Workers, under the auspices of USCCN – Sarita Bohara and Mira Lama – have been working during 2002 to improve health facilities in the region. Despite curfews and limitations on travel from village to village they have achieved real inroads in Humla. This has included the purchase of equipment for Health Posts in Thehe, Chhipra and Syanda - they now have basic equipment such as blood pressure sets, stethoscopes, emergency lighting, sutures and so on. It has also included working with local Government staff to provide de-worming camps to over 1400 people in three major regions. However, the mainstay of their work has been to conduct training programmes in the district, including Mothers’ meetings, training for Traditional Birth Attendants, meetings with Traditional Faith Healers and teenage girls, training 215 students in local schools about sanitation and hygiene, family planning and hygiene counselling with scores of local people, and individual assistance to mothers who had high risk deliveries. To top it all, they encouraged locals to attend regional vaccination programmes, getting an extra 60 children vaccinated over the course of the year.

2.3 Hands Reach Out to Support Children and their Families

We are continuing to work with Hands in Outreach (HIO), a wonderful educational service working across Kathmandu with over 100 children and their families.

HIO began working in Kathmandu more than 17 years ago, and they are run with an entirely voluntary Board. They work tirelessly to assist children who are often in dire circumstances to attend schools across the city. Board members provide support and also link international sponsors to the children, to assist the child’s family to pay for school fees, uniforms and other necessities. The Founders of *ISIS* have been personally sponsoring children with HIO since 1988.

HIO have only two paid staff in Nepal – Ram Gopal Adhikari, and Tsering Yankey, the Director and Assistant Director. Both staff were formerly students who successfully completed school as a result of HIO intervention. Both are quite remarkable people, visiting the kids at school, keeping in touch with families even during school holidays, and organising medical and dental care for the children. They care deeply for these children, and go out of their way to try to encourage families to support them and make the home environment suitable for studying. In Nepal, where girls are rarely encouraged to attend secondary school, HIO is helping over 75 girls to complete secondary education.

Nepal: Humla Projects



Above left:
Plate 7: Dr Sanga treating patients in Humla



Above right, top to bottom:
Plate 8: Dr Sanga's visits are of much interest to locals in Yalbang
Plate 9: Govinda teaching students about the benefits of smokeless stoves
Plate 10: Stoves arriving in Simikot, ready for installation



The service that HIO provides is highly personalised, where children, families, sponsors, donors, staff and Board members are all encouraged to get to know individual children and families and to work collaboratively to provide better opportunities in very difficult circumstances.

One recent story shows how this works in practice – HIO staff were walking in the village of Gandruk and met a young woman, Neera, working as a servant in a lodge:

Urche (an HIO sponsored young man) noticed that one of the servants at the lodge was about his age, dragging heavy loads of wood and doing other hard jobs. Urche talked with the girl and was very moved when he learned her story.

...Neera had a difficult childhood. Her parents had married 'out of caste', as her mother was of high caste and her father of very low caste. As a result of this elopement, her mother was disinherited and expelled from her community. Neera's father died when she was a child, and her mother, by then profoundly disturbed, became (mentally ill), unable to care for herself. In order to keep them from starving, a kind lodge owner offered to give Neera food and lodging in return for her labour.

Neera rose early every morning to bring wood, clean the kitchen, wash dishes, and do other chores at the lodge. During the day she managed to spend some time at the village school, where she hoped to learn to read and write. Soon after school ended, she hurried back to the lodge, to resume her chores, with no time to review her lessons. An additional difficulty in her life was her mother's (illness)...

With no family to watch out for her welfare, Neera, being very poor and also attractive, could easily be placed in a risky position living in the village...

When they returned home, Danny and Mary found Neera a sponsor... Together with Ram (Gopal Adhikari) they enrolled her in the Bijeswori School, one of HIO's affiliate schools in Kathmandu, where a safe and nurturing environment could be found. Now in class six, Neera finds that her life has been transformed. She loves being in school, works very hard, and gets good grades. She is immensely appreciative of the opportunity HIO has given her, and grateful to her sponsor for this support.

Marcia Lieberman, in HIO Winter 2003 Newsletter

The ISIS Foundation is assisting HIO in a number of ways. Among other things, we provide assistance for medical and dental care, emergency care for families in urgent need, and help with staff wages.

2.4 Helping Out at Jorpati Community School

As mentioned in our last report, we began working with The Women's Foundation in early 2002. We are assisting with salaries for the school principal and two teachers at the Jorpati community school, which was initiated and built by The Women's Foundation – Mr Surendra Prakash Upreti, Ms. Binod Gurung and Ms. Madav Dahal.

As is the case with many other programmes run by The Women's Foundation, staff at the local school are paid far less than would be the case if they were working in Government or private schools in Kathmandu. The average salary for a teacher is usually between 96 000 Rupees (around US\$ 1300) per year for a primary school teacher to 144 000 Rupees (US\$2 000) for a secondary school teacher. As the School is community run and is helping severely disadvantaged kids in the area, many staff work at night and on weekends and work either entirely voluntarily, or for wages that are half the national standard. The School provides quality education for over 300 children, many of whom have been referred by staff at The Women's Foundation. Most of the children at the Women's Shelter run by the organisation attend the School.

The story below about the life of one of the kids helped by The Women's Foundation gives an indication of the great work that the organisation does in Kathmandu, along with an idea of the bravery of these children who face incredible odds early in life and struggle to overcome them:

"Tulisa was born in Jhapa district. Her mother was the first wife of her father. Her mother died when Tulisa was 10 months old. Tulisa was raised by her stepmother, her father's second wife, who had three children of her own. Her stepmother and the other children of the family treated her very badly, and her father never cared for her. Her stepbrothers and sisters, on a daily basis... beat Tulisa. Tulisa, on more than one occasion, would be beaten to the point of blackout. She tried to commit suicide three times. One evening in 2000, her stepsister and brother locked her in a room and beat her so badly (that) she began to vomit blood, indicating internal bleeding and/or haemorrhage. At that time, a neighbour heard her cries and rescued her...

From that time on she spent her days moving from house to house, pleading for a place to stay while begging in the streets during the day. Seeing her situation, a man from the village brought her case to the Women's Foundation office in Jhapa... our district co-ordinator brought her to the shelter in Kathmandu.

Tulisa is now in Class 5... her favourite food is Dhal Bhat. She loves music. Her favourite subjects (are) maths and science. Tulisa's main ambition in life is to be a strong and successful person. She has a charming and friendly nature. She has some problems with her health and she becomes very frustrated when she misses her classes because of health reasons. Tulisa believes that education is the most important tool, which leads a person on the path of success."

Correspondence from The Women's Foundation, 2002

2.5 Expansion to Monastery Health Programme in Swayambunath

We have been supporting the two dedicated health workers at Swayambunath Monastery for over a year, providing medication and supplies for their clinic. Chhering Lama and Kedar Sanjel work for the Himalayan Medical Foundation (HMF), and provide assistance on a part-time basis to around 400 people each month, of whom around 40% are children or young people under 25. We have been impressed by their work, and by the support and training provided by the founder of HMF, Dr. Greg Rabold, and so in late 2002 we expanded our assistance to them.

Firstly, we have provided funding for the two staff to attend a refresher training programme on Tuberculosis, an illness which is still common in Kathmandu. Secondly, we are assisting them to expand and open a laboratory next to their clinic. The Monastery is providing the room, and *The ISIS Foundation* is assisting with monthly running costs, including the salary of the laboratory technician. We have also helped out with equipment and furniture – the Laboratory now has a fridge, centrifuge, microscope, steriliser and all necessary supplies.

The Laboratory is a vital part of the work that Chhering and Kedar are doing with local people. In the past, they have found that when they refer patients for further tests in order to clarify diagnosis, and thus to be able to treat effectively, the patients either do not have the money to go to a clinic or are intimidated by the process or by having to travel to unknown parts of the city. The new Laboratory will enable quick and accurate assessment and treatment of patients.

2.6 Waldorf Education for Disadvantaged Kids

The Tashi Waldorf School in Bansabari, Kathmandu, is continuing to provide a quality education to children between the ages of 3 to 7. The school aims to work predominantly with under-privileged kids but also combines children from other environments to try to break down the strong caste system and prejudices in Nepal.

"In 2002, 88% of the children came from under-privileged families while 12% came from middle/upper class families... The groups represented at the school were Tamang, Gurung, Rai, Magar, Tharu, Sherpa and Newari. "

Tashi Waldorf Year End Report, 2002

"All of the children are growing and blossoming! The children in Class One are learning so quickly that teachers and parents are amazed! The class one curriculum includes main lessons in Nepalese, math, form drawing, and nature studies. The rest of the day includes additional subjects such as painting, movement, handicrafts, physical education, music and singing, and English and Tibetan as second languages. Over the next five weeks the teachers are doing home visits to all of the children and their families. We held class meetings with the parents in September and their feedback was very supportive and encouraging, especially as education in general let alone the Waldorf philosophy is new to many of our parents."

Tashi Waldorf School Christmas Newsletter, 2002

In early 2002 our assistance to Tashi Waldorf in renovating one of their buildings was completed. In late 2002, we decided to assist them to further expand the school, and, have approved funding and support for several new projects, including building the interior of two new classrooms, two interior toilets/bathrooms, construction of a kitchen, a classroom for their teacher training programme, and a retaining wall in the valley on which the school is built to ensure the children's safety. This is a huge project, and will proceed once Tashi Waldorf receives additional funding from two German organisations who, in collaboration with *The ISIS Foundation*, will assist with the renovations.

2.7 The Way Forward...

We hope that the next six months will hold hope for improvement in the security situation in Nepal. We will be continuing our various projects, and will also be undertaking some new initiatives, including:

- the new renovations and building projects at Tashi Waldorf School, as mentioned in section 2.6 above, and
- increasing our work in Humla. We are looking at expanding our collaboration with the Kathmandu University Engineering Department, including widening the reach of our existing projects such as latrine building, installation of smokeless stoves and solar lighting in homes. We are also looking at providing assistance with safe drinking water projects in the villages in which we currently work.

Uganda Activities

The ISIS Foundation

1 July, 2002 – 31 December, 2002



3. Uganda Activities

The last six months of 2002 were extremely busy for *The ISIS Foundation* in Uganda. We expanded our work at Kiwoko Hospital in Luwero, including commencement of several new projects in the Neonatal ICU, and renovations to the Community Based Health Care Hall. We also sent two more volunteers to the hospital to provide equipment and training in radiology and radiography. In addition, we began to work with a new partner agency in Kampala – Mission for All – by supporting their work with street children from the city.



3.1 *The ISIS Foundation* and Kiwoko Hospital, Luwero

Our partnership with Kiwoko Hospital, a rural hospital around 50 miles north of the capital city of Kampala, continues to strengthen. In the latter half of 2002, we expanded and further formalised our work at the Hospital and as a result we look forward to being able to provide further services to the people of the Luwero District.

3.1.1 Neonatal Intensive Care Unit

The Neonatal ICU at Kiwoko Hospital is going from strength to strength.

When the NICU was initially completed in around April 2001, after a generous donation from Brian Hall in Bermuda, we were keen to see the demand for the Unit and how that demand would manifest itself. What types of babies would need assistance, how many, and for how long? The demand has been staggering – at the moment they are often caring for around 19 babies at any one time, and little lives are being saved even when babies are born below 1500 grams.

“ Kato is the second twin born by caesarean section at Kiwoko hospital after his mother was admitted fitting. She was carrying twins and had developed high blood pressure in the pregnancy and had eclampsia. If only she had been to the antenatal clinic it could have been picked up earlier, but unfortunately in rural Africa very few women attend. Her caesarean section was carried out as an emergency to save her life, even the babies were premature, and Kato was born weighing 1.4kg. His sister Babirye weighed 2.4kg and did fine, but Kato as well as being premature had not grown properly in the womb. Babirye could be discharged after 3 days but Kato stayed from October 14 to November 27, since at first he could not tolerate food and vomited continuously. His weight dropped down to 1.31 kg and his bones started protruding. However, with the care he was given he started picking up and the vomiting stopped as food was reduced and then gradually increased. Eventually he left the hospital weighing 1.94kg. The mother was especially happy since this

Plate 11: Kiwoko kids

was her first pregnancy, she had nearly lost her life and her babies, but she went home with both of them fit and well.”

Letter from Kiwoko Hospital, December 2002

Our work with Kiwoko on the Unit is primarily managed by Deb Lester, our Uganda Special Projects Manager, a specialist Neonatal Intensive Care Nurse. Deb’s role with *The ISIS Foundation* began when she volunteered to train local staff at the Unit in early 2000. She now works for *ISIS* for 20 hours a week collecting equipment from wonderfully generous hospitals in Seattle, preparing training for ICU staff, analysing their work and helping with key issues, visiting the hospital to run training programmes, and a million other ICU-based tasks.

We were thrilled when, in late 2002, Deb had an article on her work with the NICU published in the *Journal of Perinatal and Neonatal Nursing* (Vol. 16, No. 3, December 2002). She describes her early experience of the NICU, in contrast to the Unit now, in that article:

“Entering the NICU, it was clear to me that this was a newer structure, but a shell at that. Not yet in use, a fine layer of dust covered the room. It was empty except for a few sinks and a central nursing station. As I looked around the room, I envisaged how it would come alive in the days ahead, with hopes that many little lives could be saved here. I knew that more need existed here than in any place I had seen in the Western world...”

(Nowadays) .. enthusiasm, energy, and good humour continue to run high in the staff. They are making a difference. Nowhere is the improvement and change more readily seen than in the positive outcomes of the children. Babies now live when before they likely would have died...”

Lester, D., ‘Development of a Neonatal Intensive Care Unit in Uganda, Africa’, *Journal of Perinatal and Neonatal Nursing*, Vol. 16, No. 3, December 2002

When we looked at the number of tiny patients in the Unit, and the types of illnesses and conditions they were struggling with (particularly septicaemia, pre term and low weight, tetanus, malnutrition, respiratory disease and birth asphyxia) we realised that more staff were needed. As such *The ISIS Foundation*, in mid-2002, increased the funding to the Unit to try to keep up with the demand. We now fund the salaries and benefits of 4 Enrolled Nurses (two of whom are Midwives), while the Hospital funds 3 Midwives, 2 Nursing Assistants, and 2 Ward Aides. We also worked with the Hospital on revising the salary and benefits structure of the Unit, so that those who had undertaken extensive training would receive additional wages – in part to reward the work of the staff at the ICU, but also to reduce staff turnover and burnout, which can be high in hospitals where staff are working in difficult conditions with limited resources.

Another issue we faced in 2002 with the ICU was that of hygiene, which is no simple matter in rural Uganda. We are taking three new steps to ensure the highest possible standards of hygiene at the Unit – providing caps and gowns to all staff; providing high quality cleaning products, and (in 2003) we are also looking into building a separate laundry for cleaning the NICU linen (all those nappies!). This will also solve a difficulty we have with the isolation room in the NICU – which currently doubles as a laundry due to lack of space elsewhere in the Hospital.

Another problem that the NICU has struggled with has been the availability of some crucial medications for their tiny patients. We had some difficulty with donated medications, with Uganda customs being hesitant to accept donations of supplies or drugs which could be purchased in-country. So *The ISIS Foundation* is now providing funding for the Unit to purchase drugs from Kampala wherever possible, and we are only seeking to bring in those medications which are not available in Uganda.

“Simon was 5 days old when he was referred to Kiwoko Hospital from Kasana Health Centre, with a history of spasms triggered by touch and noise. This indicated that he had tetanus, picked up because his mother had never been fully immunised, and the umbilical cord had become infected.

He was admitted to the NICU and isolated. The treatment here is to sedate the child with anti-convulsants and sedatives, and to give antibiotics. At least with the ECG machine that was donated the baby could be properly monitored. However, many people including the nurses had lost hope, since there were so many spasms that the baby could not breathe, and feeding the baby was difficult, since even though he was fed through the nasogastric tube he would vomit afterwards.

Tetanus patients need peace and quiet since loud noises can trigger spasms. However, since the isolation room is also used as a laundry and there is washing throughout the day it is not possible to control the noise!

After one month Simon was free from spasms and a week later the treatment could be discontinued. His mother was very happy, but it was hard to convince her that being immunised against tetanus in pregnancy could have prevented this. Simon was her third born and in neither of the other pregnancies had she been immunised. She used local herbs to treat the cord and none of her other babies had had tetanus. Eventually she accepted that tetanus was caused by the local treatment she had been using.

... In most places tetanus in the newborn is a death sentence. At Kiwoko it need not be the end.”

Letter from Kiwoko Hospital, October 2002

Uganda: Kiwoko Hospital



Plate 12: Nurses Florence and Joyce, Neonatal ICU, Kiwoko Hospital



Plate 13: Another tiny patient in the NICU



Plate 14: Sarah Namaganda, the first Kiwoko ICU Nurse, now working at Mulago Hospital in Kampala



Plate 15: Dr. George McInnes training Kiwoko doctors in the use of Sonosite

In our last report, we mentioned Mary Asner, a volunteer who visited the NICU in May 2002 to train in Neonatal Resuscitation, thermoregulation and nutrition. When we last visited the Hospital, in October 2002, it was great to see the staff using the new equipment (such as the Med Infusion Pumps, or baby IVs), and the new techniques that Mary trained them in and assisted them with. One of these was the gestational age assessment – a series of tests and graphs by which the gestational age of the baby can be accurately assessed. This is critical in an environment where mothers are often malnourished, and may have full-term babies with extremely low birth weights as a result. Now that the staff are fully trained in this technique, diagnosis and treatment is more accurate and the babies are the winners.

In 2002 we began re-looking at our training provision to the NICU, and how we could best assist the staff there to obtain qualifications which are relevant, provided locally, and accredited (and thus transferable should they move to another Ugandan hospital). Deb Lester, our Uganda Special Projects Manager, researched the options available internationally and in 2003 will visit Kiwoko to assess whether a South African training package – a self-directed programme for Nurses – would be useful to them. The Perinatal Education Programme comprises four modules – maternal care, newborn care, primary newborn care and perinatal HIV/AIDS. Staff study in small groups, using comprehensive manuals, and then undertake external testing which will provide them with transferable qualifications. In addition to this, we will continue to run training in Neonatal Resuscitation – around 70 staff at the Hospital now have successfully completed the course.

Another initiative about to get underway for the NICU is formal analysis of the data collected in the Unit. The medical staff are collecting a huge amount of information on their patients, and we have begun to develop databases which can assist them to analyse their work and amend practices on the basis of those outcomes.

When we were last at Kiwoko, the staff of the NICU raised a key issue – Mums' whose babies were in care for several weeks in the NICU sometimes did not have anywhere dry and comfortable to sleep, with the maternity wards being full with mothers about to deliver. They needed some accommodation close to the NICU, so that they could continue to breastfeed their babies every few hours and learn 'kangaroo care' from the Nurses. As a result of those discussions, Kiwoko Hospital has designed a building which will house Mums' whose babies are being treated in the NICU – we hope to finalise this and commence work on the building in 2003.

3.1.2 Community Based Health Care

The ISIS Foundation continued to support the wonderful CBHC programmes of the Kiwoko Hospital in 2002, and during that period we expanded services in several areas.

We are continuing to assist with the running costs of the *ISIS* 4WD vehicle, used by staff to deliver health care and training to remote communities. The 4WD was originally purchased with a generous donation from Partner Re, a leading Bermuda reinsurance firm.

In addition to providing this vehicular assistance, we have added two new services for the local people. A grant from a Bermuda Government initiative, the Women in Public Life Conference, held in late 2002, has allowed us to implement these new plans. They are:

- Provision of free emergency transport to the Hospital for expectant Mums - we are hoping that around 200 Mums each year will make use of this service.

This initiative was begun after we realised that although Kiwoko Hospital has great facilities for Mums who may have difficult births, poverty and geography meant that many mothers were still choosing to give birth at home with little or no medical assistance. Petrol is expensive in Uganda, and well beyond the means of cattle keepers living in remote regions - many Mums have to travel to the Hospital on bicycles, along dirt roads, to get assistance.

- Provision of free transport for Mums whose babies have died, to transport both their child and themselves back to their home village to bury their child. We are also providing coffins for the babies.

We decided to provide this service after hearing heart-wrenching stories of the difficulties faced by mothers whose children had died at the Hospital. No free transport is available to outlying districts, and mothers must use local taxis, mini-vans accommodating up to 15 people. One young mother was at the Kiwoko Hospital and her first born child had died. She was carrying the child and trying to get home to bury him with the support of her family in the village. The taxi-driver refused to have the child carried in her arms, believing that it would disturb other passengers, and she was forced to put the child into a suitcase in the boot of the cab in order to get a lift home.

Uganda: Kiwoko and Mission for All



Above left, top to bottom:

Plate 16: Children from the MIFA Street Kids Programme

Plate 17: Jeff and Daniel studying an X-ray

Plate 18: Audette Exel in front of the *ISIS* House (the unit on the right)

Above right:

Plate 19: Kiwoko kids

Finally, we are renovating the Community Based Health Care Hall, which was an initiative undertaken by *The ISIS Foundation* when we first started working with Kiwoko Hospital in 1998. We are adding a storeroom to the Hall (which will usually store the bicycles used by Traditional Birth Attendants to get to remote areas), lifting the ceiling to provide less nesting space for the local bats, adding more windows and insect screens, doing general painting and maintenance, and providing additional seating and tables.

The CBHC Hall is used regularly and provides a great resource for the Hospital. Almost every day of the month the Hall is alive with people undertaking training and attending meetings. A typical month will include:

- monthly CBHC staff meetings, where the 9 staff working remotely gather to discuss issues and plan the next month's work;
- monthly Traditional Birth Attendant meetings, and bi-weekly training sessions for the TBAs;
- bi-weekly training of AIDS Orphans who are involved in a local drama and singing group. This group performs in schools and at local meeting places to encourage sanitation, safe sexual practices, hygiene and good health; and
- weekly meetings of community volunteers, who are a group of 8 local people who provide free health services to people in remote areas.

3.1.3 Subsidised Treatment for AIDS Patients

The Luwero Triangle, where Kiwoko Hospital is based, has been said to have HIV/AIDS prevalence rates over twice the national average. Many people simply cannot afford the medication they need to stay alive, let alone live a life of real quality.

(i) HIV/AIDS services to Kiwoko Hospital Inpatients

In 2002 the Bermuda Anglican Cathedral again 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 nor to pay for inpatient services.

" Hannington has AIDS, and was admitted with TB meningitis. He will need to be here for up to six more weeks. After two weeks the bill was already very high (£70) because of the seriousness of the disease but his wife gave up and wanted to take him home. He had however started improving and it seemed a shame to have to send him home where he would certainly die. We have now agreed that the hospital will cover everything for the rest of the stay and she will try to cover the first part. Even if she cannot manage it we will step in with the Good Samaritan Fund.

... Thanks to the money that the hospital has received from *The ISIS Foundation* we are able to treat such people as this... we are grateful that we never have to turn anyone away through inability to pay, thanks to donations from our supporters and well-wishers."

Ssekidde Moses/Nick Wooding, Kiwoko Hospital correspondence, January, 2002

(ii) African AIDS Angels Fly from Seattle, USA to Kiwoko Hospital, Uganda

In late 2002, the Pacific Association of Neonatal Nurses (PNANN) in Seattle, USA, decided that *The ISIS Foundation* would be the recipient of the 'community service hours' of the Nurses in their association. PNANN and their members have long supported *ISIS* through their contact with Deb Lester, publicising the work at Kiwoko Hospital, donating academic subscriptions to Deb to further assist her work, and donating equipment and resources.

Following the lead of a group in Canada, the PNANN Nurses, along with hospital employees and students, decided to make and sell Christmas angels, each of which is named in honour of a child who has died of AIDS in Africa.

"The Angels are made by volunteer hands and each is so unique. The programme really seemed to spark compassion and a spirit of giving. As many angels were made, it really seemed to stick with people that each of the dolls represented a human life lost to the HIV virus.

During the last weeks of November and into early December we had 'African Angels Nights'. The groups consisted of mostly medical professionals and their children. We kicked off the sales on December 1, 2002, World AIDS day. We sold out of what we had in less than an hour."

Correspondence from Deb Lester, December 2002

Huge thanks to all the volunteers who put their time and hearts into making and selling the angels, in order to make a difference to children affected by AIDS in Africa.

3.1.4 Radiology and Radiography

In September and October 2002, two *ISIS Foundation* volunteers visited Kiwoko Hospital to provide training in Radiology and Radiography.

The idea for this work was born when Dr. George McInnes, a Radiologist from King Edward Memorial Hospital in Bermuda, began to use an amazing portable ultrasound machine, the Sonosite. This ultrasound machine was originally developed for military purposes, and George felt that it would be ideal in remote areas as it is around the size of a laptop computer and can operate on battery power for several hours.

We found, to our amazement, that Kiwoko Hospital had recently received a donation of a Sonosite machine but that it was configured for cardiac work (Sonoheart). The quest for additional equipment and probes for the machine began, and with the help of one major donor we were able to take two new probes to Kiwoko which would allow the Hospital to use the machine for a full range of purposes. We also received a huge donation of medical supplies from both Atlantic Medical International and Medical House, including sutures, syringes, drains/catheters, orthopaedic nails, medical scrubs, sterile gloves and more. The equipment was freighted to Uganda free of charge by IBC in Bermuda. The generosity of the donors for this project was quite overwhelming.

George worked primarily with the doctors at Kiwoko, who are the ones charged with the responsibility of both doing and interpreting ultrasounds. His training sessions were comprehensive and were followed by practical work with each of the doctors in turn. The feedback from the Hospital has been great – they now understand and use the Sonosite on a regular basis.

“Almost every morning during my stay, I either gave a lecture on radiography or ultrasound or practical training on the use of the ultrasound machine, either by demonstrating its use on a volunteer doctor or medical student... after each morning meeting, I asked the doctors to gather patients from the wards and outpatients... I demonstrated technique and described anatomy and pathology such as (that seen in people who had) enlarged abdominal lymph nodes, enlarged spleens, ascites and pleural and pericardial effusions. I then gave each doctor in turn an opportunity to examine the patient.. until they were familiar with the technique...”

ISIS Foundation Internal Report from Dr. G. McInnes, November, 2002

Jeff Austin, a Radiographer with extensive experience, worked in the X-ray department at the Hospital. This department is staffed by three people, none with the level of formal training that Western hospitals would expect of a radiographer. Despite this, Daniel, Juliette and Bonnie were doing remarkable work with an old but reliable x-ray machine. Jeff worked primarily with Daniel, the most senior member of the unit, on positioning of patients (for which we bought some foam from Kampala), altering exposure times, cleaning

the screens, and fitting two x-rays onto the one film to preserve film, which is in short supply at Kiwoko.

We have also left behind a range of the most up-to-date textbooks in radiology and radiography at Kiwoko, for staff to use in the absence of the trainers.

The ISIS Foundation is very much reliant on the generosity of its donors, and its volunteers. We cannot thank those who give up their time (often taking their holidays to be able to work in Uganda) to help out where it is most needed.

The last word on this particular visit comes from George McInnes, who described how he felt about his time in Uganda in an article he wrote for a local magazine:

"You can't go somewhere like Uganda without being affected by it in some way. You see a nine year old girl with renal failure, probably as a result of malaria, knowing that where you live, temporary dialysis and a spell in ICU would get her back on her feet in no time. Her grandmother sat by her bed, helplessly watching her gasp for breath while I performed an ultrasound. Seeing her struggling little heart, it was clear to me that she had a short time to live and that there was nothing we could do to help her..."

Article from Dr. G. McInnes, November, 2002

3.1.5 The *ISIS* House

The *ISIS* House is a two-bedroom unit in the grounds of the Kiwoko Hospital. It is used by *ISIS* volunteers visiting the Hospital to train, or *ISIS* staff visiting for project monitoring. When we are not in Uganda, the Hospital uses the House for visitors – they have found it really useful when their guesthouse is full, or when they have visiting dignitaries who need a bat and mosquito-free bed for the night. Thus far the Hospital has used the House for management meetings, and for accommodation for Nursing trainers from Kampala, two auditors, and other trainers from the city.

In August 2002 we decided to renovate the *ISIS* House, largely as a result of a problem with bats in the roof. In Kiwoko, if there is a reasonable roof cavity, bats tend to nest there – and they seemed to be pretty resistant to all our attempts to move them along. So the great construction team at Kiwoko lifted our roof, re-painted the internal walls, and also added a few security doors and locks for good measure.

We now have a great environment for our staff to work in, and we feel that it is luxury to have a shower each day, even if the water is cold! Visitors leave books and CD's behind and the *ISIS* House has become a small oasis for staff and volunteers to rest up after a hard day at work on the wards.

3.2 Street Kids in Kampala – New Roads for *The ISIS Foundation*

In late 2002 we began a new initiative in Uganda – we are now partnering with a non-Government organisation which works with street kids in Kampala.

Mission for All (MIFA) was founded in 1982 and began working with orphans, assisting them into education. Since that time, they have expanded considerably and now offer a range of services to thousands of children in Uganda.

One such programme is their work with children living on the streets in the capital, Kampala. In order to further resource their work in this area, they run a forum for all city agencies working with street kids, and through that forum liaise with Government to try to get support to the kids who need it most.

“Kampala, together with other major towns of Uganda, has been invaded by children aged between six to eighteen years old. At the beginning of this year there were an estimated 6 500 children living alone in the streets of Kampala.

According to the children, the following are the major causes for their being on the streets:

- * Domestic violence
- * Harassment and torture
- * Lack of parental care
- * Poverty in families – some children come to the city seeking employment
- * Civil war, where the parents were killed and the children scattered.”

Z. Kalega, Secretary – MI FA, correspondence August 2002

In January 2001, MIFA started working on the streets of Kampala, keeping in touch with children and identifying those in greatest need. After six months, they set up a home for ten boys, aged 6-13, who were living on the streets. The home was incredibly basic, but a live-in house ‘parent’ and a social worker have been assisting the boys to readjust to living in a family. In the second half of 2002 the boys started back at school, and have been doing exceptionally well.

The ISIS Foundation is assisting MIFA to expand this programme so that they can provide services to another 10 children. We have funded the purchase and installation of a water tank at the home, providing furnishings, stationery for the children to use for schoolwork, games and books, and food subsidies to ensure that the kids’ diet is wholesome. We are also helping the home to buy 50 chickens – great for eggs and food, and happily looked after by the children.

3.3 The Way Forward...

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

- visiting our two partner NGOs - Kiwoko Hospital and Mission for All - to monitor project progress (Leonie Exel and Audette Exel);
- provision of further training for staff of the Neonatal Intensive Care Unit, with a paediatrician working at the Hospital for a month, and Deb Lester, *ISIS's* Special Projects Manager, visiting mid-year;
- provision of additional equipment to the Neonatal ICU, including eight new incubators and more baby IVs. Our first full container load is nearly ready to go; and
- continuing our support for the Community Based Health Care Programme, and monitoring all the new initiatives begun in 2002.