



*The ISIS Foundation*  
Six Monthly Report

**1 July to 31 December, 2003**



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### 1.1. Overview and Site Visits

The 2003 year ended on a wonderful note for *The ISIS Foundation*, with our White Ice and Fire fundraising festivities in Bermuda (see below). It was indicative of the kind of year we have had – ridiculously busy, huge fun, much being achieved in a short space of time, with countless volunteers lending a hand. Against this background of wonderful support, our work in Nepal and Uganda for disadvantaged Mums and kids is able to continue to save and improve lives.

Again, despite some serious challenges in terms of political unrest in Nepal, we have seen our partner NGOs continue to serve the poorest people in the country. While a virtual civil war rages in the mountains, staff are still building latrines and solar panels, and helping villages to get water. In Kathmandu, where bombs are now not uncommon, schools continue to run and workers continue to see children in need. In Uganda, substantial staff turnover at our major partner organisation – Kiwoko Hospital – could have meant that services to people in Luwero were affected, but this was not the case, as all kept their heads down and kept on doing the good work for people who desperately need their assistance.

As mentioned in our previous report, Audette Exel and Dr. Maneesh Batra visited Uganda earlier in 2003. After returning from Nepal in June, Leonie Exel – General Manager, and Deb Lester – Uganda Special Projects Manager both visited Kiwoko Hospital in September. As always, our visits showed us that amazing work is still being done on the ground; Sections Two and Three in this report provide details on the progress of the projects in both countries.

### 1.2. *ISIS Foundation* Donors – Thanks Once Again

A million thanks to our donors, who have now supported us over the two million dollar mark since our inception in 1998. This is an amazing figure when you consider that we have not actively fundraised in that time – donations have come from people who know our work, and who seek us out in order to be able to support projects that they know will genuinely make a difference to children and their families in Nepal and Uganda.

Since 1998, we have received donations totalling as follows:

From <i>ISIS</i> Limited:	US\$ 1 078 413
From other donors:	US\$ 1 089 243
<b>1998-Dec 2003 Totals:</b>	<b>US\$ 2 167 656</b>

As mentioned in our last report, we are now receiving donations to assist with both project related/in-country work, and administrative expenses. The total donations received in 2003 were:

Donations to Administration (including *ISIS Limited*): US\$ 120 000  
Donations to Project-related/In-Country work: US\$ 216 730

**January – December 2003 Total: US\$ 336 730**

### **1.3. White Ice and Fire Weekend Hits Bermuda**

November 2003 saw *ISIS* hold its first ever public fund raising event: the White Ice and Fire weekend, which was both a tremendous success and an utterly exhausting process! Together with Peter Hillary, the son of Sir Edmund Hillary, we organised a weekend of events to celebrate the 50th anniversary of the ascent of Mount Everest, and to raise consciousness of the stories and lives of indigenous peoples worldwide.

We were privileged to have the support of Australia's most famous indigenous band, Yothu Yindi, for the celebrations, as well as some of the leading mountain climbers in the world and HRH the Princess of Sikkim. We were also delighted that over 30 members of Bermuda's Nepalese community were able to be involved in the celebrations. Over four days we held no less than nine separate events in Bermuda, with the major fundraising event being the White Ice and Fire Ball, which was held in the NATO hanger at the airfield in Bermuda. Over 700 people were entertained in truly spectacular fashion during a night that will not be forgotten! Our story-teller, Nigel Kermode, held the audience spellbound as the night unfolded. Over US\$130,000 was raised, which we have split between *The ISIS Foundation* and the Hillary Himalayan Foundation, for their work in Nepal.

We owe a huge debt of thanks to many people who worked with us and supported us in bringing the event together. Special thanks are due to our wonderful sponsors: XL Capital, Max Re Limited, the Bank of Bermuda, Partner Re, Everest Capital, the Little Venice Group, LookBermuda, Goslings, HWP, Miles and Cambridge Beaches, where our guests were housed in absolutely luxury. We also want particularly to thank Starla Williams of Select Sites Group for her tireless and exceptional work in bringing the event together, and the Rt. Hon Renee Webb, Minister of Tourism, Telecommunications, and E-Commerce for her invaluable support.

Finally, we owe a huge debt to Mundawuy Yunupingu, Alan James and the members of Yothu Yindi for coming all this way to help *The ISIS Foundation*, and for blowing Bermuda away with their amazing music!

# Uganda Activities

## *The ISIS Foundation*

1 July – 31 December, 2003



In the latter half of 2003 Deb Lester and Leonie Exel visited our projects in Uganda. We were delighted to see that all are running smoothly and it was great to be able to help out on the ground while we were there.



### **2.1. The ISIS Foundation and Kiwoko Hospital, Luwero**

We continue to work with the amazing Kiwoko Hospital in rural Uganda.

Over the last six months of 2003, there were a number of major staff changes at the hospital. For the first time, the hospital has a Ugandan as Medical Superintendent. Dr. James Nyonyintono is now acting in the position. It is a huge job, with huge challenges. He is an impressive, dedicated doctor and we are thrilled that he has taken on the job and feel confident that he will be an asset to the hospital and its staff and patients. His medical expertise is admired by all at the hospital, and we look forward to working with him going forward.

Secondly, Jim and Margaret McAnlis have taken on the roles of (respectively) Programmes and Finance Manager, and Volunteers Co-ordinator, at the hospital. Jim has a business background and Margaret has personal experience of the hospital – her brother, Dr. Ian Clarke, founded it some twenty years ago. They bring both business expertise, and Irish heart, to two very important roles in the running of Kiwoko Hospital.

As mentioned above, Deb Lester, our Uganda Special Projects Manager, and Leonie Exel, General Manager, visited the hospital in late 2003. We developed a major new agreement with them which defines our work throughout the coming year. We also looked into all the projects and met with the relevant staff to find out more about the work that is being done on a day-to-day basis. As is always the case at Kiwoko, the staff are truly exceptional and we left Uganda feeling sure that the assistance that our donors provide to them is well worth it.

#### **2.1.1. Serving the Needs of Luwero Mums and their Babies**

We are involved in a number of projects that are directed at assisting the Mums and babies of Luwero. They centre on the Neonatal Intensive Care Unit at the hospital, which was built in 2000 after a donation from Brian Hall in Bermuda. The staff in this unit, and all those who have been involved in funding it, finding equipment for it, advising, volunteering, or managing it, have ensured that hundreds of babies have had a far better start in life – and in many instances saving their lives.

Our incredible supporters in Seattle, USA, co-ordinated by Debbie Lester, continued to donate equipment and medical supplies to the Neonatal ICU throughout 2003. In July, we started the preparation to get a container load of this precious cargo from the wharves in Seattle to the hospital in Uganda. This equipment is absolutely vital to the functioning of the Unit, and in saving babies lives. Some of the goodies in the container were:

- Seven incubators, fully operational – they provide a warm, literally ‘womb-like’ environment for babies to be able to develop after they are born.
- Two large overhead warmer beds, that provide heat and a stable environment immediately after delivery. These beds also allow the staff to directly visualise an infant, and perform procedures, while the baby is maintained in a stable environment.
- Box-loads of lifesaving medical supplies – suction tubes, resuscitation masks, endotracheal tubes, infant stethoscopes, infant blades for laryngoscopes, infant catheters, and much more.
- Educational materials for the staff, including text books and the most recent international journals on neonatal care.

Our endless thanks again to the doctors, nurses, and other staff at the Seattle hospitals who have been so generous in helping us source this equipment. There is so much being supplied that we have had to hire a storage shed in Seattle to collect it all, and the NICU in Uganda has been building cupboards to accommodate the new provisions.

In 2004, we will continue to collect medical equipment for the NICU, but we have also begun to provide funds for some machinery and supplies to be bought within Uganda, where this is possible and will not compromise the quality of the supplies. For example, we are assisting the hospital to purchase two new Oxygen Concentrators which have a low flow capacity, so as to deliver oxygen effectively to NICU patients who have tiny lungs.

We have also funded the NICU to purchase two new suction machines. Before the Unit was built, the staff had to use foot operated suction machines to clear babies’ airways. Then, in around 2001, a young patient in the Pediatric Intensive Care Unit in the Children’s Hospital in Seattle heard of the NICU and Kiwoko Hospital. Tyler Grooves donated his own suction machine to the kids there – after three years, it is starting to lose its power and so we will retire it (a

All the new equipment in the Unit has meant that we need additional electrical capacity. The generator purchased in early 2003 is up and running (after some quick trouble-shooting by Jim McAnlis, who now knows more about the functioning of generators than anyone would ever want to). In 2004 the hospital electrician will be upgrading the electrical capacity in the Unit to cater for all the new incubators on their way from Seattle.

**(ii) Medication for Babies and Mums**

We have had continual problems in getting donated medication into Uganda. There are a number of reasons for this, not least of which is that with the time it takes to ship supplies across the world, some expire in the process, and expired drugs are not able to be sent in. We have now provided funding for medications to be purchased wherever possible from Ugandan suppliers, and we will only seek donations of medication where they are impossible to obtain locally.

On the 17<sup>th</sup> of December, Irene gave birth to twins. This was her first pregnancy, and the twins were delivered by caesarean section. Unfortunately Irene had amniotic fluid embolism and died shortly after the birth, of respiratory distress.

The twins were sent to the Neonatal ICU. Nakato weighed 1.61 kilos, and Babirya weighed 1.62 kilos. When they got to the NICU their haemoglobin levels were quite low, and they were transfused three times. Now their condition is improving - they are gaining weight and their feeds are well tolerated.

Their paternal grandmother has been encouraged to breastfeed the twins, mainly for the purpose of stimulating the sucking reflex. This is being supplemented with cows' milk. They have not reached birth-weight yet but are showing positive signs. They would not be alive at this stage were it not for the help of the *ISIS* sponsored ICU.

Kiwoko Hospital, Report to *The ISIS Foundation*, February 2004

One critical drug became unavailable recently in Luwero - Nevirapine. This drug is absolutely vital in reducing the incidence of mother-to-child transmission of HIV. If it is given to HIV positive Mums just before (and just after) they give birth, the research suggests that transmission of the disease is reduced by up to 50%.



Due to a complicated series of bureaucratic moments in Uganda, Kiwoko Hospital ran out of Nevirapine and had no hope of getting any in the short term. With hundreds of Mums giving birth at the hospital each year, and with an HIV prevalence rate of at least 8% in the country, this was critical. Deb Lester heard of this issue while at Kiwoko in September, and immediately phoned friends in Seattle to seek their help. Within a matter of weeks, we were able to get enough supplies into the hospital to cover their needs for a few months – enough time for them to be able to access Nevirapine locally going forward.

**(iii) Beds for New Mums, and Squeaky Clean Linen**

We are delighted that a new *ISIS* building, with accommodation for Mums and a laundry dedicated to the NICU, a short stroll from the Unit, has been completed.

Florence Nakananya, the Nurse in charge of the NICU, raised the issue of accommodation for Mums with us in 2002. She told us that when the maternity ward was full, some Mums whose babies were in the NICU were having to sleep on the concrete verandah outside the Unit. Florence suggested that we build some housing for them, where they can be close to their babies (as feeding takes place every four hours) and get some rest after giving birth. The idea for the Mothers' Accommodation building was thus born, and now there are bunk beds with linen and blankets, cupboard space, and cooking equipment for the Mums who need it.

The building also has a laundry which is dedicated to the needs of the NICU. There are a LOT of nappies and sheets to wash when you have 10-20 babies a week in a Unit! The wonderful Ward Aides at Kiwoko wash and iron all the linen – thanks to Faith Babirye, Esther Lule, Alice Nankya and Bena Birungi for their work in keeping sanitation high in the Unit.

**(iv) Sustainable Training, and Relief for the Night Shift**

In September, Deb Lester discussed staffing needs in the NICU with the Nurses and Medical Superintendent, and they all felt that in order to provide effective staffing, particularly overnight, the Unit needed more Nurses and Midwives. So in 2004 Kiwoko Hospital will employ a further three Nurses/Midwives for the Unit. Both *The ISIS Foundation* and Kiwoko contribute to the cost of the staff salaries – next year the Foundation will fund eight of the eleven nurses, and the hospital will fund the salaries of the remaining nurses and support

We have talked in previous reports about the Neonatal Resuscitation Programme (NRP) that we run at Kiwoko Hospital. There are now over 100 staff who have completed this course. The difference this makes cannot be overstated. Being able to resuscitate a newborn baby is absolutely critical in reducing both the mortality rate, and in reducing the potential for disability in oxygen deprived newborns. In September 2003 Deb not only trained another group of staff, she began a train-the-trainer programme to hand over the teaching in the longer term to senior staff at the hospital. Over the next year, three staff at Kiwoko will become accredited NRP trainers, and thus be able to provide ongoing training for nurses in the hospital. Deb also presented certificates and NRP pins to those who have passed the course (See Plate 3), in a ceremony at the hospital that was attended by about 50 nurses and staff.

The Neonatal Resuscitation Program (NRP) is administered by the American Academy of Pediatrics (AAP). The AAP and staff in their NRP area have supported the work that *The ISIS Foundation* is doing at Kiwoko in a myriad of ways – providing funding to a volunteer, donating resuscitation equipment, and donating training materials and textbooks. Our thanks to the AAP and NRP project area for their dedication to helping the babies of Luwero over the last few years.

Deb Lester has also introduced further training to the nurses of the ICU. The Perinatal Education Programme (PEP) is a fantastic self-directed course, developed in South Africa, which is recommended by the World Health Organisation. Nurses work through each of five modules, and send exam papers to the accrediting body in South Africa (at the University of Stellenbosch). The modules are tailored to the kinds of maternal and child/baby care likely to be encountered in the developing world, and they include training on primary health care, and HIV/AIDS.

### **2.1.2. Living with HIV/AIDS in Luwero**

*The ISIS Foundation* is supporting people living with HIV/AIDS in the community surrounding Kiwoko Hospital. Our assistance includes provision of basic foodstuffs and medication to families, and payment of their treatment costs when they need to be treated at the hospital.

Peter is one of the people living with HIV/AIDS who has benefited from *The ISIS Foundation*. Peter lives in a small village in the Luwero district. He has a wife and three children – a boy, and two girls. The boy is the oldest at 8 years old.

Before Peter joined the *ISIS* sponsored home care programme last year, he had sold 8 of his 10 cows to pay for treatment of the frequent illnesses he was getting because of his HIV status. He was planning to sell off the piece of land he was using to grow food for his own family.

Thanks to *The ISIS Foundation* the hospital has helped Peter and his family through paying for his hospital treatment, providing medical treatment for him and his family on home care visits and by giving the family other support such as soap and basic foodstuffs. Peter asks on most visits – ‘Where would I be if you did not help me?’

Kiwoko Hospital, Report to *The ISIS Foundation*, February 2004

The wonderful team of HIV/AIDS workers at Kiwoko Hospital, led by Alfred Lleju, visit 20 – 30 families each month, and provide in-hospital treatment to around the same number. They are indispensable in the community – not only do they assist people directly and provide counselling and support and transport to hospital, but they encourage people in the community to ascertain their HIV status so that they can access treatment to extend, and improve the quality of, their lives.

### **2.1.3. Training for the Community**

Several years ago we supported the building of a Community Based Health Care (CBHC) hall at Kiwoko Hospital, along with assistance to run various community based projects. We are continuing to support the CBHC department, including ongoing renovations to expand facilities at the hall and make them more comfortable.

The CBHC hall is continually used to provide a meeting place for a range of groups – Traditional Birth Attendants, people with disabilities, a venue for First Aid training and others.



Plate 3: In September 2003 at Kiwoko Hospital, Deb Lester presented certificates and pins to Nurses who graduated from the Neonatal Resuscitation Programme. Over 100 Nurses, Midwives and Doctors have now completed this life saving course. (From left) Deb Lester, *The ISIS Foundation* Uganda Special Projects Manager; Florence Nakananya, Nurse/Midwife in charge of Neonatal ICU at Kiwoko Hospital; Leonie Exel, *The ISIS Foundation* General Manager (see Section 2.1.1. (iv)).



Plate 4: Stretch those legs! Twins in the Neonatal ICU can now have a cosy introduction to life in one of the nine incubators that we have sent from Seattle to Uganda (see Section 2.1.1).



Plate 5: One of the Nurse/Midwives in the ICU, helping a tiny patient at Kiwoko Hospital (see Section 2.1.1.).



Plate 6: Deb Lester in the Neonatal ICU in September 2003, with one of their tiny patients. Deb has been instrumental in establishing the NICU at Kiwoko. She provides training herself (particularly in Neonatal Resuscitation, but also in managing care of the babies on a day-to-day basis), organises specialist medical volunteers to visit the Unit, and collects

One of the uses of the CBHC Hall has been for the continuing education of our CBHC Trainers. There are 7 CBHC trainers working in the 7 parishes surrounding the hospital. These trainers live out in the community where they work.

Their roles include implementing CBHC activities in their parish, such as distributing mosquito nets and building pit latrines. They mobilise mothers to bring children to regular immunisation clinics. They identify people who could benefit from the hospital's outreach programmes – such as those who are physically disabled or who are showing the signs and symptoms of HIV/AIDS. CBHC Trainers also have a big role in community education. They give talks and video shows in the community, and are involved in the training of community health volunteers.

Kiwoko Hospital, Report to *The ISIS Foundation*, February 2004

Kiwoko Hospital has an incredible depth of experience in working with the community, assisting people who live in the districts around the hospital. This kind of work is a very different part of the health care chain to the tertiary health care provided inside the hospital – it is about prevention of illness, education, and encouraging people to manage their health and that of their children more effectively. It is critical to outlying communities who cannot easily reach the hospital.

#### **2.1.4. The Mobile Clinic – Outreach, Immunisation, and Dying with Dignity**

In 1999 *The ISIS Foundation* received a generous donation from Partner Re, which was used to purchase a 4WD mobile clinic for use at Kiwoko Hospital. We support the running costs of this vehicle, and Kiwoko Hospital staff in the Community Based Health Care department continue to do fantastic work in the community as a result.

Some examples of the kind of services that the mobile clinic provides include:

- The CBHC vehicle is used on a daily basis to take trainers to remote villages to provide immunisation for children, education about HIV/AIDS and sanitation, and provide treatment to people living far from the hospital. The 4WD is also used to provide a transport service for those with severe physical disabilities so that they can undertake rehabilitation programmes at the hospital, including physiotherapy, or corrective surgery when it is required.

- Between July and December 2003, six babies were transported to Kampala for emergency treatment. One of these, baby Josephine, was born on the 17<sup>th</sup> December at the hospital, the first child for her parents. She was born with a gluteal tumour, which is extremely rare. She was transported to Mulago Hospital in Kampala – around one and a half hours away – using the *ISIS* 4WD.
- In the last six months of 2003, *ISIS* assisted with the transport and funeral expenses for the families of 15 babies who died at the hospital. We believe that assisting families in grief to deal with their loss in a dignified way is an important service to the community.

Maureen was brought in to the Neonatal ICU when she was one week old. She had refused to breastfeed, and had fast breathing and a high temperature. When the doctors examined her, they found that Maureen's umbilical cord was also dispelling pus. The doctors carried out investigations such as a lumbar puncture and testing for malaria, but all was normal. Maureen was admitted and put on antibiotics. However she did not respond to the drugs. She became sicker and sicker. The doctors checked her potassium levels. Some potassium was given intravenously because she couldn't take it orally. Sadly, Maureen died on her third day at the hospital of cardiopulmonary failure, secondary to sepsis.

Maureen's parents didn't have money to pay for taking Maureen's body home. Her father even had to walk the 13 miles from their home in order to see her. The *ISIS Foundation* paid for transportation home of Maureen's body, together with her parents. The Foundation also funded burial materials so that Maureen could have a dignified funeral.

Kiwoko Hospital, report to *The ISIS Foundation*, February 2004

### **2.1.5. Help with Diabetes – New Beginnings**

The Diabetes Programme at Kiwoko Hospital continues to provide support for both insulin dependant, and non-insulin dependant, people in the district. There are around 150 people who are registered with their programme, and they usually walk to the hospital or cycle in from surrounding areas. Each month they are provided with either free or subsidised insulin and provided with treatment for related conditions. *The ISIS Foundation* is supporting this programme, as the cost of insulin is well out of reach for most Luwero locals, and – quite simply - without it they would die.

Richard is 18 years old. He was diagnosed as diabetic by a health centre, but they were not able to help him further. He joined the Kiwoko Hospital clinic in 2003. At this stage his diabetes was uncontrolled and he looked miserable. He had lost a lot of weight.

After being registered at the diabetic clinic and receiving free insulin to control his diabetes his health and general well-being have improved greatly. Richard says... that as a poor peasant boy he could not afford the costs.

Richard is now healthy, and he has gained weight...

Kiwoko Hospital, Report to *The ISIS Foundation*, February 2004

## **2.2. The Ebeneza Club – Street Kids from Kampala**

Throughout 2003 we continued our support to Mission for All, the organisation providing help to over twenty children who were found living on the streets of Kampala.

These kids have incredible stories to tell. It is not easy to live on the streets of a large city, and harder still once you have adapted to that environment to re-join a household and resume school and deal with all the hassles of living with 20 other children.

When the home was initially started, there were no funds to educate the kids. Eventually the persistent lobbying of the boys led to sponsors being found for them to attend school. Despite the disadvantages of being out of school for years, many were at the top of their class.

*The ISIS Foundation* provided funding for a range of items for the home in 2003, including furniture, bedding, mosquito nets, and food. In addition, we provided funding for the kids to go on a range of trips around Kampala – to the botanical gardens, the beach, and an aviation museum (including a trip to the airport, which was much enjoyed). But best of all was the chickens.

The boys wanted chickens to raise, partly for the fun of learning to look after them, and partly for the money they could make from the sale of eggs. Over the year the chicken coop expanded, and soon they were producing 40 eggs a week. Each egg sells for around 100 Ugandan Shillings – which meant an additional income for the home of around US \$100 over the course of the year. It doesn't sound like much, but it buys a lot in Uganda, and the kids and the staff at the house have loved the venture.

ranging from educational readers in Lugandan and English, to several on a favourite subject – World Cup Football. We are very pleased with this partnership and the wonderful work that MIFA are doing with these kids.

### **2.3. The Way Forward...**

The year ahead for *The ISIS Foundation* in Uganda promises to be as busy as the last.

Our work with the Neonatal ICU, Community Based Health Care, HIV/AIDS programmes and Diabetes clinic at Kiwoko Hospital will continue. We will also be sending medical volunteers to Kiwoko – the first of these is the wonderful Dr. Maneesh Batra. We are also hoping to find volunteers who can help the hospital in a couple of areas. Firstly, we are seeking Biomedical Technicians who can work with the great building and maintenance staff on repair and upkeep of the medical equipment. This is no mean feat with the limited resources in the region – people with ingenuity only need apply! Secondly, we are hoping to find a volunteer who has dual qualifications as a Sonographer/Radiographer. The Doctors would like further training in the use of the Sonosite, the probes for which we provided in 2002. We are also hoping for the donation of a modern portable X-Ray machine. This would be a luxury at Kiwoko, where patients who are seriously ill have to be transported on gurneys to the X-ray room, no matter their medical condition at the time.

We will be continuing our discussions with Kiwoko Hospital on the outline of a research project in the Luwero district, to further assess the needs of the local people. We would like to help them to undertake a baseline study of people in the region, similar to the one that we undertook in Nepal in Humla.

Another project under consideration is varying the Neonatal Resuscitation Programme to make a version suitable for use with Traditional Birth Attendants (TBA's) in the villages. We will be discussing this with the American Academy of Pediatrics. It would be wonderful if we could help Mums who cannot make it to the hospital to give birth, and reduce infant mortality and the risk of permanent disability by providing TBA's with more training, and better equipment in the Safe Birthing Kits they currently use.



# **Nepal Activities**

## ***The ISIS Foundation***

**1 July – 31 December, 2003**



### 3. Nepal Activities

The political situation in Nepal continues to be unpredictable and extremely difficult.

In 2002 the Nepali parliament was disbanded. The Royal family and the Army are now in charge of the country and there is still no clear leadership from the recognised political parties in the country. The fighting between the Army and the Maoists continues unabated.



In late August 2003, the peace process between the government and the Maoists – and the accompanying ceasefire – collapsed. Then in October, there was a Maoist attack on Simikot, the ‘capital’ of Humla, the area in which we work. The solar panels which have electrified Simikot for 10 years were damaged, and an Army killing of two young men, whose bodies were then dumped in the river, has deeply worried local people. At times it is impossible to move between villages in Humla. It is in these conditions that our partner organisations are working, and we continue to be humbled by their bravery in such desperate circumstances.

#### 3.1. Lights, Latrines and Life for Humli Families

Our new strategic partner in Humla, Kathmandu University (KU), worked incredibly hard over 2003 to establish a base in Humla and to begin projects in outlying villages. Not only were they dealing with security issues, snow, and some communities who were wary of the ‘new look’ stoves, but they had hurdles in getting the building materials up to Simikot, which have to be flown in from the Indian border:

It was a major effort to get the battery acid up to Simikot, as the pilots are reluctant to fly it. The acid is critical in maintaining the battery banks powered by the solar panels. Because the plane used to transport it is also used by the army, and since the army is much engaged in fighting the Maoists, there was a three month delay in delivery. However after much diligent and persistent effort, the acid made it to Simikot, finally being delivered by private plane (Yeti Air) at twice the usual rate (due to it being perceived as hazardous cargo).

Report from Kimber Haddix McKay, *ISIS* Nepal Country Manager, March, 2004

Despite all the difficulties of the civil war, they have managed to continue with their work in lighting up Chauganphaya village with solar power, installing pit latrines, running training programmes for families to encourage them to install smokeless stoves in their homes, and getting safe drinking water into remote areas.

By the end of 2003, they had opened a joint *ISIS*/Kathmandu University office in Simikot and installed solar lighting, solar cookers, and even solar showers (see Plate 8 for a picture of the office and a wandering Humli yak in the front yard). A team of eight staff were hired and began working in a number of villages.

The staff run three-day training programmes which teach people the most effective way to build a pit latrine, and how to install and maintain the smokeless stoves. Specialised posters and training materials, which have been designed for non-literate Humlis, are used to assist in the training process. Villagers trek into these courses from the surrounding mountains, and on completion, they carry all the building materials back to their homes to begin the building process (see Plate 9). Later, the *KU/ISIS* staff trek from village to village, helping out with problems and checking that the installations have been done correctly.

Another group of staff are involved in installing the safe drinking water piping and filters, and solar power installations. Alongside locals, they carry huge solar panels up into the mountains and teach people within the village how to install, maintain and repair the equipment.

The benefit of safe drinking water, stoves and latrines in Humla is huge. Many children are not given names until they are age 5, because around 50% of children die before their fifth birthday. Three of the greatest killers of children are (i) respiratory infections – caused by living in smoke-filled environments, (ii) gastrointestinal disorders, caused by poor hygiene and (iii) water borne diseases, from drinking contaminated/unfiltered water.

Solar power in homes allows families to burn less 'jharro' for lighting, thus reducing respiratory illness in children. It also minimises the deforestation in the mountains, which is a real problem at high altitudes. Children and in particular girls spend hours each day collecting wood; with solar power the time taken in wood collection is reduced by about two-thirds. With three lights in each home, children who are attending school can study at night in a smoke-free home, which will provide a much needed lift to the abysmal literacy rates in the region.

### **3.2. Tibetan Doctors in Villages and Yak Camps**

Dr. Sanga Tenzing continues to visit patients in Humla, travelling around the villages and yak camps and treating thousands of people over the course of the year. This is extraordinary when you consider the terrain, living conditions, and security problems in Humla – he is truly dedicated to helping the poorest people in the Himalayas (see Plate 10).

"I am very happy to state few words that in 2003 I got a problem in my lung. I had a lot of cough and respiration problems.

I went to District Hospital in Simikot and Doctors had diagnosed me as Lung TB. Unfortunately there was no medicine for TB in hospital and doctors advised me to go to Nepalgunj or Kathmandu for treatment. But for me it was not possible to go to Kathmandu. Because even I have no money for air ticket to Kathmandu so how I can pay for my medicine bill and doctors fee?

So I was just waited for my death come. But my wife and friends advise me to consult to Dr. Sanga Tenzing who is coming in August to Humla. I was very happy to hear about it. I had consulted Dr Sanga.... And he gave me medicine for three months and now I have recovered my illness and can work properly.

I would like to say many thanks to Doctor Sanga Tenzing...."

Mr. Pasang Lama, Yengar, Humla; Letter to *The ISIS Foundation*, August 2003

Dr. Jampa Gyaltsen continues to support Dr. Sanga by preparing medications in Kathmandu, purchasing herbal products from markets in both Nepal and India.

### **3.3. Back to School – Opportunities for Disadvantaged Children in Kathmandu**

We have three partner organisations in Kathmandu who focus on children's education. Each achieves this in a different way – one through sponsorship and family/school/pupil co-ordination of over 100 children; another through running a Waldorf/Steiner school, and one through establishing a community school linked to a women and children's shelter. They are all exceptional and aim to help the most disadvantaged people in their communities.

#### **3.3.1. Hands In Outreach**

We are continuing our support to Hands in Outreach (HIO). As mentioned in previous reports, HIO assists around 100 children in Kathmandu to access education, medical and dental care. HIO is run by a voluntary board in the USA, with only two full-time staff in Kathmandu. We are continuing to support them with staff salaries in Nepal, along with a number of other projects (such as dental care and support to families who are really struggling).

Bees and Audette, the founders of *The ISIS Foundation* continue to personally support Sheela Gurung, Tsteten Dolker and Nima Yangi, three of HIO's kids, as they have done for the last fifteen years.

social workers in Kathmandu - do when they have 100 kids to look after?  
Ricky Bernstein, the Chairman of HIO, elaborates:

HIO is a totally volunteer organisation with the only two paid staff located in Nepal. Ram Gopal, Director, a 29-year-old Nepali national and Tsering Yankey, Assistant Director, a 26-year-old Tibetan woman, both of whom are graduates of the HIO program. Ram and Yankey are the most important asset to the Program and their immense value to the children cannot be stressed strongly enough... Looking after the well-being of 100 children can be a daunting task, and both Ram and Yankey are well suited to the difficulties and joys. Together and separately they visit each of our affiliate schools at least once a week for some, and as many as five times a week for others, most depending on location. While at the Schools, they visit with the principal, teachers, and sponsored students. They routinely help with extra tutoring, solving social issues, assessing medical and dental requirements, intervening to provide basic needs and in general, acting as surrogate parents. They represent our in-country eyes and ears... They have earned the respect of the School Principals and teachers who value their opinions. Within this extremely caste and class conscious society, this is a great affirmation. Their social work credentials come from many hours of experience and countless miles of home and school visits in the "dusty city." The children know and trust Ram and Yankey, and sometimes stay with them over long holidays when it may be impossible to travel to outer-lying villages and when they are ill.

Yankey has largely been responsible for overseeing the HIO dental program. All of our HIO students are scheduled to have regular preventative office visits with at least one cleaning per year. Yankey takes the children for office visits when additional work is required. Medical expenses are provided by either parents or HIO, as applicable to the family's financial capability. Dental expenses are thus far covered completely through *ISIS* funding.

Ram and Yankey also make individual home visits to those families living in the Kathmandu Valley... The home visits are essential to the well-being of the Program. The majority of our students come from single family female homes. In many cases several generations of females living in one setting. The home visits allow the parent(s) to get to know Ram and Yankey and for HIO to assess the home situation. News is passed along to families in this way and our staff have the opportunity to influence parents or guardians to consider important HIO issues. If some type of family support is needed, like the purchase of a gas cooker and fuel to benefit the overall health and wellness of the family, this would be ascertained by a home visit. *ISIS* funds have been used in several cases for this purpose.

The Tashi Waldorf School finished its last construction project in November 2003. The school is now a stunning example of what can be achieved when a group of people with drive and vision focus on a worthwhile goal. We have been working with them since 2001, and are always staggered by their achievements.

This school began its life only a few years ago, on donated land, with a crumbling home used as the school kitchen, and a hastily converted shed used as a classroom. In the first year, sixteen children were at the school, they were struggling for funds, and short of equipment and staff.

There are now 60 kids enrolled at the Tashi Waldorf School. There is one main building (the VERY renovated shed, transformed) with a school hall, a nursery, 2 kindergarten classes, and two classrooms for Grade one and two children (see Plate 12 for a photo of a couple of the pupils sitting at the back of the main building). It has indoor bathrooms and toilets. Another building houses a classroom for Grade 3 kids, along with a teacher training room and library. A new school kitchen provides a hygienic space for the two cooks to feed sixty hungry kids each day. There is a Tibetan playhouse, wonderful play equipment, and a great set of swings. The school has a dog, rabbits, and chickens for the children to play with.

The staff at the school have worked hard to adapt the Waldorf/Steiner curriculum to local needs:

As one example of our effort to develop curricula appropriate to Nepal, this year we created many new lessons for kindergartens (stories, circles, songs, verses and arts and crafts activities) that are based on the Tharu culture of Nepal. The lessons have been a combined effort of local and international specialists involving a long and creative process in which, in the end, the children were the judges. The children were interested and engaged in the lessons written in their own language and out of their own cultural context. The teachers appreciated the lessons and were enthusiastic about the new material. They felt that their own culture had been validated and recognised. They expressed that the lessons flowed easily and were simple to implement because they, as well as the children, did not need to adjust their thinking to a foreign, imported curriculum.



Plate 8 - The Kathmandu University//SIS Office in Simikot with a visiting yak in the front yard. Only accessible by plane from Nepalganj, on the Indian border, Simikot is 12 000 feet up in the Himalayas. The 10 room office is home to around eight staff, who then trek to even more remote villages to assist with smokeless stove and pit latrine installation, and install solar power and safe drinking water (see Section 3.1.).



Plate 9 - After undertaking the three-day training programme on installation and maintenance, locals in Humla carry the materials for their smokeless stoves back home. These stoves substantially reduce the smoke in homes, and thus respiratory illnesses and burns in children. They weigh around 38 kg (84 pounds) so it is no easy walk back up the mountains (see Section 3.1.).



Plate 10 - Dinner for the Doctor - Dr. Sanga and a helpful cook in Humla. Dr. Sanga travels around Humla providing Tibetan Medical services in the villages. The locals provide him with food and board free of charge - they are hugely grateful for his help (see Section 3.2.).



Plate 11 - Kids at the newly renovated Tashi Waldorf School. A wonderful transformation has taken place at this school over the last three years (see Section 3.3.2.).

along with some funding for school and art supplies. We also delivered clothing for the kids that had been donated by Mums and their children in Bermuda, in a programme co-ordinated by Julia Cook. Leonie Exel took clothing with her on her trip in early 2003, and Tania Stafford also arrived with a boxload in November. These clothes are much appreciated – the kids almost all come from impoverished backgrounds and their parents cannot afford (in particular) winter clothing or shoes – things that we can sometimes take for granted in the developing world.

### **3.3.3. The Women’s Foundation and Jorpati Community School**

We are continuing to support the Women’s Foundation in Kathmandu, providing funding for three teachers at the community school that they founded, along with help to their Women and Children’s Shelter – furnishings, and salary costs for their Shelter Supervisor.

The shelter provides a loving home for 28 women and 39 children – no small feat! All of the residents come from extremely difficult backgrounds, and they have moved to the shelter only when their circumstances became so dire that they had no other option. The story overpage of Bina and her daughter Lakshmi – an 8 year old girl now living at the shelter and attending the community school that *ISIS* supports – gives you a picture of those circumstances and the cultural issues that exacerbate the nightmare of domestic abuse in Nepal (see also Plate 12).



Plate 12 – Lakshmi, the young girl who is now living at the Women’s Shelter in Nepal along with her Mum. Lakshmi is now studying at Jorpati Community School and is safe and well, after a very tough beginning to her life.



Lakshmi came to the shelter with her mother in 2002. Lakshmi and her mother, Bina, are now staying at the shelter. When Bina was married, her husband's family had asked for a large dowry from Bina's family. Bina's parents were not rich, but they gave according to their capacity. Bina's husband was a drug addict so the money that Bina's family gave was spent on drugs very quickly. His family was not happy with the small dowry that Bina brought. They started to abuse her a few months after the marriage. Bina did not tell her difficulties to her parents because she knew it would place them in a difficult situation. She knew they couldn't pay more money to her husband's family. They tried to kill Bina many times. They beat her very badly when she was pregnant and they did not give her any food for a week. She only drank water for a week. This mistreatment resulted in two miscarriages. When she was pregnant the third time she went to her parent's house so she could save her child. It was not possible for her to stay in her parent's house for a long time so she again went to her husband's house 6 months after Lakshmi was born. When they found Lakshmi they tried to take her and throw Bina out of the house. She tried to struggle to stay in her husband's family's house because she had a little daughter. She was illiterate and she had no money to do anything.

Seeing her difficulties, Bina's sister gave her five thousand Nepali rupees (around US\$65) and suggested she start a meat shop... Bina asked her husband if she could work outside of the house and start a business. In the beginning he said OK. She went to her sister's place and started a buffalo meat shop with the money her sister gave her.

Bina's husband came each evening to take the money she earned at the shop. Since she didn't have to face abuse from her husband's family, she continued running the shop. One day her husband took Lakshmi and did not let Bina see her for a long time. Her husband's relatives told Bina that Lakshmi had died so she shouldn't try to find her. Bina went to find Lakshmi, but her husband's family beat her very badly. She nearly died. Seeing her condition a few people brought her to Bir hospital. A nurse from the hospital called the Women's Foundation and told us about Bina. After that Bina went to the shelter. The Women's Foundation then went to the police office and district administrative office. Bina then had Lakshmi returned to her.

When Bina found Lakshmi, the young girl could not speak, she just cried. After a week of counselling Lakshmi explained how her father had locked her in a drawer for two days because she wouldn't stop crying for her mother. When she was released she started to cry again and her father locked her in the drawer for another day.

### 3.4. The Benchen Free Clinic at Swayambunath Monastery

We have continued our support to the Himalayan Medical Foundation (HMF) this year. The two Health Workers, operating out of a clinic at a Monastery, continue to help thousands of poor local people to access health care. They refer patients to the laboratory that we assisted them to establish in the same Monastery. This allows the staff to better diagnose patients, and ensures that locals get a comprehensive service at the clinic, without having to travel long distances (and pay for) laboratory assessments in central Kathmandu. The laboratory is now running effectively and providing help to hundreds of people each year.

We recently heard from the founder of HMF, Dr. J. Gregory Rabold, about some of the patients at the Benchen clinic:

An elderly 85 year old Nepali woman heard about the Benchen clinic and got up at 3:00 AM and walked for 3 hours from her village so she could get to the clinic in time to be seen the same day. She had no money and her husband had recently died and all of her children were working in India or in the Terai region of Southern Nepal. She actually had a rather simple gastric problem which we were easily able to treat. What struck us the most however was the fact that she had to go to such extremes to be seen and treated for a relatively simple problem. None the less she was very grateful for the care we gave her and she came back several weeks later much improved.

A young Nepali teenager came into the clinic gravely ill. He was literally skin and bones and had several tuberculous lymph nodes in his axillary area which were openly draining. It was quite obvious he was dying of tuberculosis. We started him on 4 drugs including daily Streptomycin injections. The drugs were all quite expensive even by Nepali standards but each day he would come from across town and receive treatment. We watched and treated him very closely and were quite happy to report that he started to gain weight, the lymph nodes stopped draining and reduced in size back to normal and after 6 months of treatment he was cured. I have no doubt that without the care he received at the Benchen clinic he would have died within two to three weeks.

E-mail from J. Gregory Rabold to *The ISIS Foundation*, 2004

### 3.3. The way forward...

The next six months in Nepal will continue to be incredibly busy.

Our work with Kathmandu University up in Humla will expand, with Kimber Haddix McKay working with them on our research project on the health and social impacts of all the projects in the villages. Angjuk Lama, our researcher and interpreter in Nepal, will be revisiting Humla and contending with the political unrest as he finalises interviews with hundreds of locals. He will be assisted by staff from the Kathmandu University/*ISIS* office in Simikot, who have all now been trained as social researchers so that they can help to access people living in the most remote areas.

The Humla staff will continue their work providing training to locals so that they can install pit latrines and smokeless stoves. They hope to finish the solar lighting of Chauganphaya village, and the drinking water projects, by mid 2004. As they do so they will doubtless meet up with Dr. Sanga in his travels through Humla, providing Tibetan medical treatment to locals in numerous villages.

We have been assisting a number of our partner NGOs with their financial systems and administration, and in 2004 we hope to complement this by funding assistance from Nepali accounts and auditors.

Our work with the Tashi Waldorf school, Women's Foundation, Hands in Outreach and the Himalayan Medical Foundation will also continue. We look forward to again visiting all our partner NGOs in the first half of 2004, security permitting.



“If we don't stand up for children, then  
we don't stand for much.”

**MARIAN WRIGHT EDELMAN**