



# Six Monthly Report

*The ISIS Foundation*

**1 January to 30 June, 2003**





***The ISIS Foundation***  
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## 1. Management and Administration of *The ISIS Foundation*

### 1.1. Overview

The first six months of 2003 has again been a madly busy period for all of us at *The ISIS Foundation*. We are proud to report that our various projects in both Uganda and Nepal continue to grow, delivering quality health and education services to the communities we seek to serve, despite civil war in Nepal and general worldwide unrest. Since we began, we have been very fortunate to find and to partner with excellent community groups and local agencies on the ground in both countries. Their hard work and integrity ensures the success of our work and continues to humble us.

In addition to our usual work in Uganda and Nepal, we are very pleased to have obtained registration for the Foundation in the United Kingdom. *The ISIS Foundation (UK)*, Registration Number 1098152, was finally born on 23<sup>rd</sup> June 2003, with five proud new 'parents' – our UK Trustees. They are Sharon A. Beesley and Audette Exel, together with our UK friends and colleagues, Mr. Sandy Struthers, OBE; Mr. Alexander Blythe; and Mr. Andrew della Casa. UK registration will allow UK taxpayers to receive tax deductibility for any donations they make to *The ISIS Foundation*. This adds to our potential pool of donors across the North Atlantic, as we already work with the International Charitable Fund of Bermuda to afford US taxpayers deductibility for donations.

In early 2003, we had a new addition to the *ISIS* family – our Nepal Country Manager, Dr. Kimber Haddix McKay, gave birth to Willem. We welcome Willem into the world and are delighted that he joins us. *The ISIS Foundation* has grown to be a place where children (and dogs!) are always heard, and always seen – we continue to learn how to combine parenthood and work as effectively as possible, bringing our philosophy of family to the *ISIS* offices as well as to our work on the ground.

### 1.2. Management Site Visits

Our partner agencies and community groups continue their day-to-day work in Uganda and Nepal, despite the political and socio-economic conflicts that envelop their regions. Senior management of *The ISIS Foundation*, staff and *ISIS* volunteers have spent time on-site in both countries in the last six months.

In February, *ISIS* organised for Dr. Maneesh Batra, a wonderful Paediatrician from Seattle, to spend a month in Uganda working on *ISIS* projects. The results of Maneesh's visit, discussed in more detail in Section 2, are indicative of the positive impact that great volunteers can have in the developing world. We are very grateful to Maneesh for his time and dedication, and hope to convince him to return to Uganda on a regular basis!

Audette Exel spent time with both our partner NGOs in Uganda in April, discussing progress of the new initiatives, working on potential new projects, and visiting patients in remote areas with community health workers. She took with her 100kg of kids

clothes, medical equipment and toys, donated in Bermuda, all of which were ecstatically received. Her trip confirmed our support for these NGOs, who work tirelessly to help people who are absolutely destitute. Her experiences with AIDS patients living in Luwero are discussed below in Section 2.1.2.

In June, Leonie Exel was in Nepal spending time with our six partner organisations, working with them on project design and infrastructure, and planning future collaboration and expansion of their work and our partnerships.

Looking ahead, in September, Leonie and Deb Lester, our Uganda Country Manager, will be together in Uganda. Deb will be focused on introducing new training programmes in neonatal care for staff at Kiwoko Hospital, while Leonie will be spending time looking into how we can best assist with the expansion of community based work. Both will be developing strategies for our focus going forward.

In October, security dependant, Audette and Bees will be visiting our projects in Nepal, along with Jean-Jacques, Bees' son. Kimber Haddix McKay, our Nepal Country Manager, along with her son Willem, will be there in December/January - she will be working with our partner agencies, and following up the research mentioned in Section 3.1 below. We are watching the security situation daily, and look forward to a time when we are able to spend longer periods in Nepal again, after being wary of travelling there for some time due to the civil war.

### 1.3. Thanks Yet Again to *ISIS Foundation* Donors

We continue to be thankful for the generosity of our donors, some of whom have been supporting us since *The ISIS Foundation* began in 1998. Your contributions have meant that, hand in hand with partner organisations in Nepal and Uganda, we have been able to save the lives of, or improve living standards for, thousands of needy Mothers and children.

Since 1998, we have received donations totalling as follows:

From <i>ISIS Limited</i> :	US\$ 1 040 635
From other donors:	US\$ 1 009 518
<b>1998-June 2003 Totals:</b>	<b>US\$ 2 050 153</b>

In 2003, we have again seen the generosity of many. 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 thus far this year are:

Donations to Administration (including <i>ISIS Limited</i> ):	US\$ 84 853
Donations to Project-related/In-Country work:	US\$ 187 005
<b>January - June 2003 Total:</b>	<b>US\$ 271 858</b>

Here are some of the wonderful people who helped us in the last six months – many, many thanks to you all for thinking of the kids in Uganda and Nepal.

- In the last few months, Deb Lester has been running from hospital to hospital in Seattle, picking up medical equipment that staff have donated to *The ISIS Foundation* for the Neonatal ICU in Uganda. The equipment is then loaded into the back of her car, with help from others, and taken to a storage shed that we rent about 20 miles away. In order to get all this equipment sent in a container to Uganda, Deb had the frightening job of sorting through it all – weeks of sitting on the concrete floor and checking that medication and supplies are within their use-by date; packing boxes with notes to the Ugandan staff explaining how and when the items can be used; writing packing lists with all the detail required by Uganda Customs officials. Two wonderful Seattle women made Deb’s day by turning up at the storage shed and helping with the process – Mikki Clouse, and Teresa Myers. Huge thanks to them for making it easier to get the equipment on its way to the hospital, and to everyone who has worked with Deb to get such a large amount of quality equipment donated, packed and on its way to Uganda.
- In 2002, as mentioned in our previous report, a group of ACE Limited employees and their friends climbed Mount Kilimanjaro in Tanzania, and raised funds for the Foundation by seeking sponsors for their adventure. This year, ACE Limited not only matched the donations the climbers had made, but added additional funds to ensure that we received an amazing total of US\$ 300 000 from the venture. Many thanks again to the climbers, and to ACE Limited, for their generosity.
- Yet more school children have contributed to *The ISIS Foundation’s* work. Saltus Grammar School, in Bermuda, chose us as one of the recipients of the proceeds of their annual ‘Rag Week’ in March. The students’ imagination knew no bounds in this week – events include the Silly Debate, Silly Sports, Grub Day (where you come to school in grubby clothes), and the “Flan a Teacher’ competition (for 10 cents a vote, two stoic teachers are ‘flanned’ on the field in front of all). Thanks to all the students and staff who supported us with these events – your support really helps.
- In 2003, a number of donors have assisted *ISIS Limited* with the administration costs of the Foundation, rather than in-country/project-related donations that are used for items which are of direct benefit to Nepal and Uganda projects. We know that it is sometimes far less appealing to donors to provide funds for administration, yet these costs are essential in the effective management of the charity. Our thanks to those who helped us here. It provides a huge benefit to maintaining our infrastructure and oversight of the entire Foundation, and allows the Foundation to grow through all business cycles.
- Julia Cook continues to be a tireless supporter of the Foundation, collecting toys and clothing for children in both Nepal and Uganda. As a result we have been able to give desperately needed clothing to kids in both countries – some of the photographs in this report show the delight that this brings. Our continuing thanks to Julia, and the Mums, Dads, and children in Bermuda who donated quality clothes and toys for children who are less fortunate.



# Uganda Activities

## *The ISIS Foundation*

1 January - 30 June 2003





## 2. Uganda Activities

We are continuing our work with two partner organisations in Uganda – Kiwoko Hospital in Luwero, where the majority of our work is done, and Mission for All, the community group that runs a home for young boys who have been living on the streets of Kampala.



In the first six months of this year, we have expanded our work with Kiwoko Hospital to include assistance to diabetes sufferers, and additional help (food and medication) to people with HIV/AIDS and their families. We have also begun to build a laundry for the masses of linen generated by the Neonatal ICU, and begun construction of a building to accommodate mothers whose children are being assisted by the Unit.

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

We have been working with Kiwoko Hospital for over five years. From small beginnings, we now have a wonderful partnership at many levels with the hospital, and work with their staff in numerous areas. They are truly amazing people, working day and night with very limited resources.

Of particular note in our partnership to date has been our relationship with four of the expatriate staff of Kiwoko Hospital, who have recently left to return to the UK, after six years of 'hard labour' in Uganda. The contribution that these staff made to the hospital cannot be underestimated. We will miss them hugely in our work with Kiwoko Hospital and thank them for their dedication to helping those who do not have the resources, money, or education to help themselves. They are:

- Dr Nick Wooding – Nick was the Medical Superintendent of the hospital, and was the first contact person for *The ISIS Foundation* when we began to work in Uganda. He is truly a visionary leader, and over the six years that he was at Kiwoko has initiated masses of new projects with international donors. Nick's medical expertise was critical to the day to day functioning of the Hospital, and his job was one of those organisational nightmares that required him to juggle dozens of projects at the same time. Nick could work with donors, treat AIDS patients, run the daily medical meetings, do ward rounds, and still be found at 2am in the operating room doing a caesarean section.
- Kate Wooding, Nick's wife, is an administrative angel. Since we began working at Kiwoko, Kate has organised the *ISIS* house, co-ordinated the reports to us on a quarterly basis (no mean feat when a range of departments submit data to us for each report), and organised volunteer staff when on site. When we are working at Kiwoko, we need help with a myriad of issues, and Kate is the person who made things happen. When we wanted curtains in the Ultrasound room, Kate directed us to the place to buy them, and then organised for them to be made (within days of the request). She provided

Plate 2 – (Uganda Cover Page) Dad with his first born baby, Kiwoko Hospital Neonatal ICU

maps and notes for all new volunteers, organised tours of the hospital for them, provided a shoulder to lean on when life got tough on the wards, and popped in to remind us to iron our clothes lest the (dreaded) mango fly get onto our clothing and use us for living space for a while. Kate got things done, and kept things running.

- In addition to Nick and Kate, David Hodgson, and his wife Linda have been volunteering at the hospital for a number of years. David, as the Finance Manager, moved the hospital from general ledgers to computerised accounts. His eye for detail was exceptional, and his knowledge of the operations of the hospital meant that he was a crucial person for us when working with staff designing new projects. Like Nick, at any point in time you were equally likely to find David buried in the accounts, or working with Ugandan staff to train them in bookkeeping, or maybe standing with the drivers discussing reporting and the cost of petrol and how to minimise costs, or perhaps running towards the generator in the middle of a downpour to help get it started again.
- Linda Hodgson came to Kiwoko unsure of how her nursing skills could best be put to use. Within moments, she realised that there were countless locals who had diabetes who were not receiving treatment. So she set up a diabetes clinic, trained local nurses in diabetes management, and set up a fund in the UK to be able to buy insulin. Now over a hundred people use this service – people who could well have died without Linda’s intervention. On non-clinic days, Linda worked in the community immunising children and giving de-worming medication to kids in local schools. And she cooked the very best dinners for volunteers – only Linda could make a lemon meringue pie in rural Uganda, in an oven which struggles through power surges!

We will truly miss these four incredible staff in our ongoing work with Kiwoko. Their contribution to the Hospital is inestimable, and each of them has helped to save thousands of lives. Their assistance to all the *ISIS* volunteers, staff and directors was fantastic, and we thank them for that from the bottom of our hearts.

Those replacing these people have big shoes to fill. But we know that the newcomers are again people of real vision and expertise, and the hospital will continue to thrive. We look forward to working with them as we go forward with our partnership.

### **2.1.1. The Neonatal Intensive Care Unit (NICU)**

Our work with the NICU at Kiwoko Hospital continues to be our major project in the hospital. Within Uganda, we support them by funding running costs such as staff wages for four special care nursing staff, medication, supplies and equipment, and staff uniforms. We have also recently funded a generator that is dedicated to the NICU, the building of a laundry especially for the NICU washing, and a building for mothers of the children at the Unit to sleep in while their child is being treated.



Plate 3: Baby Birabwa at the NICU, with the Charge Nurse, Florence Nakamya, and Medical Superintendent, Dr. Nick Wooding. The little fellow had meningitis, and arrived at the Unit when it was very crowded, so was being treated on the nurse's workstation (see Section 2.1.1)



Plate 4: Geddy Nasimbwa, Midwife on the Neonatal ICU, teaching Kato's mother to bathe him (see Section 2.1.1)



Plate 5: Dr. Maneesh Batra, Paediatrician, and Florence Nakamya, in the NICU. Maneesh was amazed at the work that Florence does in the ICU – her skills and patience under pressure are legendary.



Plate 6: Margaret Nakasibwe, one of the student nurses at the NICU, bathing Frank. Frank was a much-loved patient, who lived his short life within the hospital after his mother died two days after giving birth. It is likely that he had AIDS as his mother was so unwell; his levels of the virus would have been very high. He died after six weeks, but at least he was well-loved by all the staff during his short life.

“(In Plate 4) ...you see Geddy Nasimbwa, a midwife employed on the NICU, teaching a mother to bathe her baby (Kato, 1.6 kilos). The mother was carrying twins and went into labour at 7 months because she had caught malaria, and with the fever the mother can easily go into premature labour. She had given birth in a health centre, whereas if she had got to Kiwoko hospital we could have tried to stop the labour and give the mother some steroids to help the baby’s lungs mature more quickly. One was born without a patent ductus arteriosus, a blood vessel that should close after birth but in this case did not. That slowed down his recovery since he could not gain weight well with this condition. The twins were not doing well at home but thanks to the care of the staff at Kiwoko, they were eventually discharged.”

Nick and Kate Wooding, Report to *The ISIS Foundation*, from Kiwoko Hospital, March 2003

Overseas, Deb Lester works with volunteers to prepare them for training periods in the ICU – the most recent volunteer was Maneesh Batra, a Paediatrician from Seattle. Deb also co-ordinates our medical equipment donation programme, collecting equipment and supplies from five hospitals in the Seattle region. Finally, analysis of the training needs at the NICU is undertaken – at the moment, a volunteer from the University of Montana is looking at the patient data to help in this process.

(i) Maneesh Batra, M.D.

In February, Maneesh Batra, Chief Paediatric Resident at the University of Washington’s School of Medicine, volunteered to work at Kiwoko Hospital for *The ISIS Foundation*. He was supported by both *ISIS* and the American Academy of Paediatrics. Maneesh hit the ground running in Uganda, and didn’t look up until he left the hospital four weeks later. We are so grateful to him for his dedication and hard work, as are all the staff at the hospital – on Audette’s visit two months later, all were still talking about Maneesh and asking when he would return. Staff felt encouraged by his assistance, and through his training, empowered to do more for their tiny patients.

“This week on daily rounds in the NICU I provided hands on bedside teaching to the nurses and doctors on the management of apnea, hypoglycemia, fluids, sepsis, recognition of meningitis, patent ductus arteriosus, gestational age assessment, nutrition, and necrotizing enterocolitis... As the doctors had heard my didactic lessons in the morning, they were ready and eager to learn the implementation of these protocols. I found that the major limitation to the protocols being implemented were simple practicalities such as calculating recipes for mixed IV fluids, having infusion pumps available... having enough staff to physically care for the 10-20 patients in the unit at any given time, and maintaining IV access. By the end of this week, I noticed huge improvements in the way that fluid and glucose therapy were implemented in the NICU, and throughout the rest of my stay, I spent the majority of my time in the NICU reinforcing these basic principles as I assisted in the day-to-day management of the patients there. As far as procedural help and hands-on help, I assisted in lumbar punctures, arterial blood draws, programming infusion pumps, CPR, and assisted ventilation.”

Maneesh Batra, Paediatrician, Report to *The ISIS Foundation*, March 2003

His work with the nursing staff of the NICU, consultancy to the Paediatric ward, and training (formal and hands-on) with the doctors, was invaluable. Sometimes people wonder what can be achieved in just a short period of time when they volunteer. The answer is - a great deal. By writing protocols for the nursing staff, and helping out on a day-to-day basis with patient care, Maneesh has helped the NICU take another step forwards in their care of babies who desperately need help.

One of the recommendations that Maneesh made to us when he returned was that we should purchase more med-infusion pumps for the NICU. We had donated two of these but one ceased working due to power surges - very common at Kiwoko, where the mains electricity usually drops out at night, and the hospital generator can be temperamental.

We have spoken of the med infusion pumps before in our reports. They are basically automated IV pumps, which can deliver very specific amounts of medication, fluids, and food to low birth weight infants. Without these, too much fluid can be delivered and the tiny patient can die.

Every morning, Maneesh had to decide: Of the twenty patients in the Unit today, which one will get the use of the med infusion pump? This kind of decision is made every day in the under-resourced and remote Kiwoko Hospital.

When Audette visited Kiwoko in April, she took another six med infusion pumps with her. The staff were delighted, and all pumps are now working in the NICU so that the decisions each morning as to which babies 'deserve' the pumps is not so arduous.

"Through my elective in Uganda, I was exposed to the challenges of practicing medicine in a rural setting with limited resources. What I found lacking in resources and knowledge-base was balanced with an overwhelming sense of mission and teamwork to provide hope to the people of this region. Needless to say, having the opportunity to practice medicine and live among a community of people who have so much to teach, and such a desire to learn, was truly a gift. At times during my month I was nearly paralyzed with fear, at the daunting sensation that I was being looked to as an expert simply because of the years I had spent in training. Equally as terrifying was that each day several children died in my care, as I wondered if I was making the right decisions. ... What I found was a sense of pride and accomplishment at all that I had learned during my training, and an excitement as to where I may apply my training in the future.

Simply put, this experience changed my life."

Maneesh Batra, Report to American Academy of Paediatrics, April, 2003

(ii) Generator and Stabilisers

Inconsistent electrical power in the NICU is now hopefully an issue of the past. Kate Wooding recently advised us that the *ISIS* donated stabilisers were wired and in the NICU at the end of June. This will help to prevent surges of power overwhelming new equipment. The new generator is also now on site and will prevent power outages that have crippled life saving equipment.

The stabilisation of power and ensuring a steady source will have a direct impact on patient care. In the past, many infants have died when electrically run oxygen was not available due to power outages. With the up and coming shipment of new equipment for the NICU (including 8 new incubators), correction of these issues has been a crucial step. In September when Deb and Leonie visit the hospital, they will see if any new electrical work needs doing in the Unit to cater to its needs.

(iii) Laundry and Mum's Accommodation

The building of the mother's accommodation and laundry room is almost complete. This will be an important addition to the NICU in particular and the hospital in general.

The accommodation for mothers means that the Mums will be staying in warm, dry accommodation close to the NICU. It will be easier for them to get some sleep, help with their child's feeding, and spend time with the nurses learning how to care for their premature babies. We hope that by improving the mother's health in the early days after delivery, we will find that the impact on the baby is a positive one - rest and good nutrition directly impact on the quality of breast milk, which is often critical to the baby's survival. It will also enable staff to teach Mums about Kangaroo Care - carrying newborns close to their skin - which increases their chances of survival exponentially.



Plate 7: The Paediatric and Female wards at Kiwoko Hospital. At any one time, about six doctors work at the hospital, which serves a district population of over half a million people.



Plate 8: Mum and her child in the Neonatal ICU at Kiwoko Hospital. Mothers largely stay with their children when they are being treated in the NICU, assisting with feeding and caring for their child. The Unit looks after up to 20 babies a day (see Section 2.1.1).



Plate 9: The Bermuda Bears in Uganda – this young boy's family is assisted by the Community Based Health Care team from Kiwoko Hospital (see Section 2.1.2). The bears are made by a range of volunteers in Bermuda, and they have made their way to both Nepal and Uganda over the last few years.



Plate 10: Some of the boys as the Mission for All home for street kids. As mentioned in Section 2.2, our assistance to this programme has included providing a water tank, bunk beds, food costs, and a chicken-raising project

Baby Birabwa (see Plate 3) was delivered by a Traditional Birth Attendant at home. Two-thirds of all babies in Uganda are delivered at home, without a trained health worker overseeing the birth. Some TBA's are trained, but some are not.

Baby Birabwa was not feeding or breathing well, only taking an occasional gasp for breath. He came to Kiwoko with his Mum when he was three days old, and he had not cried since birth. His blood sugar was measured and recorded. Maneesh Batra was teaching some of the staff about how to resuscitate babies, and we called him to help out. We gave antibiotics and fluids, we gave sugar and steroids, but Baby Birabwa still needed a nurse to stand with a bag giving oxygen to him since he would not breathe on his own. At the time the NICU was full – over 20 babies on it, many of them very sick – so the baby was nursed on the workstation! Investigations revealed that the baby had meningitis and needed treatment for three whole weeks. After one week the baby at last started responding, and after two, started feeding. Thanks to *ISIS's* help the treatment can be subsidized, since otherwise it would be too expensive. After three weeks the repeat lumbar puncture was fine and he could be discharged.”

Correspondence from Nick and Kate Wooding, Kiwoko Hospital, March 2003

#### (iv) Equipment

Deb Lester continues to collect medical equipment from hospitals in Seattle. The staff at these hospitals are amazingly generous – we cannot thank them enough for all the work they do in making sure that top quality equipment gets to Uganda. A twenty-foot container is currently being packed in Seattle, and will be sent in September down to the hospital. We know that it will be received with delight, and will really benefit the NICU patients.

In April, Audette took baby blankets, children's clothes and toys, and hand-knitted 'Bermuda Bears' down to the hospital. They were all hugely appreciated by Mums in the NICU (and also families of HIV/AIDS sufferers living in the community – see Section 2.1.2 below).

### 2.1.2 HIV/AIDS – Not Just Numbers in Africa

For two years now, as a result of donations from the Bermuda Anglican Cathedral, we have assisted Kiwoko Hospital with treatment of AIDS patients at the hospital, many of whom are destitute and cannot possibly afford to buy medication or pay for medical help. In the last year, this has assisted 52 people to access treatment for AIDS related/aggravated illnesses, including tuberculosis, abscesses, and malaria. Those affected range from 6-month old babies, to adults.



In early April this year, Audette went out into the community with Alfred Llejju, the manager of the AIDS outreach programmes. His work, and that of his team of AIDS counsellors, had been severely curtailed due to the unexpected loss of funding from one large international donor. Audette's experience in the community with Alfred is a salutary lesson for all those working in the developing world – loss of funding for this programme meant unbearable hardship for those left without the help they so desperately needed.

“The first family we saw was a mother with 5 kids. She lives in the village of Bwetagi, Luwero. Her husband died of AIDS in 2000 and Alfred has been working with her since then. She has no one to help her. She lives in a traditional house and when we arrived she was lying on a mat outside, covered in a rice sack. The kids are aged I think from about 4 to maybe 10 and were doing their own thing. The place was filthy dirty and the kids were in rags with no shoes. The oldest boy seems like a really nice kid and he is clearly trying to take responsibility for everything. She is too weak now to move and has bad mouth and throat sores, so she can't eat. She spoke repeatedly about her worry for the kids when she dies. Alfred says there will be no one to take them once she dies, so they will probably just continue to live in the house with the older one trying to find food.

In the next family there were 3 sisters and a brother, all unable to speak or hear from birth. One of the sisters got married and the husband had AIDS and slept with all 3 sisters. 2 have died and the brother is looking after the remaining sister with AIDS. She is 27 and she has one child of age 6. She was curled into a corner outside on a mat, and crying with pain. She is skin and bone. She signed to Alfred that she had not eaten for several days, as they have no food.

We stopped to see a young woman who has been thrown out of her home by her husband when he found out that her first husband died of AIDS. She is about 25. The husband kept her kids and sent her away and she has come to her sister's house. The sister's husband wants her to leave, he doesn't want AIDS in the house. They have 5 kids. She doesn't know where she can go and even though she hasn't been tested yet, she looks like she has full blown AIDS. She is totally desperate and alone.

We gave sugar, potosh, money and clothes to all the families we visited, but it is a drop in the ocean of suffering these people are living with.”

Audette Exel, *The ISIS Foundation*, Correspondence, April 2003

We have increased our support to the outreach AIDS project run by Alfred Llejju for people living with AIDS in the Luwero community; we will also be looking at other ways that we can assist them further when we visit Uganda in September. Their need is overwhelming.

### 2.1.3 Bringing the Community In

One of *The ISIS Foundation's* first major projects at Kiwoko Hospital was the building of the Community Based Health Care (CBHC) Hall. Over the years this has been well used, and early in 2003 we funded the renovation and expansion of the facilities at the hall. As a result, trainers are able to stay in the hall overnight, and problem tenants (the local bats, which were nesting in the roof) have been evicted!

Moses Ssekidde, the manager of a range of community programmes, coordinates the training programmes run from the hall. In the last six months, this has included:

- A five-day training programme on HIV/AIDS counselling.
- Drama and singing training for AIDS orphans, run weekly.
- Diabetes education for around 60 people with diabetes, and people with disabilities, monthly.
- Monthly Traditional Birth Attendant meetings and training.

The CBHC Hall, over time, has become a central point in the district for training and education on health. It is heartening to see so many people using the facilities, knowing that they will take newly discovered knowledge back to the villages of Luwero, and in doing so will be able to save lives and reduce suffering.

So often, buildings are constructed in the developing world when they are neither really needed, nor used effectively. The CBHC Hall, and the work that Moses Ssekidde and his staff do using the meeting place, is an example of how putting energy into deciding what is useful and what is not, can make a real difference. Literally thousands of people have now used this hall in the last four years, making a positive impact on the community on a day-to-day basis.

### 2.1.4 The Mobile Clinic - Outreach, Immunisation, and Dying with Dignity

The *ISIS* 4WD Mobile Clinic continues to operate within the Luwero region, taking teams of Health Workers out to remote areas.

Community Health Workers systematically visit remote areas where, more often than not, no other health care services are available. They literally drive into the bush, parking under the biggest tree in villages, where they wait for Mums with kids in slings on their backs to walk in from their homes in the surrounding bush. They immunise the children, and work with pregnant Mums to encourage them to get tetanus shots. They also encourage Mums to deliver at Kiwoko if they have HIV, so that Nevirapine can be used to try to reduce the chance that the baby also gets the virus. Essential medicines, vaccinations, and health care training are part of the daily routine. In addition, AIDS Counsellors travel out to see people living with HIV/AIDS in the community, taking food, medicine, and clothing (see Section 2.1.2).

*ISIS* has recently begun to support a new aspect of health care for those living remotely, one which is vital to ensure that there is dignity in death. It used to be the case that when a mother's child died at Kiwoko Hospital, she would have to pay the bill for treatment, buy a coffin, and then argue with local taxi drivers to get home (as they tend not to want a dead child in their cab). The alternative is to carry her child home on the back of a bicycle for burial. We are now subsidising treatment costs for children who have died, and funding coffins and transport home for burial.

Whilst *The ISIS Foundation* is focused on improving the lives of children in the developing world, we also believe that to help people to die with dignity, and minimise the trauma that mothers must endure when grieving for their lost babies, is of real importance.

The Bermuda Government assisted with funding this initiative, from a donation made by the Women in Public Life Conference held earlier this year. Huge thanks to them for their help from all of us at *ISIS*, and from the Ugandan Mums who can now grieve in peace and with dignity.

"Baby Naziwa, a 6 day old baby, was admitted in March with fever, an inability to breastfeed, and twitching. The fever reached 40 degrees centigrade, and there were strong and frequent spasms. The anterior fontanelle (the soft spot at the front of the head) was bulging. The baby either had meningitis or tetanus, but was too sick for a lumbar puncture and instead was treated for both conditions until there was enough improvement to attempt a lumbar puncture.

The next day, his temperature had risen to 41 degrees centigrade, and the spasms increased. The baby needed very intensive sedation to stop the spasms when it would also stop breathing, so there was a need to continually resuscitate it. This is the challenge of treating tetanus in a rural area with no ventilators so that one cannot totally sedate the baby and do its breathing for it. By the second day, the baby was blue and needed intensive support for the day until it died that afternoon.

Thanks to the support from *The ISIS Foundation*, we were able to transport both the mother and baby home, about 40 miles away, and give some ongoing support and education to the mother so that this would not recur. One of the causes of tetanus is the mother not being immunized in her pregnancy, and also unhygienic deliveries in the village, which might have been the case here. With meningitis it is a case of picking up the warning signs early, such as fever, stopping feeding, and the fontanelle bulging."

Dr. Nick Wooding, Medical Superintendent, Report to *The ISIS Foundation*, March 2003

### 2.1.5 Help with Diabetes - New Beginnings

Around three years ago, Linda Hodgson, a wonderful Nurse from the UK, began working with a few people with diabetes at Kiwoko. Since then, the work has expanded to provide regular treatment and diabetes education to 100 local people (around 55 are insulin dependant). Linda trained nine local nurses to run the diabetes clinic, so that there is real expertise at the hospital in working with these patients.

In Uganda, a weekly script for an insulin-dependant patient costs the equivalent of around four days pay (or around £ 4). It would be impossible for insulin dependant patients to pay for their own medical treatment, and without such treatment, they will die.

“Madina has been attending the diabetes clinic for over two years. Before this her diabetes was poorly controlled and she had 11 miscarriages after the birth of her (now 12 year old) daughter. In March 2003, she gave birth to another daughter, as a result of her condition being controlled. A caesarean section was necessary and this was paid for by kind donors. None of this would have been possible without free insulin.”

“Stephen is a semi-nomadic cattle keeper living about 50 miles from the hospital. He was admitted in a coma, with undiagnosed diabetes and alcoholism, 18 months ago. He also had TB. His condition is now stable after treatment and counselling, and he is now on insulin.”

Linda Hodgson, R.N., Report on Diabetes Clinic, Kiwoko Hospital, Uganda

Linda told us of the urgent need for help with this programme when Audette was in Uganda in April. Lack of funding meant that without assistance, the hospital simply could not afford to continue paying for insulin, syringes, needles, test strips and new testing meters. *The ISIS Foundation* is now proud to have begun supporting this programme.

### 2.1.6 The ISIS House

The *ISIS* House, on the grounds of Kiwoko Hospital, continues to be used by both our staff and those working at the hospital. It has become a real resource for the hospital, giving them somewhere that visiting dignitaries and specialists can ‘hang their hats’ while they are working.

“The *ISIS* House was a wonderful home for me. I was very comfortable there as it is fully stocked, and Kate Wooding was kind enough to unpack prior to my arrival. What I enjoyed most about the house, in addition to having some space to unwind with music, was that it is amidst housing for many of the Ugandan staff. As such, the stoop was my favorite place to hang out with my neighbours.”

Maneesh Batra, Report to *The ISIS Foundation*, March 2003

Over the last six months, there has been a steady stream of visitors. Audette and Maneesh (the Paediatrician from Seattle) both stayed there... two Surgeons from Kampala, when they came to the hospital to do a surgical camp in Luwero, bunked down in the house... Garry Ion - who, ironically, built the house in the first place - stopped in to recover from malaria for a week... David Hodgson, finishing up as the Finance Manager for the last few years, had an *ISIS* house pit stop for a month or so... and Christine Otai, a nurse from the Neonatal ICU who is now doing further study in Kampala, used the house to study in. The *ISIS* House has become not only a great resource for *ISIS* staff at Kiwoko hospital, but for staff and visitors when we are not on-site. We are delighted to be able to offer comfortable accommodation to the dedicated people who help out at the hospital.

## 2.2 Off the Streets of Kampala - Seventeen Children Find a Home

As mentioned in our previous report, we are now assisting a new partner organization in Uganda to work with children who have been living on the streets in the capital city, Kampala (see Plate 10). To date our assistance has been with resources at the children's new home - helping with furnishings, subsidising food costs, providing vitamins for the kids, funding a chicken raising project, and purchasing a water tank.

Some of these children have been on the streets since they were three. The issues that they face in building new lives, after having to live on their wits in central Kampala, are legion. There is an additional issue in Uganda which they also have to face - the possibility of HIV/AIDS. In January, we received the following e-mail from Zack, the distinguished man who runs this home:

*Tuesday, January 21, 2003*

*Dear Leo,*

*We are writing to inform you that one of the boys taken from the streets of Kampala... Musa Muyambi... died on Sunday evening, 19<sup>th</sup> January 2003, and was buried yesterday, on Monday....*

*... Musa was identified and picked from the street during the month of June (2002) and he was looking very thin, had sores on his legs and mouth and certainly looked very unhealthy. We took him to the hospital for medical treatment but he did not respond to the treatment. He joined Kusabi Church of Uganda together with the other boys. He tried to be sociable but he was weak and much of the time he was in bed. He forced himself to do third term exams but he never finished.*

*We started fearing that he had a big health problem that we could not handle. He was tested and found HIV positive. He has been attending the AIDS clinic and getting good drugs but his system had been weakened so much that he could not make it...*

*...We are all saddened by his death.*

*Yours sincerely,*

*Zack Kalega, General Secretary*

We will continue to support Mission for All in their amazing work with these children, children who bear burdens that they simply should not have to carry.

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

In the latter half of 2003, our Uganda work will be a central focus.

We hope that by the end of the year, the laundry for the NICU at Kiwoko will be complete, along with the accommodation for Mums whose babies are receiving care in the unit.

In September, with Deb and Leonie both at the hospital, we are looking forward to beginning new relationships with the new Medical Superintendent, Finance Manager, and their families. And we will also be looking into community based programmes, and how these might link with our existing support in community health and our work in the NICU with premature and high risk babies.

Deb Lester will be reviewing the functioning of the NICU and assessing how we can assist the Unit with better delivery of oxygen to their tiny charges. The oxygen systems in place at the moment are not as good as we would dream them to be. She will also be establishing a train-the-trainer programme for the Neonatal Resuscitation Programme, so that local staff can teach others in her absence from the hospital. Deb will take instructors manuals with her, for her teaching and to provide training materials for ongoing use.

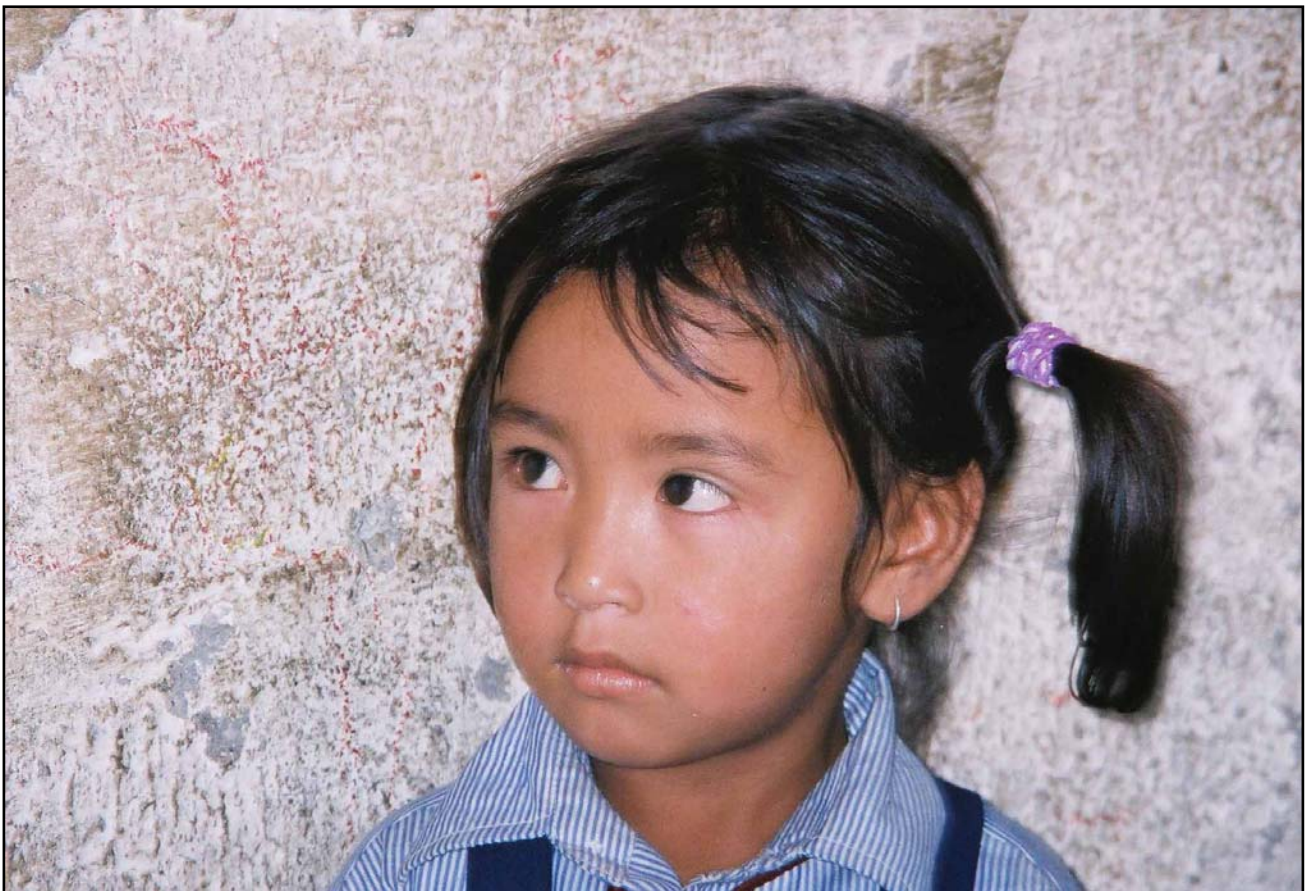
Finally, Deb will be introducing a new training programme to staff – the Perinatal Education Programme, a South African training course that is self-directed, and is internationally accredited. This training package is based on the best international research in neonate care, and is tailored for the kinds of situations likely to be encountered in the developing world. Staff will submit examination papers to an accreditation body in South Africa, and as such will receive formal recognition once they have completed the course.



# Nepal Activities

*The ISIS Foundation*

1 January - 30 June 2003





### 3. Nepal Activities

The political situation in Nepal continues to be difficult.

In mid 2003 the Prime Minister, Lokendra Bahadur Chand, resigned, and the new Prime Minister Surya Bahadur Thapa, was trying to negotiate with the Maoists whilst the ceasefire held. There continue to be skirmishes, particularly in the mountains, but there has been evidence that in rural areas the Maoists, police, and army are attempting to work together. Unfortunately, at the time of writing this report the ceasefire has been declared broken, and we now wait to see if the country again descends into open violence or if more negotiations are possible. Through all these travails, the people of Nepal continue to suffer terribly. We will continue our work with them as long as we are able.



#### 3.1. Lighting up the Mountainside with Kathmandu University

We have recently begun a series of new projects in Humla, with a great new partner organisation – Kathmandu University (KU). We have come to know KU through our work last year with Alex Zahnd, who is one of their consultants and who tirelessly and actively helped us in Humla during 2002.

Kathmandu University is known in Nepal as progressive, with links to international universities, and a focus on encouraging their students to contribute to those in Nepal who need the most help. Whilst we are working directly with their Research, Development and Consultancy Unit (RDC), the senior staff at the University have thrown their weight behind the initiatives, with the Vice-Chancellor and Registrar hoping to visit Humla in early 2004 to see how the projects are going.

The KU/ISIS partnership will be focusing on five major projects this year:

- Installation of 150 smokeless stoves in a range of homes in Humla. These stoves were invented by the RDC Unit at the University; they currently have a researcher studying in Norway to develop computer programmes which can model the combustion inside the stoves, to speed up the process of continually improving the design.
- Building 150 latrines, in around six villages in Humla. Local people will attend a three-day training course, where they will be trained in the most effective construction methods.
- Provision of safe drinking water – we are building tap stands to provide safe, filtered water to the people of one village.

- Provision of solar lighting to all homes in one village. This is an incredible project – two to three WLED (white light emitting diode) solar-powered lights will be installed in each of seventy homes.
- Establishment of a KU/ISIS office in Simikot, Humla. This office will be able to accommodate staff and visitors on their way up the mountain, and in time will be a central point for high altitude research and development work, perhaps expanding to include projects from other departments at the University.

The difference that these initiatives will make is huge. Research undertaken by our Nepal Country Manager, Dr. Kimber Haddix McKay, has shown us that such projects will have a direct and major influence on the health of the communities in Humla. While there is a plethora of literature on the health impacts of safe drinking water systems, getting smoke out of homes, and good sanitation, there is very little research on the social impact of these forms of assistance. In order to make sure that these initiatives have the greatest benefit possible, we are undertaking a major research project on the health and social impact of the projects undertaken by Kathmandu University in Humla.

Kimber, working with Angjuk Lama (a Tibetan Researcher/Translator), and medical personnel, is undertaking a study of the main villages we are working in Humla.. A particular focus will be careful analysis of the social impact associated with bringing lighting into people's homes. We expect that people's night-time activities will change, including an increased literacy rate as there will be a newfound opportunity for literate members of the household to read to family members in the evening, after work is completed. Whilst this would theoretically be possible at the moment, with wood fires, wood is scarce on the mountains, and the quality of light is not conducive to reading. We believe that this study is the first of its kind in the world – a rigorous and systematic research project of impact of solar lighting on the social lives of remote, previously unlit communities. We hope that the results of the research will teach us how to maximise the benefits of solar lighting in Humla, and when published, will also encourage other charities to pursue such projects in other locations. In December/January, Kimber plans to return to Kathmandu to follow up this research in person.

A number of wonderful people are working on these projects in Humla. Alex Zahnd, a Swiss engineer, heads the programme. In Kathmandu, Yassu Shrestha manages the accounts, and Biraj Shrestha is providing research assistance (he is also building the solar drier for the Tibetan doctors discussed below). In Humla, Govinda Nepali is managing a team of local people, setting up the KU/ISIS office, and hiring additional staff.

This is a major new step for *The ISIS Foundation*, and we are excited to begin these projects with such competent and enthusiastic partners.

### 3.2. Continuing Treatment from Tibetan Mountain Doctors

As we are finalising this report, Dr. Sanga Tenzin and Dr. Jampa Gyatsen, funded by *ISIS*, are again in Humla, working with patients who are hugely grateful for the opportunity to see a Tibetan doctor. In early 2003, representatives from four districts in Humla – Muchu, Limi, Yapka and Khakang – met with Dr. Sanga to express their thanks and to encourage them to continue to work in Humla.

“Thanks to (the Tibetan doctors) for give me opportunity to write some words. I was in bedridden for seven months due to acute backache. There was no clinic surrounding my village and it was even not possible for me to go to District hospital in Simikot. Because it takes three days for a walk. Fortunately (the Tibetan) health camp come to our village and I got treatment from Dr. Sanga. I have started to take medicine in March, 2003. His medicine worked very well and my health was improved.... I thankful for his great help and also I would like to say thanks to *ISIS* organization for their generous fund and invaluable help in health for the people of Humla.”

Tsering Tashi Lama, Kermi VDC, Humla; Letter to *The ISIS Foundation*, March 2003 (see Plate 12)

Over the course of a year, Dr. Sanga will see around 5 000 patients in Humli villages. When not in the mountains, he and Dr. Jampa prepare Tibetan medication, which is then flown up to Humla on their next visit.

We recently spent time with Dr Sanga and Dr. Jampa in Kathmandu, and visited their pharmacy, in part to assess the need for a solar drier to speed up the process of drying herbs and seeds. The pharmacy is about 45 minutes from Kathmandu, and like almost all buildings in Kathmandu, there is no street name or number – you drive until you get to a field, then get out and walk past rice paddies, along dirt tracks, to the building. The doctors use several rooms in an apartment for making medication. The process is labour-intensive and very time-consuming. In one room, there are sacks of aromatic raw materials – bark, herbs, seeds – bought from markets in Nepal and India. In another, there is a mechanical grinder which pulps the raw materials into a rough powder. From here, the powder is further refined by hand, using stone bowls and large, smooth rocks. It is then mixed with water into a thick paste, and fed into an extruder by hand, forming long strips. These are cut into small chunks – the raw pills. In order to seal the pills, and get a smooth coating, several dozen pills are put inside a rectangular ‘pillow case’ of about four feet in length. Holding one end of the bag each, two people roll the pills around the bag until they seal.

These doctors are incredible people. Their commitment to those who are less fortunate than themselves is absolute; their intent in practicing medicine is to reduce suffering. If that means trekking around the Himalayas, often in adverse weather, with harsh living conditions, then so be it. We are grateful that they are there for the people of Humla, and for the opportunity to help them to help others as well as they do.



Plate 12: Dr. Sanga and Tsering Tashi Lama (see Section 3.2), one of his patients, in Humla. Over a six-eight month period, Dr. Sanga treats around 5000 people in the Himalayas.



Plate 13: Villagers in Tsalang (one of the most remote in Humla) await Dr. Sanga's arrival (see Section 3.2). Dr. Sanga must be one of the few doctors in the world who does "house calls" by yak, often works outdoors, and keeps going through snow!



Plate 14: Laxmi Karki, a student sponsored by Hands in Outreach (see Section 3.3.1).



Plate 15: The wonderful Ram Gopal Adhikari and Tsering Yankey, Hands in Outreach, with three of the children they assist – Sheela, Neema and Tseten (see Section 3.3.1). These girls have been sponsored privately by Audette and Bees, and we have a tradition of pizza lunches when catching up with them in Kathmandu.

### 3.3. Education for Children in Kathmandu

We have three partner organisations in Kathmandu, all of which are focusing on children's education. The three have entirely different means of achieving the same end – better education for the most disadvantaged kids of Nepal.

#### 3.3.1. Hands In Outreach

We are continuing our support to Hands in Outreach, a service which assists around 100 children in Kathmandu to access education, medical and dental care. They help with education by linking children with sponsors, and then supporting them to attend school in Kathmandu – they work with dozens of schools as a result.

HIO runs a service which would best be described as social work services to support children and families to maintain themselves in education. They have two full-time staff in Nepal, supported by *ISIS*. Ram Gopal Adhikari and Tsering Yankey are both 'graduates' of HIO – they were recipients of HIO educational help before working for the organisation. Ram and Yankey know each of the children extremely well, as they work with their families, their schools, and the kids themselves to encourage them to make the most of the opportunities that sponsorship provides. They make weekly visits to the schools that the children attend, provide tutoring and support, visit families, take the kids to the dentist and doctor, and trouble-shoot when issues arise. They also support the schools themselves, providing them with resources when necessary, and encouraging them to deliver quality education.

Ram and Yankey face a legion of challenges in their work. The first is that, culturally, girls are much less likely to receive family and social support for their education than is the case with boys. Over 75% of the children assisted by HIO are girls; thus part of Ram and Yankey's job is to encourage the girls and their families to ignore the cultural norm and strive to get an education.

Another major issue is that in Nepal, if a child completes a full secondary education, families expect that a prestigious office job or entry to University will be the likely result. But in a country where unemployment is rife and nepotism commonplace, it is hard for children from lower caste or poorer families to get such jobs, even with degrees. HIO staff encourages children and their families to be more practical about the end results of education, and to consider non-professional options if necessary.

Leonie met recently with Ram and Yankey whilst in Kathmandu, and discussed some of these issues. Many of HIO's students are now leaving school, and the organisation is moving with the changed circumstances of the kids in order to help them with their post-school options. In Nepal, there are no national employment agencies, or job search organisations, to help young adults in this phase of their lives. HIO is thus expanding their role to include working with young people as they embark on their journeys in the workforce, a crucial step in making sure that they have the resources to live productive, fulfilled lives.

“Laxmi Karki is a 20 year old woman in her last year of HIO sponsorship. Very self-directed now, Laxmi just began a six month secretarial and office management course which will hopefully lead to a good job and self-reliance. In successfully completing grade 12, Laxmi has shown remarkable determination to continue her studies rather than succumbing to the lure of marriage. Laxmi comes from a very poor family headed by a single illiterate mother who sells cigarettes from a small push cart near the Pahupatinath Temple. The family rents a small room in that area of the city.

Eight years ago, an esteemed social worker, Kiran Tewari, met Laxmi in his Bal-Kendra street shelter, where she had come for a basic literacy class. Kiran felt that Laxmi was bright and asked us if we could find her a sponsor. In the 7<sup>th</sup> grade, then 15, Laxmi argued with the principal and ran away from the school where she boarded under HIO sponsorship. Since she refused to return there, Ram Gopal feared that she was a lost cause. He suspected that she would become pregnant and that would end her education. Over the course of the next year, HIO urged Laxmi to live at home and attend the local public school. Yankey and Ram met her every month to encourage her to continue her studies and to report to HIO on her progress. Laxmi continued to do well and at the end of the 10<sup>th</sup> grade, she passed the all-important School Leaving Exam (SLC) which alone was a great accomplishment. Again, we thought that this would be the end of her schooling. But Laxmi’s determination to gain independence pleasantly surprised us all as she went on to complete the 12<sup>th</sup> grade this year.

It is a tangible success that Laxmi, along with Ram and Yankey, persevered through the years for Laxmi to now be finishing her HIO sponsorship with this valuable vocational training course. After Laxmi finishes, she will be on her own and hopefully an independent productive citizen. This is most remarkable in a male-dominated society such as Nepal. If she does marry and have children, the chances are great that Laxmi will, in turn, encourage her children to gain independence through literacy.”

Ricky Bernstein, Chairman, HIO, Newsletter 2003

### 3.3.2. Tashi Waldorf School

The Tashi Waldorf School operates both as a kindergarten/school, and provides training to Nepali teachers in early childhood education. As the only Steiner school in Nepal, they have worked incredibly hard to adapt the principles and philosophies of their educational model to a culture which has come to expect the most basic form of education – didactic teaching, limited resources, poorly trained teachers, and rote learning. That they have done so is a tribute to their commitment and enthusiasm. Visiting the school is a breath of fresh air – the children are incredibly well loved, happy, and getting a great education.

*The ISIS Foundation* has been supporting and partnering with the Tashi Waldorf over the last two years to renovate and build facilities for their kids.



Plate 16: The exterior of the completed kindergartens at Tashi Waldorf (see Section 3.3.2). The six Nepali teachers at the school – Durga Maya Dahal, Kripa Rana Manandher, Kamala Sapkota, Lobsang Dolma, Nima Shrepa and Nirmala Gurung – are doing wonders for these kids, the vast majority of whom come from impoverished circumstances. Largely, the children’s parents are labourers in pashmina or carpet factories, construction workers, or unemployed.



Plate 17: The new play equipment at Tashi Waldorf school, designed by a gifted carpenter from New Zealand – the kids absolutely love it! The gardener, Kanchi, has transformed the school grounds into a garden-lovers paradise.



Plate 18: Welcome flowers from the children at the Jorpati Community School. Kids have a range of classes at school – English, Nepali, Maths, Social Studies, Moral Science, General Knowledge, Art, Health and PE, Population and Environment Studies, Computer Education and Accounting (see Section 3.3.3).

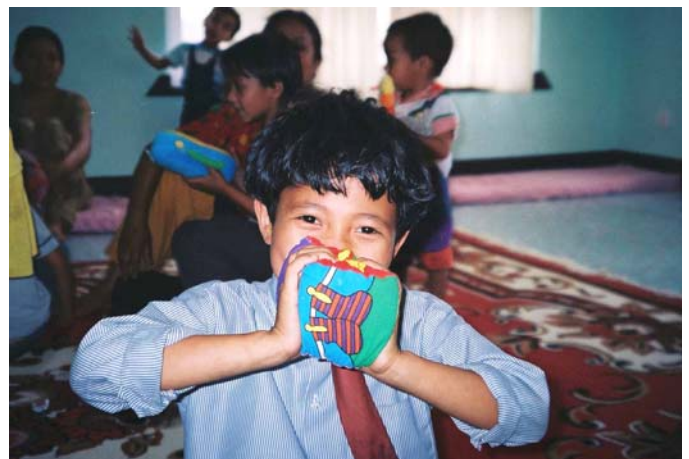


Plate 19: Joy with the new toys and clothing in the Women’s Foundation shelter (see Section 3.3.3). The shelter provides a warm, loving home for 22 women and 34 children.

It is hard to describe the transformation we have seen at this school over those two years - from very humble beginnings, with buildings that were partly completed and about 15 children working in the one classroom, they now have 60 children, indoor bathrooms, play equipment, landscaping and play areas, and a beautiful new kitchen (see Plates 16 and 17). They have six fantastic Nepali teachers, who - after recovering from the huge educational shift between Nepali teaching and Steiner methodology - now encourage creativity, imagination, and independent thought in their pupils. Each of the children is provided with a nutritious morning tea and lunch each day, along with vitamins (the school employs two cooks, Bharatama Lama and Monita Rai). Those without shoes or reasonable clothing are given new clothes; toothbrushes are kept at school to make sure that teeth get cleaned at least once a day; teachers are just as likely to help with school work as to wash kid's hair if they don't have facilities at home.

The non-teaching staff at the school are also impressive. A Steiner specialist from New Zealand, Kate Bryant, works with the Nepali teachers to encourage their professional development; Eva Bhujel, as the school administrator, keeps everyone organised; Nawang Yonjen, a Tibetan who was born on the way across the Himalayas when his parents escaped Tibet in 1959, manages the construction process. Finally Heather McLaren, who manages to remain calm in even the stormiest of school seas, provides the backbone of the organisation, overseeing all of its operations. They are an inspirational group, doing inspirational work with sixty children who otherwise would have had very limited schooling, and certainly a lot less loving.

In June, we took clothing to the school, which will be distributed to the poorest children by their teachers. Our thanks to the kind Mums in Bermuda who donated the clothes - they will be well used and are much needed.

### **3.3.3. The Women's Foundation and Bipul Shikshya Niketan - Jorpati Community School**

In 2002 we began working with The Women's Foundation (WF), an incredible organisation based in Kathmandu. Thousands of volunteers work for this NGO, assisting women and girls in a variety of ways - they provide free legal services, lobby for legislative change, run a women's shelter, provide literacy and vocational training, and a host of other programmes. One such initiative was the Jorpati Community School, which we have been supporting for around a year.

This school was literally built by the hands of parents who, encouraged by the powerhouses at the Women's Foundation, decided that their children needed great education close to home. We support three of the teachers at the school - Nandal Tiwari (Headmaster and senior school English teacher), Binod Gurung (Vice-Principal and Health, English, Population and Environment teacher), and Madhav Dahal (Accountant and Nepali Teacher).



From humble beginnings, this school now has 27 teachers and around 400 students. Some of those students are kids who live at the Women's Foundation shelter nearby. The following story shows how both the shelter, and the Jorpati Community School, have made a real difference in one young man's life. It also shows some of the challenges that charities in Nepal face. The combination of poverty and lack of education in the country sometimes means that there are enormous barriers to be overcome in trying to help people.

"Suman was born in the district of Sindhupalchowk in the Malamchi VDC. While his mother ran a small tea shop and struggled to support the family, his father was an alcoholic and spent most of the family's income. There was often not enough money to adequately feed everyone. They went hungry most of the time. At night Suman's father would drink heavily and then beat and curse his wife. Friends and neighbours often witnessed this abuse – domestic violence in Nepal is often ignored – and the shame Suman and his mother felt were unbearable.

Suman's mother started doing social work in the village. In one instance, Suman's mother helped rescue several girls who had been sold to a brothel. After trying to enlist the support of the police, who, as is often the case, had already been bribed by the traffickers, the traffickers threatened to kill Suman's mother. Shortly after this incident, when Suman was studying in Class 7, a gang of the traffickers came to Suman's house and tried to kill his mother. Suman's father and Suman tried to stop the gang, but they were severely beaten. Though the gang was unable to kill his mother, they set fire to the house, the tea shop, and all of their belongings. The family immediately went to the police office, but the police did nothing because the traffickers had already bribed them. Fearing for their life, and with their house destroyed, Suman and his brother stopped attending school. As a result of the attack Suman's family was left with almost nothing, sliding rapidly into further poverty. Suman and his brother didn't go to school for one year.

Suman's mother contacted the Women's Foundation in Kathmandu. At that time she worked as the Sindhupalchowk district coordinator for the Foundation. She brought Suman and his brother to the WF shelter in Kathmandu, and they started attending Bipul Shikshya Niketan (Jorpati Community School). Suman quickly assimilated into his new surroundings.

Suman has benefited enormously from the education he has received at Bipul Shikshya Niketan. The small student-teacher ratio, and the high quality of the teaching staff, were two of the reasons why he was able to adapt so quickly to English-medium instruction in all subject areas, and achieve the second highest marks in his class. While his previous school provided low-quality rote learning, Bipul offers a comfortable learning environment that encourages independent thinking and learning. He considers his education at Bipul as his key to the future. Suman has frequently expressed his desire to use his education to help make his village hunger-free, ensuring that children there will always get enough to eat and not experience the hardships that he felt before coming to Kathmandu. Suman recognizes the value of education and the role education plays in the development of the future of Nepal. While the Women's Foundation has provided Suman and his brother with a secure life, Bipul Shikshya Niketan has helped show him a successful path to the future."

Renu Sharma, Founder and General Secretary, The Women's Foundation,  
Report to *The ISIS Foundation*, June 2003

In June, Leonie took clothing and toys from Bermuda to the children and babies living at the WF shelter. We also bought books for the shelter's library, in Nepali, Tibetan and English. One young boy from the shelter (pictured in Plate 19) was overjoyed at his new soft-toy. But a few hours after the photo was taken, he phoned Auntie Renu distraught, almost unable to speak through his tears. He had been playing up a tree, and dropped the toy. As he descended, to his horror, another child stole the toy and took off down the road. He was inconsolable. A few hours later, however, he had his toy back. He had visited each of the houses nearby, and in one, had seen a child playing with his toy, which he happily reclaimed!

### 3.4. Health Care from the Swayambunath Monastery

We assisted the Himalayan Medical Foundation (HMF) this year to expand their services at the Swayambunath Monastery, adding a laboratory to the clinic where they treat thousands of people yearly. Tsiring Lama and Kedar Sanjel, two HMF Health Workers, have been joined by Kamala Bohara, a Laboratory Technician, who is working in the newly established lab. This has enabled the staff to more accurately diagnose and treat patients for illnesses such as typhoid and gastro-intestinal disorders. It also meant that they can confirm pregnancies – seven new lives were first 'diagnosed' in the new lab this year.

Leonie was at the Monastery in June, and spent some time talking with the staff about the work they do and the challenges they face. Their patients are extremely poor, and often have illnesses and injuries that are indicative of that poverty, such as tuberculosis, respiratory conditions, abscesses, and dermatological problems resulting from poor hygiene.

"I asked Kedar and Tsiring how they coped with their work, when it often meant dealing with horrendous illnesses, and clear examples of abuse or domestic violence. Kedar said that he always tried to keep calm for his patients, so that they felt comfortable and able to come back for treatment, and that even if he was horrified, he tried to overcome this to be able to better help people. He says that he feels incredibly lucky – he has a job which allows him to help people. Tsiring nodded in agreement.

We talked about one patient, a 15-year old girl who had come into the clinic for treatment for burns to her stomach and legs. The girl was terribly disfigured, and unable to walk, when she first arrived at the clinic with her Aunt. Her Aunt was battered, with severe bruising to her head and face. They were hesitant about accepting treatment, saying that the girl had been burnt by sleeping too close to the fire. But she was clinically depressed, and the extent of her injuries suggested that she had been the victim of a not uncommon occurrence in Nepal – if young girls or women (often widows) are suspected of being witches, they are raped and then burnt by local men, usually by pouring lighter fluid over them. Kedar and Tsiring treated this young girl as best they could – she would not or could not attend a hospital. The injuries must have been agony. After a number of visits, she could again walk, and the infection and burns were subsiding. These amazing health workers, along with lawyers from the Women's Foundation, are now trying to encourage this child to get help, although they are encountering some strong resistance from relatives who don't want to change the status quo. The status quo for some, in Nepal, is truly tragic."

Leonie Exel, correspondence to *The ISIS Foundation* from Nepal, June 2003

### 3.5. Angjuk Lama Finishes his Degree

We have been supporting the studies of a young man in Kathmandu for the last few years. Angjuk Lama is a Humli, and initially worked in 1999 with Kimber, when she was undertaking research for *The ISIS Foundation* into the health issues of Humlis. At that stage, Angjuk worked as a translator, as he speaks Tibetan, Nepali and English fluently. He has recently completed his Bachelor of Arts (English/Sociology), and is now working with us on a casual basis in Nepal, and running our new research project into the health and social impact of our projects in Humla.

Angjuk recently wrote to us about his sponsorship, not only that from *The ISIS Foundation*, but from an early age when a sponsor from the UK paid his fees to attend a school in Kathmandu.

“I was born to an underprivileged family with five children, and ten family members altogether. I was the only child to have the opportunity to get a proper education. Being in such an isolated region, and born to such a pathetic family background, I was certain to ruin my life like many others. But I was lucky enough to get a sponsor who brought me down to Kathmandu and admitted me to a school where there were all modern amenities, sound study environment and good tutors, which provided me with ample opportunity to enhance my education.

After completion of my higher secondary education, I was in a dilemma whether to continue my further education, due to financial hardship. The I came across Kimber Haddix, who introduced me to *The ISIS Foundation*... I worked with *ISIS* in 1999 on the baseline primary health survey (in Humla) as a translator/researcher, under the guidance of Dr. Haddix.

That part-time job not only sowed my interest in sociology and anthropology, but also drew me closer to *The ISIS Foundation*. Eventually *ISIS* showed willingness to support my further study which was a great joy and support for me...

My ultimate goal is to do something up in Humla – to use my knowledge to bring changes in the lives of Humli people who are deprived of all but the basics in life. We who are educated... are responsible for bringing positive changes in their lives. In fact the responsibility rests on those of us who enjoy the freedom of education, development, progress and peace.... No matter how backwards and uncivilized Humla may (appear), it is still my homeland, and home is where the heart is.”

Angjuk Lama, Report to *The ISIS Foundation*, June 2003

Angjuk’s experience shows us that a little help goes a long way in Nepal, and people who are given chances tend to grab those opportunities with both hands. We have nothing but respect for how he has struggled to achieve his goals, and hope to continue working with him going forward.

### 3.6. The Way Forward...

The next six months in Nepal will see a number of *ISIS* staff visiting and working with our partner organisations; Audette, Bees, and Kimber will all be in Nepal before year's end.

Our work in Humla will continue, with the Kathmandu University staff establishing the office in Simikot, and finalising many of the initiatives they are undertaking, including the provision of solar power to villagers in Chauganphaya. Kimber Haddix McKay will be working on the research element of this project alongside our Nepali partners.

The building projects at the Tashi Waldorf school will be completed, allowing the number of pupils to increase, and providing a great environment for the teachers to work together. The Women's Foundation will be able to move most if not all of their charges into their new shelter, and it will be run with the assistance of a full-time home supervisor.

We are also looking into education in Humla, and will be working with a potential new partner agency, designing projects which will increase school participation for girls, and those from lower caste groups (particularly Dalit children).





**Mankind owes to the child  
the best it has to give..."**

*United Nations Declaration of the Rights of the Child, 1959*