



□ **OPERATIONS REPORT**
January - December 2004





The ISIS Foundation
www.isis.bm

35 Crow Lane
East Broadway
Paget HM 20
Bermuda

Ph: (1) 441 232 9001
Fax: (1) 441 236 1999

Contents

1. Overview of 2004 Activities

1.1. Financial Information

2. Nepal Projects

2.1. Humla Based Projects

- 2.1.1. Tibetan Medical Care to Villagers
- 2.1.2. Stoves, Latrines and Lights in the Himalayas

2.2. Down in the Valley - Kathmandu Based Projects

- 2.2.1. New Beginnings for Children: Education is Critical
- 2.2.2. Medical Care from a Monastery
- 2.2.3. Mums and Children Begin Again
- 2.2.4. Humli 'Refugee' Children in Kathmandu

2.3. The Way Forward - Plans for 2005

3. Uganda

3.1. Kiwoko Hospital - Rural Health Care in Luwero

- 3.1.1. The Neonatal Intensive Care Unit (NICU)
 - (i) Lifesaving Volunteers
 - (ii) A Container Load of Goodwill
 - (iii) 2004 in the NICU - Some Highlights
- 3.1.2. Community and Outpatients Focused Projects
- 3.1.3. HIV/AIDS in Africa - More than Statistics

3.2. A New Home for the Street Kids

3.3. The Way Forward - Plans for 2005

Plate 1 (front cover): We are assisting these Humli children, living in Kathmandu, with food and medical costs, see Section 2.2.4.



1. Overview of 2004 Activities

The 2004 year was perhaps the busiest in *The ISIS Foundation's* history.

In Nepal, despite the ongoing civil war, we continued our work in both the mountainous region of Humla and in the capital city of Kathmandu. In Humla, in partnership with Kathmandu University, we install solar power, pit latrines, smokeless stoves, and clean drinking water for a number of villages in the region. In Kathmandu, we fund a range of educational and health initiatives that are implemented through the exceptional community groups that we have been working with for many years.

Not surprisingly, as the Nepali political situation worsened throughout 2004 we faced increasing political difficulties in our work in the mountains. The KU/ISIS staff are now among the only NGO staff working above Simikot, the 'capital' of Humla, in remote villages. Also, as a result of the increasing political problems, we began a new 'emergency help' project in Kathmandu, working with 30 Humli children who were malnourished and poorly treated at an orphanage in the city. Children such as these are being sent to the capital in order to escape from the war in the mountains. We also employed a Nepali staff member full-time to help these kids. Audette Exel worked with our partner organisations mid-year, in particular co-ordinating the assistance to the children at the orphanage.

In Uganda, our two partner projects continue to grow. Our most extensive partnership is with the Kiwoko Hospital, where we support a range of community outreach initiatives as well as the ISIS funded Special Care Baby Unit. In 2004 we sent our first full container of medical equipment to Kiwoko. In the past we have shipped or carried specific items in - several incubators, for example - but getting a 20-foot container packed and shipped into a remote zone is a feat unparalleled! We also held a week long 'pack-a-thon' for the next container of supplies, with the help of 20 volunteer Nurses and their families in Seattle. We estimate that donated medical supplies from ISIS to Kiwoko Hospital this year had a market value of approximately US\$180,000.

Both Leonie Exel, our General Manager, and Dr. Maneesh Batra, a volunteer Paediatrician from Seattle, worked at the hospital over the course of the year. Dr. Batra was partially supported on this visit by the American Academy of Pediatrics, a group which has become aware and supportive of our work over the last few years.

At our head office in Bermuda, in addition to managing the operations of *The ISIS Foundation* in Uganda and Nepal, we focused on attracting new donors and diversifying our funding base, approaching Foundations and individuals worldwide for their support. In particular, our new 'Adopt a Project' programme began to take off. By year-end, we had new significant donors from Bermuda, Norway, Italy, Hong Kong, and the USA. Our heartfelt thanks to the Sarlo Foundation in San Francisco, the Kadoorie Charitable Foundation in Hong Kong, the XL Foundation - Bermuda, the Grieg



Foundation in Norway, and Fondazione Alberto Rangoni in Italy for their support to date. *ISIS* desperately needs the support of large donors and foundations to continue its work, and we are extremely pleased with our progress at building new partnerships in 2004.

The key to *ISIS*, however, are the “*ISIS* Angels”: the numerous individuals who have given their time, money and unbelievable effort to work alongside us, some for many years now. We continue to be humbled by the help and support we get, often out of the blue, from such a huge range of people.

In Bermuda, to our delight, in 2004 a number of friends of *ISIS* supported the Foundation by running special events on ‘the Rock’ – here are some of them:

- (i) a group of Bermuda golfers, organised by Robin Mehta, Rodney Birrell and Fiona Luck, teed off in support of our work, in hopefully the first annual *ISIS Foundation* golf tournament;
- (ii) some Bermuda Mums (Karen Nagel and Tracey Nash) ran in the New York Marathon and obtained sponsorship to be able to help with our project work;
- (iii) Julia Cook continues to manage and organise the donation of kids clothes and toys to both our Nepal and Uganda projects, which are hugely appreciated when finally delivered from one end of the world to the other;
- (iv) Ellen Brown from the Bodyshop ran a housewarming party where guests contributed to the Foundation; and
- (v) the Little Venice Group chose to donate funds to our work in lieu of sending out their usual Christmas cards. Now all we need them to do is to send some of that fantastic Italian food to our projects!



Another integral part of *The ISIS Foundation* is that we try to encourage children to become aware of the work we do, to raise their understanding of how tough life can be for kids living in other countries. In 2004 Shelley Hamill kindly asked us to participate in Bermuda’s ‘Art in the Park’ project – two days of art activities in Victoria Park, which is visited by thousands of children. We were thrilled to be able to talk to kids about what life is like for their counterparts in Nepal and Uganda, and children drew murals and wrote letters to Nepali kids. We will be taking these into the country in 2005, and asking Nepali schoolchildren to send a return mural and to write back.



Many people volunteer for us worldwide – this year in Bermuda April Vesey began to help us to organise medical equipment donations from the island. Others came in to help us on specific projects, such as sending out our end of year greetings cards. These cards are generously donated each year by Chris Worsick of Island Press and Katy Kelly RBK Advertising in Bermuda, and are sent worldwide to supporters of our work.

Another exciting event in 2004 for our Foundation was that Deb Lester, our Uganda Special Projects Manager, won an award for her work as a NICU Nurse in Seattle, along with her work for us in Uganda:

Deb Lester Wins March of Dimes “Nurse of the Year” Honours

Deb Lester, RN, of Children’s Infant Intensive Care Unit, was one of nine Western Washington nurses named Nurses of the Year by the March of Dimes this month. The winners were honoured for their achievements in nursing practices and excellence among Western Washington’s maternal and infant nurses, pediatric nurses and nurse midwives.

Deb was honoured in the Neonatal Nursing category. In her nomination, she was noted for her achievements in a variety of areas, both locally and abroad.

“Deb provides excellent care to the critically ill infants at Children’s. She is a member of the ground transport team, an educator and trainer. Her care extends internationally to Kiwoko Hospital in Uganda where she has been a major organizer and driving force in developing their NICU, which began with one adult resuscitation bag and mask, one thermometer, and no infant beds.”

*Children’s Hospital Regional and Medical Centre Newsletter,
November, 2004*

Last but not least, the *ISIS* family had two new arrivals in 2004 – both Deb Lester and Kimber Haddix McKay, our Nepal Country Manager had their second child. We welcome Dylan and Mila to the *ISIS* family!!

1.1 Financial Information

The ISIS Foundation was established by our founders, Audette Exel and Sharon Beesley at the same time as they established *ISIS Limited*, a consulting business also based in Bermuda. Audette and Bees set up *ISIS Limited* to create a source of recurring revenue for the Foundation, and to resource our work.



Since inception in 1998, we have received donations totalling as follows:

From <i>ISIS</i> Limited:	US\$ 1, 200, 466
From other donors:	US\$ 1, 356, 801
1998-Dec 2004 Total:	US\$ 2, 557, 267

The total donations received in 2004 were:

Donations to Administration (including support from <i>ISIS Limited</i>):	US\$ 136, 147
Donations to Project-related/In-Country work:	US\$ 170, 629
January - December 2004 Total:	US\$ 306,776

To move forward and service the communities we support in 2005, we urgently need to raise additional funds for our work. Our fundraising target for 2005 is \$500,000. We will be putting into place a range of initiatives designed to secure funding going forward, and all help, support and donations will be gratefully received!



Nepal Activities
January - December 2004





2. Nepal Projects

We are delighted that our work in Nepal continues to expand, in very difficult circumstances, and that we can continue to assist people desperately in need as a result.

In early 2005, as many of our donors and supporters will be aware, there was a major uprising in Nepal:

“King Gyanendra of Nepal today dismissed the Government, assumed direct power, and declared a nation-wide state of emergency. This action plunges the country deeper into crisis and puts the Nepalese people at even greater risk of gross human rights abuses, Amnesty International, Human Rights Watch and the International Commission of Jurists said today.

Widespread human rights abuses have taken place during the nine-year conflict in Nepal between government forces and the Communist Party of Nepal (CPN) (Maoist) rebels. Political leaders have been placed under arrest and communications links within Nepal and with the outside world have been severed. All independent Nepali media have been closed down and state owned radio announced that a number of rights -- including freedom of movement and freedom of assembly -- have been suspended.”

Amnesty International Press Release, 1st February, 2005

Throughout February 2005, following the dismissal of the government, there has been severe unrest in Nepal. This has included increased action from the Maoists, mass protests on the streets of the capital, increased vigilance by the Nepali Army (under the control of the King), and continued disruption to media, political processes, and human rights.

As with all people who work in this magical country, we are extremely concerned at this turn of events and are keeping in touch with our staff, friends and partner organisations closely, along with watching the political situation to see where this may lead the country in the longer term. As at the time of writing this report, communications into and out of Nepal have been restored, but the media are still under strict controls.

The impact of these actions on our projects is varied, but all work is continuing despite the deepening political unrest. Nepal is no stranger to political chaos, having lived now with many years of crisis in the Government, the Monarchy and the ongoing Maoist uprising. Thus far we have reports of some difficulty obtaining fuel in the city some days, with Maoist blockades around the capital; difficulty getting to work on some days because of strikes or protests; schools have been shut on occasion, and there is fear and uncertainty about the future.

Plate 2 (Nepal Cover Page): One of the beautiful children at the Women and Children’s Shelter, see Section 2.2.3.



But our staff and partner organisations are all continuing to work, helping kids to keep going to school, or treating patients in the mountains, or building stoves to install in the villages. In the middle of crisis and a civil war, life still goes on.

This section on our projects in Nepal will speak of some of the individuals who have been assisted by *The ISIS Foundation* over the last year. But there are hundreds of thousands more who struggle each day in this troubled Kingdom. The table below shows a comparison between Nepal, the UK, and the USA in terms of a range of indicators, and gives some hint of the breadth of the difficulties that Nepalis face:

Indicator	Nepal	UK	USA
Gross National Income Per Capita	US\$240	US\$ 25 250	US\$35 060
Infant Mortality (# of deaths of children under age 1 per 1 000 live births)	61	5	7
Under 5 Mortality (# of child deaths per 1 000 live births)	67	7	8
Maternal Mortality (# of mothers who die per 100 000 live births) (adjusted 2000)	740	13	17
Access to Adequate Sanitation (latrines), % of population:			
Rural	20	dna*	100
Urban	68	dna	100
Adult literacy, % of population:			
Male	59	dna	dna
Female	24	dna	dna
% of children who are underweight (moderately or severely so)	48	dna	1
Children who are stunted (height, moderately or severely so)	51	dna	2
% of one-year-olds Immunised Against:			
Tuberculosis	91	dna	dna
Diphtheria, Whooping Cough, Tetanus	78	91	94
Polio	76	91	90
Measles	75	83	91
% of skilled attendants at delivery of babies	11	99	99

• dna – data not available

Table 1: Showing differences in health and educational indicators between Nepal, UK and USA, UNICEF, 2004, www.unicef.org

2.1 Humla Based Projects



Humla is a region in North West Nepal, bordering Tibet, and is so remote that it is considered so even by Nepalis. On any development measure, Humla fares poorly – they have appalling literacy rates, maternal and infant mortality well above the Nepali average, and food shortages each winter when families are sometimes snowed in for months. Access to the region is by two weeks walk from the nearest road, or

light plane from the Indian border to Simikot, the ‘capital’, at around 10,000 feet. From there, staff walk into villages several days distant, depending on the project they are involved with.

Despite a worsening political situation with the civil war between the Government and the Maoists, we have been able to extend our programmes for families and children even in North West Humla, the centre of Maoist activity in Nepal.

The challenges to our work as a result of the Maoist insurrection are substantial. A number of international non-Government organisations (INGOs) have ceased to work in Humla in particular, and many have downsized. At this point in time, almost no other charities are working outside Simikot other than *The ISIS Foundation*. This fact is a testament to the dedication of our partner organisations and staff, who persist in the face of severe opposition at times, to serve the Humli people.

2.1.1 Tibetan Medical Care to Villagers

In 2004, we continued to fund Dr. Sanga Tenzing and Dr. Jampa Gyaltzen in their work in Humla. Both are Tibetan Doctors who studied in Tibetan medical colleges in India prior to moving back to Nepal to work. Dr. Sanga was employed through *The ISIS Foundation* in Humla in 2004, and spent 8 months of the year travelling from village to village treating over 5,000 local people. He refers them on to Kathmandu hospitals and medical clinics when their illness is outside the remit of Tibetan medical care. Dr Jampa also spent time in Humla, but ordinarily focuses on preparing medication and organisation/administration in Kathmandu.

Dr Sanga and Dr Jampa work with and are very well received by a wide range of the community in Humla. During his first visit to Humla early in 2004, Dr. Sanga met with the CDO (Chief District Officer), the DSP (District Security Police), and the DHO (District Health Officer). Each of these individuals offered their compliments and thanks for their work. Later, Dr. Sanga was asked to meet with some local Maoists, who were very cordial and whom he treated, and with hundreds of villagers, both Hindu and Buddhist. Even before he left Simikot for his destination villages in upper Humla, he had treated over 130 patients.



What is life like in the mountains of Nepal, with the civil war raging? It is one thing to read the statistics in the press – over 1,000 people have been killed each year since 1996 – but quite another to think of the day-to-day impact of the conflict on people’s lives. The Tibetan Doctors working in Humla see the results of this for locals:

“Dr. Sanga treats patients with maladies ranging from dental issues, injury from being crushed by falling beams, heart conditions, respiratory and gastro-intestinal problems and mental illness as well. In our most recent report from the Tibetan Doctors they noted that they are seeing increasing rates of mental illness/disturbance among the populace, due (they believe) to the incredible stress they are under from the civil war. They live in constant fear of abduction and capricious punishments, and the constant threat of running out of food. At night those involved in the war often come into people’s homes and eat their best foods (in Humla this would mean their rice, dal and sweet buckwheat, all either expensive or difficult to grow and everyone’s favourite food), with punishments if the food they want is unavailable. So women have to rekindle their fires and lights (torches made of jharro, a resin-rich wood), which wastes already precious resources, stay up late cooking foods that take a long time to prepare, and lose hours from the little sleep they are able to get in the first place. It is really no surprise that people are starting to manifest psychological symptoms that all this stress must produce.”

*Report from Dr. Kimber Haddix McKay, Nepal Country Manager,
The ISIS Foundation, 2004*

In 2005 we will continue to fund Dr Sanga and Jampa and provide them with all necessary equipment and machinery (such as a grinder and a pill-making machine) so that they can better manufacture the herbal medicines that are one of the mainstays of Tibetan medicine. We will also be funding medical equipment for their use in Humla.

2.1.2 Stoves, Latrines and Lights in the Himalayas

We have been working in collaboration with Kathmandu University (KU) for several years, in particular with their Research, Development and Consultancy Unit, which is based at their campus in Dhulikel, Kathmandu. In 2003, KU and *The ISIS Foundation* jointly established an office in Simikot, Humla, and the staff are based there when not travelling into the villages to work on projects. As well as providing a base for our work and staff, the office itself continues to be of real interest and benefit to those in Simikot - local people visit regularly to find out about the solar panels, solar shower and cookers, computers, smokeless stoves, pit latrines and other utilities there.



Over the course of the year, the staff in Humla and Kathmandu achieved the following:

- 152 smokeless stoves had been sold and installed in Chauganphaya village. The remainder (18) are bound for Kholsi.
- 160 pit latrines had been built.
- The solar installation in Chauganphaya was completed, with nearly 70 homes lit and running perfectly. This was achieved despite a delay early in the year when the Maoists ordered staff out of the village. After some tense negotiations, staff were given permission to proceed.
- It is a key aspect of our work that we monitor the impact of our projects on an ongoing basis, and contribute that information to international research and other NGO's as appropriate. The baseline research on social and health parameters, which we need to monitor the impact of our interventions in Humla, is going well. Dr. Kimber Haddix-McKay, who is our Nepal Country Manager, is an Anthropologist based at the University of Montana. She is undertaking this research in collaboration with Alex Zahnd at Kathmandu University, and our staff member Angjuk Lama, who is a Humli who is now based in Kathmandu. Angjuk began work on *ISIS Foundation* projects as a researcher, interpreter, interviewer, and analyst. Kimber speaks fluent Nepali and in the course of writing her doctorate, lived with Humlis for over three years. The baseline research results will be of keen interest in the field internationally, as it seems that few organisations have ever studied both the social and health impacts of initiatives such as solar lighting in mountainous regions. We had preliminary data in June 2004, and follow-up data will be collected in 2005 (after a year of living with the new lighting), and then hopefully published during 2006.

Preliminary analyses show serious malnutrition among children (very high rates of both stunting and wasting - over 80% of children fall below the international median for height-for-age measures). They also indicate some interesting patterns in the usage of hours before and after dark, revealing the considerably higher burden that women bear in keeping households afloat, compared with men. We will be following time usage changes after every household has solar lighting, which we expect will change the way that people both use and think of their 'free time' after dark.

2.2 Down in the Valley - Kathmandu Based Projects

We initially began to work in Kathmandu, in addition to our work in Humla, due to the uncertain political situation in the mountains. Over time, these projects have become almost as big a part of our work as our assistance to people in the mountains. This is becoming increasingly the case as families and children are now beginning to leave the mountains as a result of the civil war - many of them walking into the city with no



money, limited resources, and no hope of finding work. We are now actively looking at ways to support Humli children at risk who flee or are sent to Kathmandu to escape induction into the Maoist armies, and thus expect our work in Kathmandu to continue to increase as we work with those children and their families.

2.2.1 New Beginnings for Children: Education is Critical

In 2004, we continued our partnership with Hands In Outreach (HIO), a wonderful organisation which 'case manages' around 100 children through education. Audette and Bees have had a relationship with HIO and some of their kids for nearly twenty years now. We fund the salaries of their two dedicated Nepali staff, both of whom work to support these children, their families, and the schools that they attend.

The life of every one of the children who is helped by HIO is changed immeasurably for the better. The story below shows how by working with families to support children, a lifetime of opportunity opens, as the cycle of poverty is broken with the provision of a good education:

"Kelsang Youdon's mother, Daychen, has lived and worked in the Tibetan Government in Exile's compound in Kathmandu as a cook for the past twenty years or so, since she came to Kathmandu as a single mother. When the Chinese invaded Tibet in 1959, Daychen fled with her mother to Mussorie in Northern India. As a young girl, Daychen went to school until grade seven and received a basic education. She and her mother were allotted a small piece of land to farm, but when her mother passed away, the land was lost. Married at fifteen she soon had two babies to care for. After her husband left them, she travelled with her children to Kathmandu, where she thought their lives had more promise.

Quiet and reserved, Kelsang was given an HIO sponsorship at the Srongsten Tibetan school until she finished high school. She worked diligently and did reasonably well. Opportunities for further study for Tibetan refugees are more limited in Nepal. Without Nepali citizenship the doors to many avenues of training are closed. After high school, Kelsang moved back to India to attend the Tibetan Government School in Mussorie. After completing 11th and 12th grade, she was accepted to a well-respected nursing programme in south India. Now in the second year of a five year programme, Kelsang comes to Kathmandu to visit her mother twice a year during long holidays. When she finishes her course, she will be a fully registered nurse and be able to get a decent job in India or Nepal."

Hands in Outreach Winter Newsletter, January 2005

We also fund dental and medical care to HIO children, and 'family support', which can be anything from buying a family a stove to assisting them to move into better accommodation so that children can study more easily at home.



Plates 3 & 4: (left and below) Children at the Himali Orphanage – we are providing food and medical care for these mountain children, who have been sent to Kathmandu for their safety from the vagaries of the civil war. The mountains are the centre of Maoist and Army activity.



Plate 5: (right) Audette Exel with staff, residents and children from the Women and Children's Shelter in Kathmandu, June 2004. This group runs two women and children's shelters, an organic farm, vocational training programmes, and supports the local community school that they helped to build.





The service that Hands in Outreach provides is highly personalised. It is partly this that leads to its success – Ram Gopal Adhikari and Tsering Yankey know the children and families so well that they can work with them to reduce barriers to effective schooling. It might be that a child is so lonely in a new school that they are unable to function – encouraging a friend to transfer with them to the new school might help. Or maybe a parent has recently lost their job, and the family needs additional support for a few months until they are back on track. Whatever the issue, Ram and Yankey have the wisdom and flexibility to work with the family to overcome such hurdles. As both the staff are ‘graduates’ of HIO’s sponsorship, they value the programme highly and are more than aware of the issues facing kids in getting into education, and keeping them there in the longer term.

2.2.2 Medical Care from a Monastery

For several years we have assisted the two Health Workers (Tsering Lama and Gehendra Mahara) who run the ‘Benchen Free Clinic’, a small medical clinic operating out of the Swayambunath Monastery in outer Kathmandu. The clinic is open year-round, 6 days a week, for 4 hours a day, and they treat around 6,000 patients a year with funding from *The ISIS Foundation* for medication and medical supplies. Medical management is overseen by the Himalayan Medical Foundation, which is operated voluntarily by an M.D. in Boulder, Colorado:

“The ISIS Foundation’s generous funding of the HMF’s Benchen clinic/laboratory project has allowed for a high level of medical care to be delivered to the Swayambunath region of Kathmandu.

The vast majority of patients who come to the Benchen clinic are not in a position to pay for medical services and medications. The care they receive at the Benchen clinic greatly improves the quality of their health and in some cases makes the difference between living and dying. The addition of laboratory services has allowed for the quality of care provided for this population to be expanded even further and is greatly appreciated.”

J. Gregory Rabold, M.D., Report to The ISIS Foundation, April 2004

Upper and lower respiratory infections and water-borne disease were still the most commonly treated conditions in the Clinic this year. We will continue to fund these staff, the needs of the clinic, and further training as required, particularly in the area of management of tuberculosis (TB), which is commonly seen at the Clinic.



In 2004 we also funded the establishment of a laboratory at the Clinic, including the cost of equipment, electricity, chemicals, supplies, and the salary of a part-time Laboratory Technician, Kamala Bohara. This has allowed the staff to accurately and quickly diagnose problems and dispense the appropriate treatment. This has been particularly effective in conditions such as TB, anaemia, fungal skin infections and urinary disorders.

2.2.3 Mums and Children Begin Again

The Women's Foundation is a unique group. Unlike many of the other organisations in Nepal that work for women and children, it is a truly grassroots group founded by a group of female lawyers and social workers who wanted to advocate for poor women, trafficked women, abandoned women and "witches". With our support, and with the support of a number of other organisations, they currently run a shelter for homeless/battered women and their children, are on the Board of the Jorpati community school which caters for those children, are involved in a number of cases brought against traffickers, run an organic farm to create income, and offer a variety of vocational workshops to provide women with skills so that they can support themselves after abandonment by their families. They are an amazing group and have huge support among women in Kathmandu in particular.

The background stories of the women and children in the shelter are often disturbing. Recently, the shelter began to assist two sisters, aged 5 and 7. This is their story:

"Sheila, Tara, and their mother Renu, found themselves on the street after their father walked out on them four years ago. He had worked in a garment factory and had been the sole breadwinner for the family. When he left, Renu tried very hard to find work but no one would employ her as she had two young children. After a few months she did not have enough money for rent and they were evicted from their home. The owner kept all her belongings except her cooking pots saying that when she paid the rent she would get her things back. She and her young daughters were left on the street with nothing.

Renu asked to stay with her parents but they would not let her inside the house. They were angry because she had refused the marriage they had arranged for her and had made a love marriage instead. She then went to her husband's family to request to stay there but they also refused. Living in the street, Renu became very sick and told Sheila and Tara, "I could not save you, I could not feed you, If I die please do not worry, God created you so God will save you too. One day I will come back and we will be together."

Her daughters did not understand what she was saying. In the morning they could not find their mother anywhere. They were very distressed and were running around the streets trying to find her. A woman who found them in this situation phoned the Women's Foundation. Two volunteers went to bring Sheila and Tara to the shelter. Now they are studying at the local community school and are very happy to find their new family."

The Women's Foundation still does not know where the children's mother has gone.

Report from the Women's Foundation, June 2005



In 2004, we continued our assistance to the Jorpati Community School, which is the community school established by the Women's Foundation, by funding three teachers: Binod Gurung, the Vice-Principal and a health, English, population, and environment teacher; Madhav Dahal, the school's Accountant and Nepali language teacher, and; Bijaya Nepal, who is both the Principal and an English teacher.

We also expanded our assistance to the Women and Children's Shelters, funding furnishings for one shelter, and a full-time House Supervisor, Alina Kharel, who also operates a pharmacy for women from a second shelter.

2.2.4 Humli 'Refugee' Children in Kathmandu

The ISIS Foundation has, to date, agreed with the mountain communities that we work with that it is vital to run programmes in the mountains of Nepal, rather than becoming involved in the 'brain drain' from the mountains to city life in Kathmandu. However, children in Humla are now at serious risk of recruitment into the ranks of the Maoist militias, or of brutality from the army. The security situation in Humla is so precarious that parents are sending their children down to Kathmandu to friends, relatives, and friends of friends, to try to ensure their safety.

These children – thousands of whom are now alone and unsupported in Kathmandu – are terribly vulnerable. The situation is becoming progressively more desperate. Without support, these young and naïve kids from the mountains are potential victims for opportunists, child traffickers, and paedophiles.

"Every year, thousands of Nepalese girls, some as young as 11 are sent to or procured for brothels in the big Indian cities, like Bombay or Calcutta.

They are often the daughters of poor farming families, where everyone must help with the family income. Girls have little or no earning potential, and if they are to marry need substantial dowries. So, when the middleman arrives in the village, and promises parents cash in return for taking the girls to work in India, or perhaps in "the circus", and that they will be fed, housed and cared for, the offer is hard to resist.

In reality, many of these girls are taken to work in Indian brothels, where new, young girls are much sought after, and their families may never hear from them again."

www.plan.uk.org, 2004



In 2004 we began assisting around 30 Humli children who were in desperate need of medical care, food, and a caring support system. They represent the tip of the iceberg as the problem is now enormous. The community leaders that we have worked with for many years in Humla are pleading with us to partner with them to create a safe home and school for several hundred of their children in Kathmandu as a matter of urgency. This is an enormous undertaking that would require us to commit long term recurrent funding to the project.

Our staff in Kathmandu, along with a team of concerned volunteers, are looking into the best way that *The ISIS Foundation* can assist and protect more of these vulnerable children. We need a partner to allow us to commit to this undertaking, and will be actively seeking help this year as we formulate plans with our Humli partners to go forward.

2.3 The Way Forward – Plans for 2005

In 2005 we intend to continue to expand our work in Nepal. The safety of our staff and partner organisations is at all times paramount. It is becoming more dangerous to work there, particularly in the mountains.

However the needs of the people are also becoming greater, and we cannot ignore those needs. We are deeply committed to the communities we have been working with for many years now, and are determined to continue to help them as much as possible.





Uganda Activities

January - December 2004



3. Uganda

Thankfully, Uganda is vastly more politically stable than Nepal. However the health and economic challenges that Ugandans face are no less than those of Nepalis:

Indicator	Uganda	UK	USA
Gross National Income Per Capita	US\$250	US\$ 25 250	US\$35 060
Infant Mortality (# of child deaths per 1 000 live births)	82	5	7
Under 5 Mortality (# of child deaths per 1 000 live births)	141	7	8
Maternal Mortality (# of mothers who die per 100 000 live births) (adjusted 2000)	880	13	17
Access to Safe Water, % of population:			
Rural	47	100	100
Urban	80	100	100
Adult literacy, % of population:			
Male	78	dna*	dna
Female	57	dna	dna
% of children who are underweight (moderately or severely so)	23	dna	1
Children who are stunted (height)	39	dna	2
% of one-year-olds Immunised Against:			
Tuberculosis	96	dna	dna
Diphtheria, Whooping Cough, Tetanus	72	91	94
Polio	73	91	90
Measles	77	83	91
% of skilled attendant at delivery	39	99	99

* dna - data not available

Table 2: Showing differences in health and educational indicators between Uganda, UK and USA, UNICEF, 2004, www.unicef.org

Uganda faces an additional challenge - that of HIV/AIDS. As we have mentioned before, although Uganda has an 'enviable' rate of AIDS compared to the rest of Africa, it still stands at around 8% of the population.

Our work in Uganda still centres on projects that we have with our two partner organisations - one is a rural hospital, and the other is a home for street kids in Kampala.

Plate 6 (Uganda cover page): The first triplets born at the Kiwoko Hospital Neonatal ICU, see Section 3.1.1.



3.1 Kiwoko Hospital – Rural Health Care in Luwero

Our major programmes in Uganda are run from Kiwoko Hospital, in the Luwero district, around 1.5 hours drive north of Kampala. We have a six-year relationship with the hospital and its staff, and consider their work to be exceptional. They service a huge district, with very limited resources. With the exception of a few expatriate medicos and missionaries, the vast majority of their staff are Ugandan.



3.1.1. The Neonatal Intensive Care Unit (NICU)

This Neonatal ICU, funded by *ISIS* and built in 2000 after much planning and discussion between *The ISIS Foundation* and Kiwoko Hospital, continues to function exceptionally well. In 2004, over 350 babies were treated in the NICU – many of these babies would not have survived without the intervention of the skilled and dedicated staff in the Unit.

The ISIS Foundation provides a range of services to Kiwoko Hospital to assist with the Unit, including a medical advisory service, provision of medical equipment and supplies, and funding for the vast majority of the operational costs. Deb Lester, our Uganda Special Projects Manager, coordinates these services to the Unit. Deb’s role also includes management of staff training, using volunteer Doctors and Nurses from the States, Bermuda, and South Africa, who spend up to a month at a time at the hospital, training the medical staff.

(i) Lifesaving Volunteers

Part of Deb’s role is to co-ordinate our medical volunteer programme. A previous *ISIS* volunteer herself, originally visiting Uganda over several years to establish the ICU, she now works for *ISIS* on a part time basis. Her work includes recruiting relevant medical volunteers, briefing them at length on the medical needs in the NICU, and preparing training materials prior to their visit to the hospital. One such volunteer is Dr. Maneesh Batra, a Paediatrician who has now been to Kiwoko Hospital twice on behalf of our Foundation. Maneesh is another one of those “*ISIS* Angels” that constantly amaze us with their support and generosity of spirit.

In April, 2004 Maneesh again volunteered for a month at Kiwoko Hospital. As was the case in 2003, his month was jam-packed. He not only worked with the Nurses and Doctors, often getting woken up in the wee hours of the morning for medical



emergencies, but also ran Neonatal Resuscitation training, and helped to unpack and organise the container of medical equipment that we had sent to the hospital.

Maneesh discussed several of the babies he worked with at the Neonatal ICU – there are always a few who touch our volunteer’s hearts when they work in Uganda:

“While I was at Kiwoko, there was a baby born with a cleft lip, which looks very disfiguring and can be a shock to parents initially. To begin with the Mum believed that the baby was switched at birth, saying that this wasn’t her baby. After a few days and much encouragement the Mum bonded with the baby and learned to feed her with a spoon. She named the baby “Gift”. It was incredibly touching.

Another baby was severely ill upon admission, with severe asphyxia with Apgar scores of 1, 2 and 5. He didn’t cry, or even move for many, many days. I treated him for every type of infection I could think of (sepsis, fungal infection, adrenal suppression, urinary tract infection, malaria). I thought he would die, and I didn’t have the testing and resources we have in Seattle to be able to accurately determine diagnosis and thus the right treatment. He went 10 days without eating (on IV foods only) and was very edematous. Eventually this baby became well – he stumbled to get used to drinking after being fed intravenously for a few weeks, but then one wonderful day he began breast feeding and was eventually discharged home. They called the baby Emmanuel.

Another tiny baby in the unit was incredibly sick. He was a week old when he was admitted, and it looked as if he had meningitis. He was treated with Valium. I thought he would die for sure and then suddenly, he seemed to get better. I really bonded with the family, and at one point the father asked me to pray with him for his son’s life. We had huge hopes over the next few days as the baby began bottle-feeding, and seemed to be doing very well. But two days before his discharge date, he suddenly died. We were all devastated. His Mum knelt down at my feet and thanked me for the last days her baby had, as she saw her son well if only for a few days, and she was so thankful for that. “

In 2005 we hope that Maneesh will return to Kiwoko Hospital to again run training for the staff, and perhaps undertake research within the Unit. We are also hoping to send two further trainers, each of whom will spend a month in the NICU working with the staff and their patients.

(ii) A Container Load of Goodwill

In Seattle, USA, there are around forty Neonatal Nurses and Doctors at the five major hospitals who collect equipment for the NICU in Uganda. We cannot thank them enough for their support; without them we could not possibly afford to purchase all the



equipment and supplies needed to stock such a busy baby unit. The equipment in each container would cost hundreds of thousands of dollars if we had to purchase it new. Many lives are saved as a result of the work that these Seattle volunteers do. The five hospitals are Seattle Children's Hospital and Regional Medical Centre, Evergreen Medical Centre, Providence Everett Medical Centre, Swedish Medical Centre, and University of Washington Medical Centre.

Our first container load of medical equipment and supplies arrived in Kiwoko town in early 2004, after much sweat and good will from Randy Yongue of EXW Logistics, our freight company, and Industrial Crating and Packaging, both in Seattle. Luckily



Maneesh was on hand to help with the unloading and organising of all the supplies - no mean feat! Each day he and the maintenance staff, William and Innocent, worked to install machinery, and sort supplies into those most critical and those that could be put into storage. Seven new incubators were unloaded and then immediately installed in the unit, with babies moving into their new 'homes' literally moments after they were unpacked.

Other critical supplies in the container included:

- Overhead Radiant Warmer beds, which are used immediately post-delivery or with very ill infants, so that Nurses have easy and warm access to neonates,
- Infant cots and mattresses,
- Current textbooks and medical journals,
- Many oxygen cannula and masks,
- Resuscitation bags and masks, and
- Boxes and boxes of life saving infant medical supplies.

While this container of equipment was being unpacked in Uganda, the Seattle volunteers were still collecting for the next container. So in September 2004 we decided to join forces and hold a week-long pack-a-thon. Deb organised space at a local community hall (the management of Courtyard Hall in Country Village, Washington, kindly donated the space free of charge after seeing what we were doing). Leonie Exel and Kimber Haddix McKay flew in from Montana and Bermuda, and along with over 20 volunteers we unpacked our storage shed and spread it across the floor of the hall for sorting, packing, and itemising for Uganda customs. Some of the volunteers even brought their children, and coerced friends into joining them in the packing spree. By the end of the week everyone was weary, dreaming of counting ambu bags (101, 102,



103...) but incredibly satisfied with the end result – another container of critical equipment will now sail for Uganda, to arrive in around mid-2005.

A thousand thanks to those who help us in this work – we cannot mention you all as there is simply not enough room in our reports. Without support such as this the NICU would be struggling and under-resourced. With this support, the Doctors and Nurses in Uganda have the resources at hand to be able to save many precious lives.

(iii) 2004 in the NICU – Some Highlights

The Nursing staff in the NICU, and the Doctors who work with the babies on their rounds, are just exceptional. Only a few years ago this Unit did not exist, and now it is a fully functioning baby unit, helping hundreds of babies to enter the world a little more smoothly.

In 2004, some of the advances in the Unit – both big and small - included:

- We received a donation of cardio-respiratory monitors from Patti Jason at Seattle Children’s Hospital, and sent them down to Kiwoko. After receiving training from Dr. Batra, the staff are now using them regularly and effectively. These monitors are crucial in a special care nursery setting. They allow the staff to continually monitor respiratory and cardiac rates, monitor blood pressure, and give a very accurate approximation of oxygen levels in the blood. This is the first time continuous monitoring has been available at the NICU in Kiwoko.
- Hypoglycaemia (low blood sugar) was once a huge issue, even just last year. This is no longer the case – staff are checking and treating low sugar immediately and using the appropriate IV solutions.
- Teaching began on treatment for hyperglycaemia (high blood sugar), which is a major problem for neonates because one of the goals for sick and low birth weight infants is to decrease caloric expenditure. If the blood sugar is high then many calories are used to try and maintain homeostasis or the status quo. It is very hard on the many systems of the body to operate in a hyperglycaemic state.
- So many baby clothes were donated by generous Mums and Nurses in Seattle and Bermuda that in 2004, every Ugandan Mum left the NICU with a new outfit for their baby. In Bermuda, hundreds of cot sheets and baby blankets were donated, and the NICU is now stocked to capacity with quality linen. Thanks also to Wendall Brown and Marc Breithaupt from Bermuda General Agency, for their kind donation of preemie baby nappies.
- In 2004 we also helped the staff to begin to implement the Perinatal Education Programme, a self-directed training package linked to the University of Stellenbosch in South Africa. This is a fantastic resource with modules developed specifically for Africa. In 2005 we will be instigating formal training schedules, and providing volunteers to assist the study groups.



In 2004, we again ran training for staff in Neonatal Resuscitation – over 150 staff members have now done the American Academy of Paediatrics course, which is a critical ‘basic’ in neonatal care. Deb Lester and Dr. Maneesh Batra (pictured at right) have now also run ‘train the trainer’ courses so that in the long run, Kiwoko Hospital staff can sustain this training without our intervention. By the end of 2005, Dr Doreen, Sisters Christine Otai and Florence Nakananya will be able to run accredited courses for staff going forward.



- Dr. Joseph Mukasa, one of the wonderful Doctors working at the hospital, undertook research into mortality rates and treatment protocols for babies in the NICU suffering from Necrotising Enterocolitis (NEC). NEC is an acquired disease that affects the gastro-intestinal system, particularly in premature infants. It is characterised by areas of the bowel that become necrotic. It can be life threatening and the aetiology is unclear and often multi-factorial. His comprehensive paper is now being discussed with international specialists who will be able to provide feedback and recommendations to the hospital as a result. This kind of research, which Doctors must undertake in their own time, is crucial – babies with NEC in years to come will have Dr. Joseph to thank for their increased chances of survival.
- There is now consistent power to the NICU. Although this may sound like a bizarre thing to call an ‘achievement’ in the developed world, in rural Uganda it has been a huge problem. The mains power is intermittent and the general hospital generator is so overworked it can be temperamental. In 2004 we purchased a huge generator which is now providing backup when both mains power, and then the hospital generator, cease to function. This was terribly dangerous for babies in incubators, who can potentially suffocate if power is faulty – nor do oxygen concentrators operate without power, which was critical. The generator provides consistent power to not only the ICU, but to the maternity ward and operating theatre as well. We never thought that we would be happy to be woken up at night by the sound of a generator starting up! But when we are at Kiwoko in the *ISIS* house it puts a smile on our faces to know that the babies are safe, and operations can continue despite the vagaries of rural, developing world, electricity.
- Renovations to the Unit in 2004 included re-painting internal walls, installation of additional storage, and the building of a changing area for nurses to change into their gowns.



Plate 7: A very proud Mum and Dad in the NICU – the first triplets born at the Unit, Martin, Marvin, and Mildred, are shown both here and on the front cover of this section.



Plate 8: (above) A Mum and her son, George, making 'AIDS Angels' in the community based health care hall. People living with AIDS make these Christmas decorations for the hospital to earn wages; the hospital then sells them overseas to raise funds for their work. George has a 'Bermuda Bear', soft toys knitted by donors in Bermuda.

Plate 9: (right) Dr. Joseph Mukasa, working on one of his tiny patients in the Neonatal ICU at Kiwoko Hospital. In 2004 Dr. Joseph wrote a paper on Necrotising Enterocolitis at the hospital, analysing the outcomes for these patients.





- In 2004 we continued to provide free transport of babies to specialist hospitals in Kampala – over the course of 2004 this assisted around fifteen babies who were in critical need.
- We also provide funding for mothers whose babies have died, to transport them home with their child, along with a coffin. Prior to *The ISIS Foundation* providing this service, mothers were being forced by local taxis to hide their dead child, so as not to offend other passengers.

Finally, one of the good news stories of the year – in late 2004, the first NICU triplets were born, and are now healthy, happy, and at home with their Mum and Dad. They are pictured on the front page of this section – here is their story:

“Prior to coming to Kiwoko Hospital in June this year, Jane had three living children of 14yrs, 11yrs, and 8yrs of age. She now has six! Jane and her husband Richard are both qualified teachers from Katikamu, near Wobelenzi, a town approximately 20 miles away from Kiwoko Hospital. Jane was due to deliver on the 22nd of July, but she arrived at the hospital on the 28th of June, complaining of a fever. This was her fifth pregnancy and she was concerned as she had previously lost twins. This time she had attended an antenatal clinic on a regular basis, where a scan that showed she was expecting twins and that she was around 32 weeks. However she went into early labour and her membranes ruptured. She was given dexamethasone for pre-term labour to help the babies lungs develop. After delivering two babies it was discovered (with some surprise) that there was a third one.

The trio was quick to enter the world. Baby number one (Martin) arrived at 11.45am weighing 1.7 kgs. Baby number two (Mildred) arrived at 12.05 pm weighing 1.8 kgs. Baby number three (Marvin) arrived at 12.15pm weighing 1.5 kgs. Marvin was a breach birth, but all three babies had a good Apgar score. After birth the Ballard score discovered that the babies were actually of 36 weeks gestation. All three babies were put on oxygen as they had ‘grunting respirations’ – this sometimes happens when an infant is in respiratory distress. It is a physiological mechanism the baby uses when attempting to maximise his or her respiration. After 24 hours they were breathing on their own.

Adapted from Kiwoko Hospital report, September 2004

3.1.2 Community and Outpatients Focused Projects

We continue to provide a range of assistance to people in the Luwero community, including:

- The *ISIS*-funded mobile clinic, a well-travelled 4WD, is used for a range of services, including providing immunisation to babies in the district, and emergency transport of patients when necessary. *ISIS* donated the vehicle to Kiwoko Hospital in 2003 and we continue to support some of its running costs.
- The *ISIS* community based health care hall at the hospital, which we established several years ago, continues to be used regularly by a range of groups, including people with disabilities, traditional birth attendants, Kiwoko hospital staff attending training, income generating activities and training for local people, and HIV/AIDS training. Again, this project is one where we kick-started an era – in 1999 we funded the building of the hall, and initially supported some additional community workers and training programmes. Other large international donors now support all the training programmes and staff costs. Then in 2004, we funded the hospital to undertake renovations to the building to provide better ventilation, and they also added two bedrooms so that visiting trainers or participants have somewhere to stay when they run or attend training courses.
- In 2004, we continued to provide help to people with insulin-dependant diabetes in the region. We subsidise the cost of insulin to several hundred people, most of whom are supporting their families and desperately need to obtain insulin at reasonable cost. People who are destitute are given treatment free of charge.

3.1.3 HIV/AIDS in Africa - More than Statistics



We continue our assistance to the community work being done with people who have HIV/AIDS in the Luwero district.

Kiwoko Hospital faces huge challenges in dealing with the HIV/AIDS pandemic. Around 70% of bed-ridden patients in the male and female wards are HIV positive. And although testing for HIV is critical, the social stigma and cultural issues that result from a positive diagnosis mean that many people avoid testing until very late in the progress of the disease.

Our support to Kiwoko in this project is small, but critical. Whilst there is much international attention on the world crisis with HIV/AIDS, it is often difficult to find support for smaller projects which provide for the basic living needs of people struggling with the illness. We work closely



with Kiwoko on many projects, and as such we are able to respond to unusual or urgent funding needs, such as this one.

Alfred Lleju and his staff at Kiwoko Hospital visit over 100 families living with AIDS in the region to provide care, counselling, food, and medication. They also transport people back to the hospital for treatment when they become severely ill. *The ISIS Foundation* is funding part of this programme.

In addition, in 2004 we assisted the hospital to access supplies of Nevirapine, a drug which is vital in the prevention of mother to child transmission of HIV. And Dr. Batra worked with medical and community health staff of the hospital to develop treatment protocols for the use of Nevirapine, during his visit in April.

This story of one family living with AIDS in Luwero shows how sometimes it doesn't take much to give people a helping hand:

"John and Rose have been married for eight years and have three children. Both of them had not realised that they were HIV positive until their children started becoming sick. The kids were admitted on the wards up to two or three times a month. The doctor requested that the children undergo HIV testing. On discovering that all children were HIV positive, John and Rose also requested to undergo HIV testing. They were also both found to be positive.

John and Rose immediately sought help from the hospital. Fortunately the *ISIS* fund was available to support John and Rose in the form of free medical treatment at the hospital and in the community, and through the provision of soap and foodstuffs like meat, eggs and cooking oil (luxury items for many families). The *ISIS* fund also provided clothes for their children.

Life has been made easier for John's family because he and Rose have gained strength to do some domestic work in order to help their children."

Report from Kiwoko Hospital, September, 2004

3.2. A New Home for the Street Kids

The Ebenezer Club is a home for Ugandan street children, some of whom had been on the streets of Kampala from as young as age three. We have supported them for several years, and in 2004 we continued to fund the two live-in staff at the home, and support the cost of food for the 25 boys. We also expanded our assistance to include additional funds for rent so that they could move into a larger home, and donated a computer for the boys to begin to get used to using them well before they have to do so in the workplace in years to come.



Leonie Exel met with the children and staff and saw the new home in December, 2004. Her email back to the staff at *ISIS* during her visit says it all:

"The home is FANTASTIC. It's out in the bush, about 20 kilometres out of the city, and is surrounded by gardens, fruit trees, and space. Sylvia, the wonderful Social Worker with overall responsibility for the project, took me out there, and as we bounced along dirt roads, she and I talked about how the kids really love their new house.

As we turned the corner close to the home, several of the kids sprinted in front of us, stopping mid-soccer game to get back in time for our visit. Imagine having a soccer field that close to home, instead of the urban, dusty, world the kids have come from in Kampala.

The house itself is basic inside, and the landlord is still completing some renovations. But it's still unreal – there's a huge meals area, five bedrooms with up to six kids in bunk beds in each room, posters of their favourite football heroes on the wall, and an office for the two house parents.

The boys love it, and each has his own vegetable patch, carefully tended. Their aim is to grow enough vegetables to be able to sustain the whole home, in time. They have mango trees, avocados, and jackfruit. Soon they will be buying more chickens to provide the home with eggs, and they can then also sell them for extra funds for the house.

They're happy and healthy and laughing and enjoying life. It's magical what the staff have done for these kids, and magical what these kids have had to overcome to get to where they are now."

During 2004, a young man in Seattle – Peter Bonato – undertook to help the Ebenezer club boys with sports equipment, as part of an Eagle Scout project. Peter collected used sporting equipment, school supplies and musical instruments, which were then sent to Kampala in the container in around August. The children were delighted with the equipment. Thanks to Peter and all his buddies in Seattle, the house is now full of very fit and musical kids!

The Ebenezer Club is extremely well managed, with a House Supervisor and Social Worker working full-time with the kids. All the children were out of school when they first arrived at the home; they are now sponsored individually and all in school, many doing exceptionally well.



As we get to know the children better, we will be able to contribute where it is needed at any point in time – it is a fairly ‘personalised’ type of project. We keep in touch with Ugandan staff, and *ISIS* volunteers and staff visit the home several times each year.

3.3 The Way Forward – Plans for 2005

In 2005 we will continue our work at both Kiwoko Hospital and the Ebenezer Club, but are also looking to expand at Kiwoko.

Our assistance to the NICU will continue – how can we not continue to support little guys like the one below, a first born son at Kiwoko? In addition, we are excited about a potential new major project - we would like to partner with the hospital to focus on the maternity ward next door to the NICU, and begin to help the Doctors and Nurses with their work there. In 2005 we will work with Kiwoko to develop a business plan which, if implemented and funded, will see the maternity ward become as well resourced as its neighbouring NICU. Over time we hope to provide training, equipment, funds for staffing, and whatever assistance the hospital needs for the ward to become a better place for Mums to give birth, and a better place for the exceptional Ugandan Doctors and Nurses to work with their patients.





We wish to express our gratitude to all those across the globe who continue to support our work. As a result of the help of our donors, friends and volunteers over the last eight years, thousands of children in Nepal and Uganda are now healthier and happier.

We also want to pay tribute to and salute our staff - those who work directly for *The ISIS Foundation*, and those who work with our partner organisations. and every one of them does wonderful work in tough and often dangerous circumstances, and we are proud and humbled by their efforts.

The ISIS Foundation and The ISIS Foundation (UK)
Registration Numbers: Bermuda – 508; UK – 109 8152
35 Crow Lane, East Broadway
Paget, HM 20
Bermuda
Ph: (1) 441 232 9001
Fax: (1) 441 236 1999
www.isis.bm