

The Family.

What is family? is the group of people who live and work together

How many types of family?

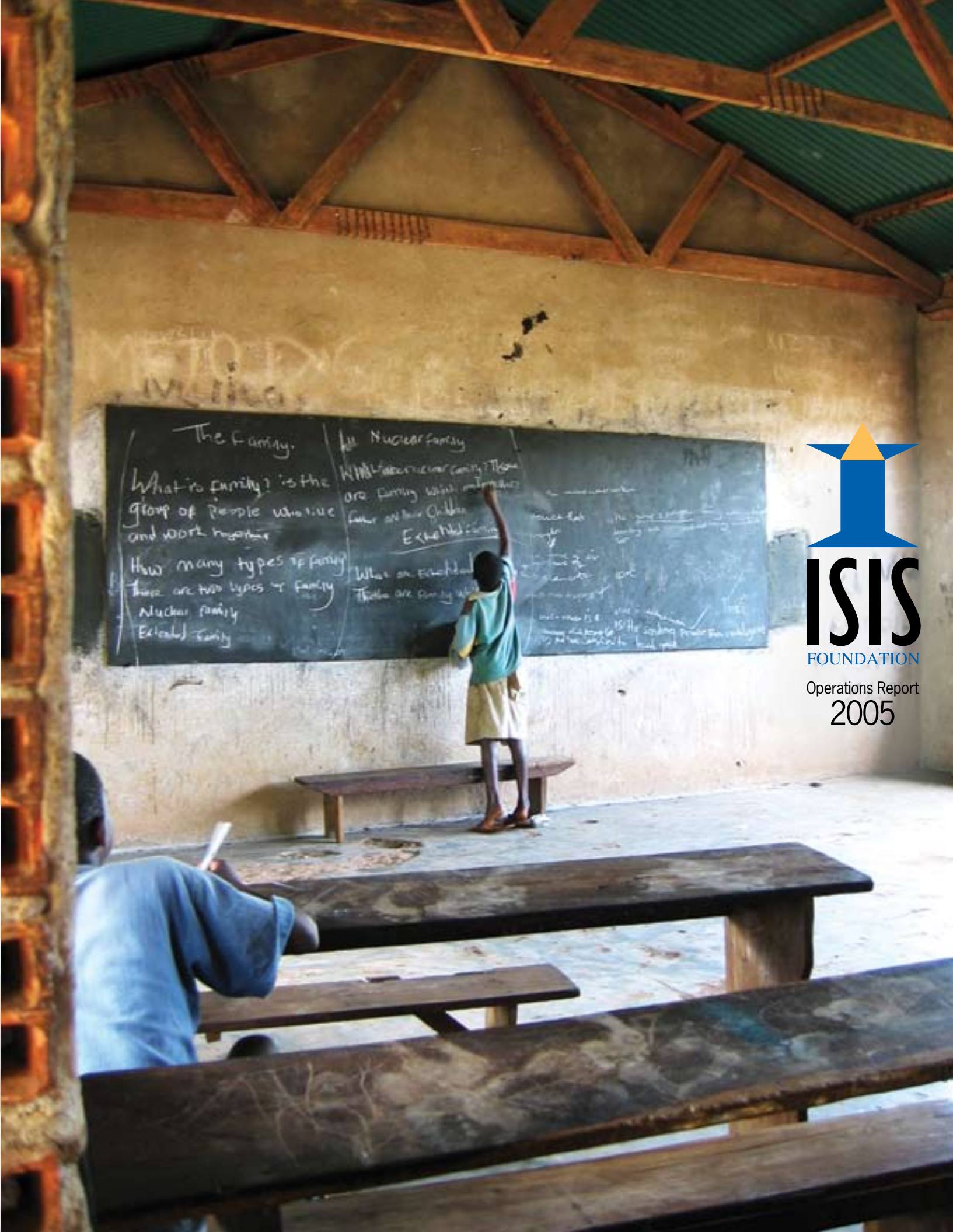
There are Nuclear, Extended

Nuclear family

What is nuclear family? These are family which are father and their children

Extended family

What are extended family?



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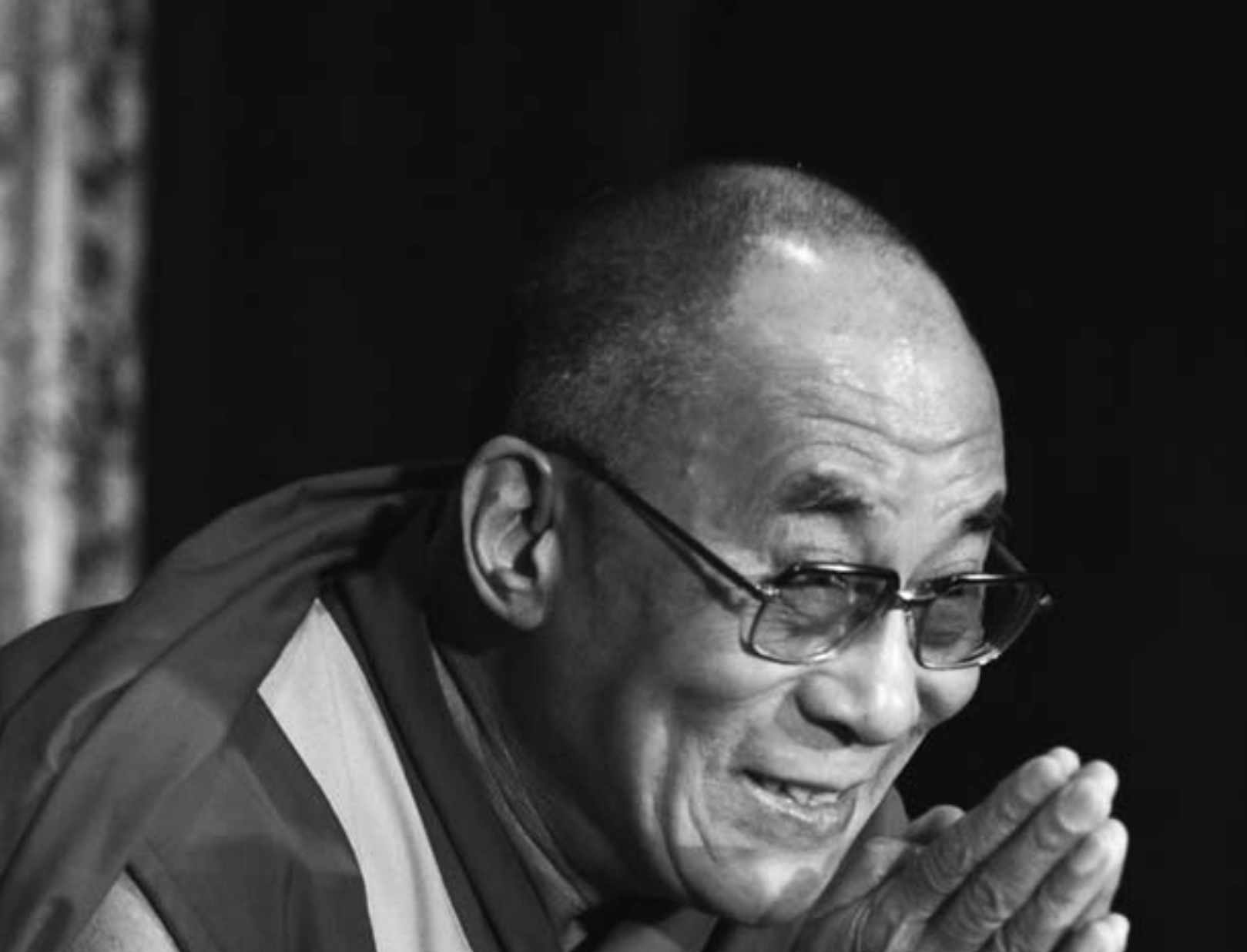
There are two types of family Nuclear family, Extended family

Nuclear family

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Extended family

What are extended family?



“If you want others to be happy, practise compassion.
If you want to be happy, practise compassion.”

His Holiness the 14th Dalai Lama



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2005 - At A Glance

The 2005 year was a truly extraordinary one for The ISIS Foundation. Here's a snapshot of our year showing what we achieved with support from our donors:

- We quadrupled our expenditure on work with children in Nepal, and increased expenditure on our work with Ugandan children and Mums by around 50%. Thousands of people in extreme poverty in Nepal and Uganda are now being assisted by ISIS and our partner organisations.
- In 2005, ISIS Limited contributions to the Foundation hit US\$1.44 million since inception, with donations from individuals, corporations, and foundations totalling an additional US\$ 1.6 million since we began in 1998.
- The involvement of volunteers in The ISIS Foundation increased dramatically. These hard-working angels ranged from medical specialists working in Uganda to a photographer taking pictures for us in Nepal; an accountant and website designer and a whole team of fundraisers in Bermuda; knitters in Australia and the USA knitting premature baby clothes; to countless Nurses collecting medical equipment in Seattle, USA, alongside those making African AIDS Angels and selling them at stalls, fairs and Churches, to contribute towards our work with people living with AIDS.
- Three academic research papers detailing our work in Humla with Rural IDS were presented at conferences in Australia, New Zealand, and the USA. These papers were co-authored by Alex Zahnd from Kathmandu University and Rural IDS, and our Humla and Research Manager Dr Kimber Haddix McKay. Please see our website for copies.
- Deb Lester co-ordinated our medical advisory service to partner organisations in both Nepal and Uganda, providing advice on complex conditions, using a team of specialist volunteer advisors.
- Our Kathmandu Projects Manager, Anna Howe, received blessings and the Unsung Heroes of Compassion Award from His Holiness the 14th Dalai Lama, for selfless service.

In Humla, Nepal, a region which is snowed-in for 4 months of the year, and decimated by the violence of the civil war, the following was still achieved as a result of the work done by ISIS and its partner organisations. This work occurred at 8,000 feet and above in the Himalayas:

- 1,208 people now live in a smoke-free environment with new smokeless stoves in their homes.
 - 162 pit latrines were built with cement floors and tin roofs in 7 villages.
 - Dhandhaphaya village is alight at night with solar power, with over 500 solar powered lights illuminating 167 homes. This means that over 1,100 people can study at night and do so without burning local wood for light.
 - 30 formerly illiterate mothers and children can now read and write.
 - Four village greenhouses were constructed, providing food for 12 months of the year, four times the usual length of the growing season.
 - Two prototype solar driers were installed, and assessed for major production next year, helping locals to dry apples, spinach and other fruit and vegetables. Similarly, we designed and tested 6 water filters, for eventual production for use in people's homes.
 - Over 1,000 people received treatment from Dr Sanga Tensing, a qualified doctor of Tibetan medicine, as he did 'house calls' by pony and yak in the Himalayas.
- In Kathmandu, we and the staff of our partner organisations achieved the following:**
- 6,000 impoverished people received free treatment from health workers at Swyambunath Monastery. Around 75 tests per month were done from the laboratory we funded at the same location.
 - We provided food, shelter, schooling, clothing, water, and care to over 140 rural children who arrived in Kathmandu from the mountains after being displaced by the civil war. These kids were living in poverty and at risk of serious exploitation in the city before ISIS intervened.
 - Forty of these children are now in safe homes, whilst we continue to work to help the other 100 to be released from grossly sub-standard homes run by opportunists.
 - 106 children in schools around the city were looked after and loved by two ISIS-funded case workers, who also organised their dental and medical care, and support to their families, so they could continue studying at school.
 - At a women and children's shelter for 39 children and their mothers, ISIS funded a Night Guard for security, 10 extra bunk beds, and additional tutoring after school for the kids.
 - An ISIS-funded pharmacist helped thousands of women to under-

stand their medication needs at a free women and children's clinic.

- A community school serving over 500 children now has computers and science equipment, and ISIS funded salaries of the Principal, Vice-Principal, and Accountant.

In Kampala, Uganda, 30 ex-street kids were fully supported in a loving, happy, healthy home.

In rural Uganda, at our partner hospital in Kiwoko:

- Over 400 babies received quality care in the ISIS-funded Neonatal ICU, with 11 Nurses and Midwives helping them through their first few weeks (and sometimes months) of life. They did so with the help of additional equipment that we delivered this year – cardiac monitors, oxygen monitors and more medfusion IV pumps.
- 120 Mums who had just given birth were housed in ISIS accommodation while their babies were treated in the Neonatal ICU.
- 106 HIV positive people living with their families in the community received treatment free of charge, and home visits to deliver care and food.
- 20 AIDS orphans received funds for food and had their school fees paid.
- We provided condoms for distribution in the district to cover for a three month period - 3,100 of them.
- 250 people with diabetes received free or subsidised insulin.
- Deb Lester successfully ran our medical advisory service from the US, providing specialist advice to medical professionals in Uganda via email. In addition she selected and trained our volunteers, and collected a container load of donated medical equipment.
- Three specialist volunteers worked for a month each in the Neonatal ICU, training local Nurses and Doctors, so that their skills were passed on and multiplied exponentially.

Thank you for your support in 2005 – this is what we did with your donations. Please support us in 2006 so that we can help more children in Nepal and Uganda – a little goes a long way!



FAQ's on ISIS...

Many of you reading this report will already know a little of the ISIS story – but just in case you missed some of our history, here are some answers to some frequently asked questions about the ISIS group...

Where did the idea of ISIS first originate?

In 1990 Audette Exel and Sharon A. Beesley (Bees) escaped the world of corporate law in Hong Kong and the UK. They set off on a two-year cycling trip through Europe, Eastern Europe, and Israel. On the way, they volunteered at a Romanian orphanage for seriously disabled children. That experience showed them that not only could they do something for kids in need, but they should do something. Years later, The ISIS Foundation and ISIS Limited as we know them today were born – starting with the first business plan drafts done from Bees's kitchen table in Bermuda. We now have nine substantive development projects in operation, a thriving Head Office in Bermuda, registration in the UK, tax deductibility in the USA, and will hopefully be registered in both Nepal and Australia within the next year. ISIS Limited, the business started by Bees and Audette to provide funding for The ISIS Foundation, is now a thriving corporate finance and consulting business that to mid - 2006 has provided almost US\$1.6 million in support to the Foundation.

Why do you work in two countries so far away from each other?

There are many good reasons why kids in Uganda and Nepal need our help – the human development indicators in both countries demonstrate that the needs are truly overwhelming. Whether you look at maternal or infant mortality, literacy rates, AIDS prevalence, people's access to safe drinking water, or any other of the international measures of a country's poverty and need, Nepal and Uganda can be shown to be truly disadvantaged.

However, the real reason we work in Nepal is that Audette and Bees fell in love with the country and its people when trekking there in 1988. When they saw the glaring need in the mountain communities, and the lack of support from non-Government and international organisations (because remote and rural health care is often put in the 'too hard and expensive' bucket), they were determined to do something to help those communities.

Our link with Uganda arose when Audette formed a friendship with the First Lady, Janet Museveni, whom she met at the World Economic Forum in Davos. 'Mamma Janet' is respected for her work with

mothers and children across Uganda, from either side of the political divide, and she encouraged our work with Ugandan kids.

Why the name 'ISIS'?

'ISIS' is the Egyptian Goddess of fertility and motherhood, and she concisely expresses our mission to assist children. She is the protector of children, wrapping her wings around them to keep them safe. In addition, ISIS the Goddess is usually depicted with one foot on land, and one in the water – she straddles two worlds. We at ISIS try to create a bridge between two worlds – the charity or non-profit sector, and the business sector. So often these sectors speak such different languages that they cannot understand each other, let alone utilise each others strengths. We aim to bridge that divide, and show people that it is possible to link the two sectors in a meaningful way that benefits both, and most particularly benefits those communities that we seek to support in the developing world.

ISIS Staff & Volunteers 2005

The ISIS Foundation is a mad mixture of incredible people, all working with an absolute focus on making a positive difference in the lives of children in Nepal and Uganda. It's impossible to thank everyone or even introduce them. So here's a quick overview; please visit our website on www.isis.bm for further details.

In Bermuda, Audette and Bees run ISIS Limited, a corporate finance and consultancy business. One moment they will be talking about complex investment fund structures, and the next they will be working on our registration documentation in Nepal or brainstorming ideas with Leonie Exel (Leo, General Manager) on how to safeguard the internally displaced children we are caring for in Kathmandu. Our accounting experts – Karen Esdale, Lucy Garca, Kash Ahmed and Karen Nagel – kept our books in order. Sam Stansfield (Senior Executive Secretary) and Clinette Basden-Tucker (Administrative Officer) keep the office running, and Nicole Stoneham (Legal Manager) helps us with our legal documents when we can drag her away from working on structured finance transactions with Bees.

A plethora of volunteers help us out in Bermuda – we simply wouldn't function without them. In 2005, that included Julia Cook, our 'Cupboard Manager', who organised our clothing and vitamin donation programme. Kristen Midon worked brilliantly and voluntarily helping us with organisation and administration for around 2 months. Kim Carter began working with Leo and a team of local Managers on starting up the Kathmandu Kids Club in 2006 to fundraise for our Nepal projects. Claire Underhill gave us a tour of the maternity ward for ideas for Uganda. Nancy Malone saved our mail merges and fixed our website and about 15 dedicated buddies came to send out our Christmas Cards and 2004 Operations report. The only payment

these people got was our THANKS – and some pizza when stuffing several thousand cards into envelopes!

In Uganda, we fund the salaries of 13 extraordinary staff at Kiwoko Hospital and Mission for All, who work every day with a dedication to their work that humbles us. In Nepal, we fund the salaries of over 40 staff of our various partner organisations, ranging from Security Guards, to Laboratory Technicians, Counsellors, Didis and House Parents at Children's Homes, Educators and Tibetan Doctors. We are proud to support the work of each and every one of them.

In addition to the staff funded by ISIS through our partner organisations, we also have a team of fantastic people working for ISIS in Uganda, Nepal and the United States.

Our Uganda projects are managed part-time by our Special Projects Manager, Deb Lester, a fantastic Neonatal ICU specialist based in Seattle. Among several trillion other jobs, Deb runs a medical advisory service where our partner organisations email her with queries about immediate patient management, and she finds someone to answer them, fast. So there's a team of medical advisors in the US, working alongside yet more volunteers who donate their time by working at our partner hospital in Uganda. In 2005 that included the unstoppable Dr Maneesh Batra (pictured at left), a Paediatrician who has now been to Kiwoko Hospital for us three times, on this occasion accompanied by two great NICU Nurses – Heidi Nakamura and Jeannie Russ. They worked with Deb to develop training materials for Uganda, and took down medical equipment that was donated by six generous Seattle hospitals. Our 'equipment angels' at each hospital ring Deb for collection, she turns up in a truck, and gleefully loads up with yet more lifesaving machinery for Kiwoko Hospital.

Our Nepal projects are co-managed by our Humla and Research Manager, Dr. Kimber Haddix McKay, who is an Associate Professor of Anthropology based in Montana, USA, and our Kathmandu Projects Manager, Anna Howe, who lives in Kathmandu. Kimber works part-time and focuses on two areas – our work in Humla, where she lived while completing her PhD, and research (for both Nepal and Uganda). Anna lives in Kathmandu and manages our Kathmandu projects full-time. Angiuk Lama was working for us in early 2005 but, delightfully, he gained sponsorship to study in the US early in the year. So Anna is now assisted in her giant of a job by (i) Yeshi Lama, a Humli man who is as comfortable spending 24 hours in hospital with one of the kids we help, as he is negotiating the price and delivery of eggs for 140 children in various homes, and (ii) Sonam Tsomo, our bookkeeper, and (iii) Pema Tsering, Project Officer

In addition to these staff in Nepal, in 2005 two volunteers helped us in Nepal – Evan Morgan, who is a professional photographer from Australia who donated his travel, time and film to photograph the children we work with, and Jeff Manson, who prepared a great induction kit for future ISIS volunteers in Kathmandu.

Financials

In 2005 ISIS Limited contributions to the Foundation since inception reached over US\$1.4 million, with donations from individuals, corporations, and foundations totalling US\$1.6 million since we began in 1998.

Income

ISIS Limited continues to be the Foundation's largest supporter and donor. In 2005 the business donated US\$234,650 to project, general, administrative, and management costs. Other donors contributed US\$240,468 (an increase on 2004 figures of \$184,722) to project related expenses.

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ISIS Limited funds all management and administration from Head Office – items such as the General Manager's salary, rent, postage, insurance, utilities, secretarial and accounting costs. Third party donations either go directly to Nepal or Uganda for partner organisations or our staff on the ground, or to our two specialist managers working in the USA for their research, medical advisory, and equipment collection programmes.

Expenditure

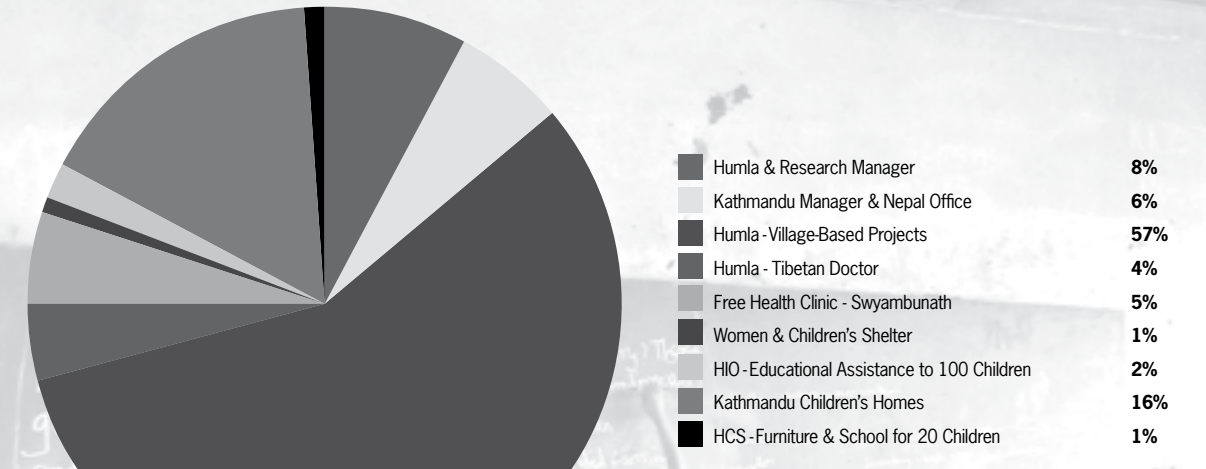
In 2005 our expenditure on projects and related expenses more than quadrupled for Nepal, and increased by around 50% for Uganda related expenses.

Total expenditure for Nepal related projects was US\$272,272. The main components of this expenditure were:

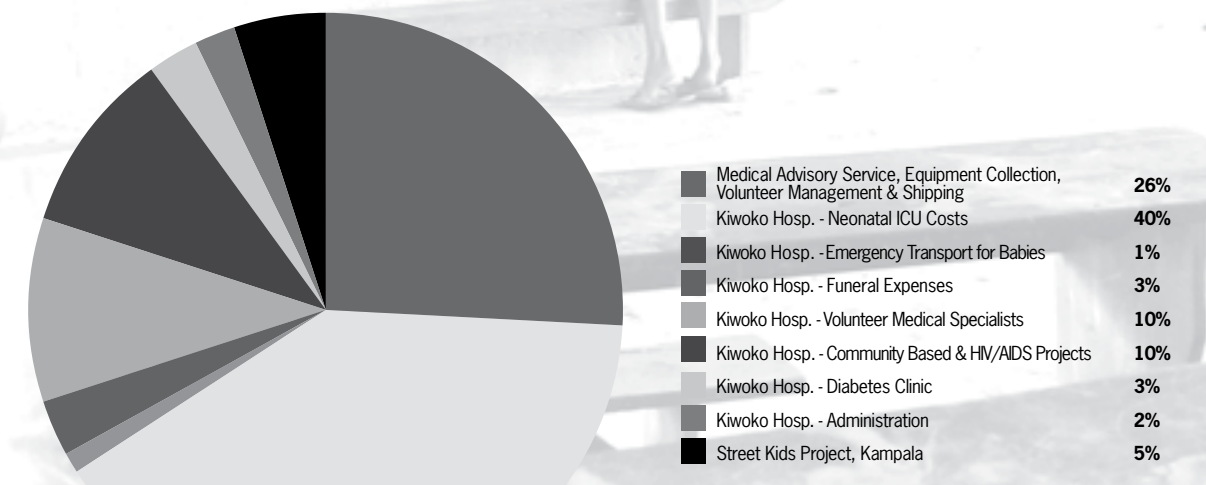
- Our work in Humla, which is particularly expensive because of the cost of building materials for latrines, solar lighting and stoves, and the cost of flying it up into the Himalayas.
- Our work with internally displaced and street kids in Kathmandu – from helping out 30 children in 2004, we now support over 140 children with full living and school expenses.

Total expenditure for Uganda was much lower, at US\$111,383. We are limited in our work in Uganda only by the limits of our donors' generosity – the moment we receive funds to expand our work there, we will increase Ugandan infrastructure, provide additional support to babies in the Neonatal ICU, to the 90 Mums giving birth in the maternity ward each month, and to the many people living with AIDS in the district.

Analysis of Nepal Project Expenses 2005



Analysis of Uganda Project Expenses 2005



So how far does donor money go in Uganda and Nepal? See below for some interesting comparisons:

What would it buy?	Uganda	Nepal	US	UK
US\$50	17 live chickens	Enough cement to build 3 pit latrines	4 cinema tickets	One way trip on the Heathrow Express
US\$500	10 bunk beds	5 smokeless stoves	A pair of designer jeans	A new mobile phone
US\$3,000	Materials and building of 8 outdoor kitchens	A year's salary for 2 qualified teachers	Annual golf club membership fees	One month's average salary
US\$12,000	A year's salary for 9 qualified Midwives	Full support for around 8 war-displaced children (food, clothes, housing, school fees, uniforms and books) for 1 year	1 second-hand car	One year of school fees for one child

Nepal Snapshots

Nepal is a country of astonishing beauty. Not only are the Himalayas an awesome sight, but the people are renowned for being welcoming and warm. But life is also brutally tough in Nepal for most of its people, more so at the moment, with a bitter civil war raging between the King, the armed forces, the Maoists, and the politicians.



- Around 25 million people live in Nepal. Most speak Nepali and most are practising Hindus – it is the world's only Hindu Kingdom. There is also a very large Buddhist community, principally of Tibetan origin, living in both the mountain regions of the country and in the capital, Kathmandu.
- The country has been in political crisis for some time. On June 1, 2001, the Monarchy was almost completely wiped out when the Crown Prince Dipendra shot his mother, father (King Birendra), sister, brother and five others in a massacre in the palace, which was attributed to a fit of anger over family limits on his choice of wife. The facts about the massacre are still disputed by many. It devastated the Nepali people and is still an extremely sensitive issue within Nepal.
- Nepal is still a Monarchy, and was a democracy. However, the Nepali government has been suspended by King Gyanendra since October 4th 2002.
- Polyandry, a marriage system where women marry all the brothers in a family, is still practised in many regions of Northern Nepal, particularly in Humla, the mountain region where most of ISIS's work is done.
- Nepal is entirely landlocked, with borders to Tibet (now China) on one side and India on the other.
- The probability of a child under the age of five dying is over 12 times as likely in Nepal as in the USA.
- Every 11 minutes, a child under the age of one dies in Nepal.
- The Nepali year begins in mid-April, and people work 6 days each week, with Saturday being the day off.
- Agriculture is the main livelihood for over 80% of the population. The main crops grown are rice, corn, wheat, sugarcane, and root crops.
- Nepal has the worst maternal mortality in the South East Asian region – 539 Mums die in every 100 000 births.
- Malaria is still common in the Terai (plains) of Nepal, and measles kills at least 5,000 children each year.
- It is estimated that more than 44,000 children have been displaced due to the war.
- The five leading causes of death in Nepal are acute respiratory infections, encephalitis, meningitis, septicaemia, and diarrhoea.



(L to R) Girls at Jorpati Community School; 3 girls in Dhandaphaya, Humla; Housing in Humla; Girl in Simikot, capital of Humla.





(Top) Humli child at orphanage in Kathmandu. (Below, clockwise): Literacy class in Humla; Yeshi Lama, Anna Howe, Dr Sanga Tenzing and Sharon Beesley; Buddhist Stupa at Boudha, Kathmandu; Boys in an orphanage in Kathmandu; Women dancing in Humla; Young boy in Kathmandu orphanage; Making scarves with the Women's Foundation.



Govinda's Story

Govinda is a beautiful, gentle 6 year-old boy. His family comes from the Terai (plains) on the border between India and Nepal.

In 2004, Govinda's Dad became involved in the war in Nepal. He was tortured and was told that he would be killed if he returned to his job or his village. He took his two sons, aged 6 and 9, to Kathmandu so they would not be harmed or abducted. He left everything behind. He arrived in Kathmandu with no money and no place to live, and with severe injuries from his torture by the Maoists. In desperation, he put his two sons in the care of a man he met who promised to help the children by finding them international sponsors for their schooling and living expenses. Govinda's Dad hoped that somehow this would take care of the children's food, clothing and education, which he could not provide.

In early 2005, we found Govinda, his brother, and 54 other children in a home that was barely providing them enough to eat. They were, malnourished, covered in scabies and lice, not going to school and many were being sent out to beg for money on the streets. All the children were sick and uncared for.

Govinda was skeletal, coughing and bent over with pain. We immediately took him to the hospital where he was diagnosed as having severe septicemia, pneumonia, and bacterial infections. He was put on oxygen and a drip. The hospital was draining a litre of fluid from his body every two days. He could not eat and was wasting rapidly, and he had daily fevers of 104 degrees. We emailed our medical specialist in Seattle, Deb Lester, for advice, and she spoke with relevant doctors in the States, who gave advice as to what the real diagnosis and prognosis may be.

Govinda recovered rapidly with new treatment, and within a week he was released. The doctors at Patan Hospital stated that he was so unwell when admitted that had we not brought him to them, he would have died within days.

When Govinda was able to be released from hospital, we couldn't bear to put him back into the home run by the dreadful opportunist. So instead we are assisting his Dad to support him. We provide money for food, and have enrolled him at a local school, one of our other partner organizations in Kathmandu. The Tashi Waldorf School is a haven for children – it is based on the Waldorf/Steiner educational system and is full of laughter, creativity, learning and love. Govinda is now healthy, happy and well cared for.

Miracles in Humla

At around 8,000 feet high in the Himalayas, there is a home which has been converted into a large office. It stands out from those around it because it is surrounded by solar panels, and has a test greenhouse out the back. This is the combined office of ISIS and Rural Integrated Development Services (Rural IDS), and in its cosy but basic interior, a group of very brave and dedicated people work to help villagers in this remotest of regions.

Humla is a region beset by challenge and hardship. It is the epicentre of the civil war – it is Maoist headquarters, and they rule most of the area with the exception of Simikot, the ‘capital’, where there is a police post and army barracks. People in Nepal don’t want to travel to Humla, let alone live and work there. It is utterly isolated – after getting a plane to drop you at Simikot airstrip, the only way out is to walk up and over to Tibet (around 6 days walk) or if you wanted to walk to the nearest road down the mountains, it would take you 20 days walk. When Audette was last here, her blisters were so bad from walking over the passes that her feet needed suturing.

Humla has some of the worst infant and maternal mortality rates in Nepal – and that, in a country where maternal mortality overall is already the worst in South East Asia. For four months of the year, snow blocks even walking trails, and people begin to die of starvation and diseases such as measles.

Despite all these almost insurmountable challenges, the ISIS/Rural IDS staff continue to work with local people to transform this mountainside, one village at a time. In 2005 our key village was Dhandaphaya, which sits at 8,367 feet and is about 3 hours walk from Simikot airstrip. Just over 1,000 people live there.

It is almost unbelievable, but here is what they achieved in our project villages in 2005:

- Women usually cook inside the home with an ‘odan’, which is an open fire with a 3-legged stand on which they place one pot at a time. This leads to an incredibly smoky environment, respiratory infection, and burns from children falling into the fires. But in 2005, 154 stoves replaced these odans, so that 1,208 people now not only have a smoke-free environment, but the amount of wood they need to chop had decreased by around 50%. We subsidise the cost of these stoves (which were invented and continue to be developed by Alex Zahnd, the brilliant manager of the ISIS/Rural IDS projects) for villagers, so that the purchase of a stove is within reach of all villagers.

- Diarrhoea is one of the leading causes of death in Nepal. Lack of hygiene leads to water borne disease. In Dhandaphaya and six nearby villages, there are now 162 newly built pit latrines, with cement floors and corrugated galvanized metal roofs. Each pit latrine is built for use by 5-10 people, only needs to be cleaned out after five years use and it has ventilation that prevents flies from enter-

ing the structure. Each of these pit latrines is literally a life saver for the community.

- Normally a resinous wood (jharro) is burnt inside the home at night to provide light. This gives off a thick smoke and provides poor lighting. Girls have to spend hours collecting it and their regular firewood, which impinges on their capacity to go to school. For these reasons, in 2005 we worked with local people to light up a total of 167 households with 501 solar lights (3 in each home). 1,120 people can now learn to read at night, and do so in a smoke-free environment.

- Because of the altitude, soil conditions, and climate, the growing season in Humla is usually 4 months duration (June – September). This is a huge problem for people over the winter months when they starve to death unless they have food stored. For this reason in 2005 we built a model greenhouse outside our Simikot office, which to our delight extended the growing season to a full 12 months. Vegetables and herbs grown included onions, coriander, cauliflower, 3 different kinds of spinach, and tomatoes. After the success of this greenhouse, we worked with the community to build another three by year end in Dhandaphaya village, which now provide food for the whole village.

- We have installed 2 solar driers outside our Simikot office, which are being tested drying spinach and apples. We are trying to work out the optimum drying time for the difficult conditions, so that the food has minimum moisture, maximum shelf life, and maximum nutrients.

- In 2005, we ran literacy class in Dhandaphaya for 13 girls and 2 boys, none of whom had ever been to school before. Their ages ranged from 6 to 12. We also trained local literate people how to run such courses, so that when we move to other villages, they can keep teaching their children how to read and write. By the end of 2005, the kids were reading simple sentences and writing single words.

- We also taught fifteen Mums how to read, in courses running for a few hours, 6 days a week.

- We sponsored a local man (Mr. Gogan Rokaya) to study agriculture at Karnali Technical College – we hope to do this each year going forward. We also trained ISIS/Rural IDS staff in our Simikot office on the use of personal computers and a range of software packages and ran financial training for our new Humli business/finance manager.

- We began work on the village drinking water system but unfortunately this was delayed due to early snow, and political issues (all project work was halted for several months by Maoist decree). We will finish this work in 2006.

- We tested six new ‘inventions’ – the ‘Alex Zahnd’ slow sand water filters! These are being tested by 38 brave people, who not only measure water quality but trust the inventor by drinking the test water!!! If they work we will produce these for use in homes across Humla, particularly in villages where it is impractical to filter water using other means.

- We continue to collect research data on the efficacy of all these interventions, and hope to publish the first results in 2006. Dr Kimber Haddix McKay is working with our Nepal Rural IDS staff to measure social and health changes, village by village, to make sure that our projects genuinely have a positive impact on these villages.

- Last but certainly not least in Humla, we continue to support the wonderful Dr Sanga Tenzin, the Tibetan Doctor who treats thousands of patients each year, walking or riding from village to village by pony, to help people who have rarely if ever seen a doctor of Tibetan medicine. Their letters of joy and appreciation for this service are fantastic to read.



An ISIS- Rural IDS pit latrine, awaiting new door; Smokeless stove; Our office, showing solarpanels & greenhouse; Drying spinach in solar drier; Moon over Simikot; (Top) Young girl in Humla

Kathmandu Kids Homes

In 2004 we received an email from a wonderful young volunteer who was working in Kathmandu. She had found an 'orphanage', packed with 30 children from the Humla region, who were living in appalling conditions. The kids had lice and scabies and were being forced to beg on the buses for money to buy food. They were hungry and dirty and weren't going to school as there was no money for school fees. They were scared, naïve and astonished by this new awful life in the city, having grown up in the mountains and fields, where although impoverished, they were at least with their extended and caring communities.



Before ISIS involvement



These kids are some of the estimated 44,000 in Nepal who have been displaced by the civil war. In most cases, their parents have paid a middle-man to take them out of the mountains and into the city, to get away from the violence of the war and to avoid recruitment into Maoist forces. Some of them are among the 8,000 children who have been orphaned as a result of the war.

Amnesty International estimates that 30% of those in Maoist ranks are children between ages 14 and 18, most of them functioning as messengers, intelligence gatherers and transport workers. Amnesty also criticises the government forces for killing child fighters. No matter your political persuasion, and no matter whether the child is still in the mountains at risk of violence or in the city at risk of opportunists, mountain children in Nepal are suffering terribly at the moment.

We began to assist the 30 children we first found in Kathmandu, and from there, the number of children who we found in horrendous conditions seemed to multiply exponentially. As at end 2005, we were looking after 140 children, most of them between 7-10 years old, in four homes across the city.

Three of these homes are run by the kind of men who are, sadly, all too common in Nepal at the moment. The owners of these homes are opportunistic men, who capitalise on the fear of parents, by charging them all of their savings for purportedly caring for their children in the city. We support these children directly to keep them from the worst excesses of these opportunists. Tragically, the legislation in Nepal is such that there is no legal redress for these kids, despite all our efforts to the contrary. We fear deeply for these children in Nepal – not only are they miserable and hungry and cold, but an estimated 12,000 children and women are trafficked into India and Thailand for the sex trade and 'circuses' each year. We could not see this happening and turn our heads away.

At times, this work has been akin to managing a small refugee camp! Set out below are some of the challenges that Anna Howe, our Kathmandu Projects Manager, and Yeshe Lama, our Homes Supervisor, and our many Didis ('sister' in Nepali – home helpers and house mothers) have faced in this work. During the year, they have tried to wrestle these children away from the opportunists, and while that process continues, they have ensured

that the kids are kept healthy, fed and basically happy:

- One of our staff members was beaten, and on occasion, a number of the children have been beaten.
- The diseases and illnesses suffered by the kids have ranged from the everyday colds and diarrhoea, to cholera, typhoid, leprosy, TB, pneumonia, scabies, a heart operation, one broken arm, and one broken leg!
- Furnishings and food were stolen, the latter regularly, by the owners and their friends.
- At one point, after demanding that no more children be brought into the homes, we found five new little ones hidden in an attic who were sneaking out at night to eat.
- In one home, housing more than 60 children, the children were often left completely unsupervised. Only the presence of ISIS Didis and international volunteers meant that they were safeguarded from complete neglect.

As at end 2005, the changes in these children's lives were dramatic:

- All were attending school.
- All had regular dental care and medical care.
- Two were alive when they otherwise would have died (see Govinda and Birendra's Stories).
- All were receiving three good meals a day, with fruit regularly and eggs several times a week.
- All were living in secure, warm homes with electricity, water tanks and toilets.
- All had their own mattresses, beds, and blankets.
- None were forced to beg for food or money.
- Tutors were helping the kids to catch up on school work missed in their journey from the country to the city, and make up the difference between rural and city educational standards.
- Forty were fully under safe ISIS auspice.

By the time we write our next update we very much hope to report that all 140 children are in safe hands. We will continue to support these children and others like them so that they can have the chance to live productive, full, happy, healthy lives. We would be able to help many more children in similar circumstances– with your help.

Each of these children costs us around US\$1,500 a year to support. If you would like to be part of a group supporting them and other Nepal projects, please see our new Kathmandu Kids Club on www.kathmandukidsclub.com, and join the Club to help kids like these!



After ISIS involvement



This has been an enormous challenge for ISIS. Having to work to safeguard children and deal with the 'bad guys' running these homes has been incredibly frustrating, when all we want to do is get these kids into a safe place. This level of abuse of children brings out the "Mama and Papa Bear" in us all. Thankfully, it brought out the Mama and Papa Bears in several very generous donors, who provided us with the means to help these children over the last year.

Other than our work in Humla, and our full-time care of 140 children in homes in Kathmandu, we have a number of partner organisations in Kathmandu working tirelessly to help those in extreme poverty. The pictures below hopefully tell a thousand words, as they help thousands of people who desperately need our assistance to survive in this troubled kingdom.

A Montage of Other Kathmandu Projects



1. Kunga Tsiring is a highly respected Humli man from the Upper Humli region of Nepal. He and his family now live in Kathmandu but a huge part of his heart remains in the mountains. We have known him for eight years and he has been a wise advisor to ISIS in our work with the Humli people.

2. As the civil war in Nepal heated up, Humli people started to beg Kunga Tsiring to look after their children and keep them away from the war in the mountains, where the dangers are huge. So he started the Himalayan Children's Society, and began to take in children who were in need of protection in Kathmandu, like this little guy, Angjuk, who is two.

3. This year we began helping at the Himalayan Children's Society, with a small grant to help them buy additional furniture (bunk beds, tables, rugs and so on) to enable them to take another 20 children into their home. We also paid for 20 children's school requirements for a year. These kids are truly happy, and well loved.

4. Next to the 'Monkey Temple' at Swyambunath, there is a monastery. In that Monastery there is a free health clinic – Benchen Clinic – which is one of 11 dotted around Kathmandu and overseen by a Doctor in Boulder, Colorado. We support the two salaries of the two Health Workers and a Laboratory Technician at Benchen, and also funded the establishment of the laboratory to provide free, effective tests to patients.

5. Audette is on the verandah at Benchen Clinic with Tsiring Lama (Senior Health Worker) and Kamala Bohara (Laboratory Technician). They are now treating 6,000 people a year from this clinic, working six days a week, four hours a day each. Kamala completes around 75 tests per month.

6. In 1998, Audette and Bees were trekking in Nepal. They met a woman on the trail who was part of an organisation called 'Hands In Outreach (HIO)', a small group of artists from the US who had decided to club together to help kids in Nepal. This group now supports 106 kids in need in Kathmandu, with sponsors worldwide supporting them through school. In the middle of this picture are two beautiful happy women – Sheela Gurung and Tseten Dolker. They are the girls that Audette and Bees have been sponsoring for 18 years, and they now work for us as volunteers tutoring kids in our various children's homes.

7. The 'main man' in Nepal for Hands in Outreach is Ram Gopal Adhikari. Ram was the first student sponsored through HIO, and once he graduated he became their Director. He knows every one of the children and their families, all the Principals at all the schools the kids attend, and is an absolute gem. We support Ram's salary, the salary of the Assistant Director, medical care for

all the children (including dental visits), and help on an as-needs basis for the children's families.

8. This young woman started a legend. As a result of poverty, she was sent to work as a dishwasher when she was 6 years old. She was found miserable, having never attended school, by Renu Sharma, who arranged for her to be sponsored into school, and provided with food and lodging. Renu went on to found the Women's Foundation, an extraordinary organisation which helps women and children. This young woman became a pharmacist, and we now fund her to work full-time at the Women's Foundation's own pharmacy. Like Renu, she has devoted her life to helping others.

9. The Women's Foundation runs a range of programmes – legal aid, advocacy, an organic farm, several women and children's shelters, and (pictured here) a vocational training centre for women living at the shelter. In 2005 we supported the shelters by providing some furnishings, salaries of part-time tutors for the kids, and a night guard to protect them all. We would dearly love to do more for these women and children – they are exceptional people, who have overcome exceptional suffering.

10,11,12. Jorpati Community School, in a poorer suburb of Kathmandu, provides quality education for over 500 children. The school was built with voluntary labour from local people, who desperately needed somewhere for their children to be educated. It now gets a pass rate for Class 10 of 85% - astonishing when you consider that the pass rate from Government schools is only 15%.

- There are 29 teachers at the school, and we fund the salaries of three of those who both teach and administer – the Principal, Vice-Principal and Accountant.

- Until this year, the school had fifteen-year-old computers, and kids learnt computing skills from textbooks that were way out of date. In 2005 we funded the purchase of four new computers.

- We also funded the purchase of some equipment for the science laboratory. The entire school's lab equipment, prior to us becoming involved, was one microscope and 3 slides.



The Story of Birendra

Birendra's father and mother were very young, and very poor, even by Nepali standards. They lived with their two children – Birendra and his young sister – in Lower Humla, an area of intense Maoist activity. His Mum used to eat dirt to satiate her hunger while she was in the fields working. She was very weak from malnutrition, and while leaving the fields one day, she fell off a cliff to her death. The father, desperate and afraid of the violence from the civil war, left Humla and came to Nepalgunj (a city on the Indian border) with a newly born daughter of 3 months, and Birendra who is 4 years old. In Nepalgunj he met a man who was running a children's home in Kathmandu, who told him that he would take Birendra into his 'orphanage' and look after him, for a fee. He could not cope with raising the children, and gave his son away. He gave his daughter to a women's group.



There were already 24 children at this 'orphanage', who were being supported by The ISIS Foundation. Before we became involved, they were being kept in appalling conditions – they had scabies, lice, were not going to school, and were being sent out to beg in the streets. They were persistently hungry. A condition of our support was that no further children were to be brought into the home. But the opportunistic manager of the home hid five additional children in the attic, bringing them out at night to eat, so that he could collect fees from their parents. Birendra was one of these children.

When we finally found him, little Birendra was terribly ill. He was sickly with chest infections and in constant pain. In taking him to doctors, we discovered that he had a very large hole in his heart, limiting his oxygen intake and depleting his immune system. After days of tests at the Galanga Heart Hospital, they advised us that Birendra would need immediate surgery to repair the hole, even though it was an extremely high risk procedure.

The risk to Birendra was that he may not have come out of the surgery. However if we did nothing, he would have lived to perhaps 10 years old, with his health deteriorating monthly, and dying a painful death. We decided to support the surgery after discussing his situation with Deb Lester, our medical specialist in the US who consulted with a leading Pediatric heart specialist at Children's Hospital, Seattle, Dr. Geoff Stevenson.

As is Nepali custom, we also found three people with a matching blood type to take with us to the hospital, to donate blood for Birendra the day of the surgery. On December 1st 2005, Birendra underwent heart surgery. It was a day where we all held our breath worrying about how he would cope and whether he would come out of the anaesthetic. To our joy, he came through with flying colours, and he is now living in a very clean and protected environment, so that there is no impact to his heart from playing or being active for the first few months after his operation. In April 2006 he will return to school, and we will provide shelter, schooling, food, medical care, and love on an ongoing basis.





(Above) Lakers fan in Luwero; (Below, clockwise from top left) Waiting for treatment in Kiwoko Hospital grounds; housing in Luwero; Patients outside maternity ward; Local girl; Equipment packed for Uganda; Outpatients ward, Kiwoko Hospital.



Uganda is where the East African savannah meets the West African jungle.



Uganda Snapshots

Uganda is an oasis of biodiversity and unparalleled beauty. However, life for many in Uganda is cut short by AIDS, poverty, war, inadequate health care facilities and many other preventable crises.

The following statistics provide an overview of the struggles Ugandan people continue to face, along with some general information on the country.

- The population of Uganda is around 28 million.
- Uganda achieved independence from the UK in 1962.
- English and Lugandan are the most frequently spoken languages.
- Uganda is landlocked, and has borders with Kenya, Sudan, Democratic Republic of Congo, Rwanda and Tanzania.
- 80% of the people in Uganda live off their own plots of land.
- The key agricultural exports for Uganda are coffee, fish, tobacco, cotton, tea, flowers, and cereals. The countries which buy the most of Uganda's exports are Kenya, Switzerland, the Netherlands, Belgium and France.
- The leading cause of death for adults is AIDS, followed by tuberculosis and malaria. For children, the main killers are malaria, pneumonia, and diarrhoea.
- AIDS orphans account for approximately 7% of the population.
- 40 children a day are born with HIV.
- Almost 2 million children die each year before reaching their first birthday.
- 3-5% of the population have access to electricity.
- Less than half the children aged between 6 and 14 complete primary school.
- Half of the children in Uganda are malnourished.
- Only 47% of people in the rural areas have access to safe drinking water.
- Life expectancy at birth in Uganda is just 46.8 years.
- The war between Uganda and the Lord's Resistance Army, in the North, is entering its 20th year. The atrocities committed by the LRA in this war are unspeakable; the number of child soldiers abducted, tortured and forced to fight is now in the tens of thousands. The war has displaced some 2 million refugees from Sudan, Rwanda and the Democratic Republic of Congo, most of who live in appalling conditions in refugee camps.
- 2 million Ugandan children under the age of 6 live below the poverty line. This is the equivalent of the entire population of Houston, Texas, USA.



Our Tiniest Children

Once Upon a Time, around eight years ago, around 90 babies a month were born in a beautiful hospital in rural Uganda. But if they had trouble with their first few breaths, or their first few weeks of life, they had nobody to help them. There were no incubators, no trained Nurses or Doctors who knew about care for neonates, not enough money, and no resources.

Now there are those resources. Every year, the staff of the ISIS-funded Neonatal Intensive Care Unit (NICU) at Kiwoko work with 400 babies and their Mums, to coach and cajole and treat and care for these tiniest of patients. Many if not most of these babies would have died, if the NICU did not exist.

We are completely enraptured with the work that Kiwoko hospital Nurses and Doctors undertake in the NICU. They are absolutely dedicated, working with staff to patient ratios unheard of in the western world. They live on the hospital grounds, which means that if they have too many patients, they are likely to get hauled out of bed in the middle of the night to help critically ill babies. They study in their own time to improve their skills. They absolutely love their patients and it shows in the outcomes they get and the number of lives they save.

Here are some of the achievements in the NICU in 2005.

- Over 400 tiny patients were seen in the Unit over the year.
- Christine Otai, the brilliant In-Charge, became a fully accredited trainer under the American Academy of Paediatrics's Neonatal Resuscitation Programme. This means that from now on, Christine can run these courses in Uganda without needing additional support from ISIS.
- Deb Lester again provided a medical advisory service from the USA, where staff in Uganda email us with diagnosis, prognosis and treatment queries and she either answers them or refers them to a team of experts.
- New donated equipment sent to the Unit included medfusion (IV) pumps and tubing and cardiac monitors, along with oxygen saturation monitors.



- New equipment purchased in Uganda included three Oxygen Concentrators, necessary as there is no piped oxygen in the hospital.
- Around 120 Mums were provided with accommodation near to the NICU, so that they could stay close to their babies for the (endless!) feeds. Those who were impoverished were provided with free food (patients usually bring their own food to hospital) and free treatment costs for their babies.
- Twenty-nine further hospital staff were trained in Neonatal Resuscitation. This makes a massive difference in mortality rates – helping tiny babies with their first breath (and some reminders in the first few weeks) is often all that is needed to enable them to struggle into the world.
- We began working more closely with the Kiwoko Biomedical team and linking them to their counterparts at Children's Hospital Seattle, who are now providing calibration equipment and technical manuals for the equipment in the NICU.
- Two experienced and enthusiastic NICU Nurses from the USA volunteered for a month, their first time at Kiwoko for ISIS. Prior to even seeing the hospital, Jeanie Russ and Heidi Nakamura had raised funds through the University of Washington's Neonatal ICU to buy an additional Medfusion Pump to use at the hospital. When onsite in

Uganda, they ran training for the nurses in a wide range of subjects, and also worked one-to-one to help with patient care. Subjects covered in training included fluid and electrolyte management, gestational age assessments, and assisting with respiratory distress.

- The staff at the NICU are now running a follow-up clinic where babies return for assessment and monitoring, weeks and months after they are discharged. This was initiated and is overseen remotely by Dr. Maneesh Batra, a Paediatrician who has thus far worked at Kiwoko for ISIS three years in a row.
- With ISIS's help, Maneesh is undertaking two studies in the NICU as part of his Masters in Public Health at the University of Washington; a retrospective analysis of outcomes, and an analysis of outcomes going forward.
- After developing new procedures in collaboration with Deb Lester and the volunteers, the staff of the NICU are now using revised flow sheet for charting all aspects of daily care, medication dilution charts, apnoea records (cessation of breathing is common in premature babies), and seizure records.
- We supported Nurses at the NICU to gain further training by visiting Mulago Hospital's NICU in Kampala.

Khadijah's Story

In August 2005 a little girl at Kiwoko Hospital broke our hearts. Her name is Khadijah. This is Leo's account of meeting her:

Audette and I were working at the hospital, and one morning we went over to the physiotherapy/rehabilitation ward to see a new programme they were running for malnourished children and their parents.

In a country where the ground is fertile and the climate good for growing, it is tragic that as a result of poverty, people still starve - but they do. To combat this, Kiwoko Hospital has a fantastic ward where Mums and their malnourished babies come to stay, to cook and learn what food groups are important, what crops to plant, and how to help their little ones to maintain a healthy body weight, despite abject poverty. And every morning these Mums and their kids go to the physiotherapy ward.

We walked into the ward, which had walls splashed full of colourful African animals, and a concrete floor which was strewn with donated toys and mats and hoops. It was beautiful and hopeful. There were around ten Mums and Grandmas all sitting, with their kids, on the floor.

There are two main types of malnutrition. One is Marasmus, which is when there is too little food. The kids in the room with this type of malnutrition were skin and bones - little twigs for arms and legs. They are the kids you see on TV, in refugee camps, on stretchers. That day, in the bright rehab ward, they stared into the distance and

cried tired, grizzly, tearless cries. Their Mums were tired and thin and talking quietly, waving rattles in front of them and trying to comfort them, or breastfeed them from their own thin, tired bodies.

The other type of malnutrition is Kwashiorkor, which comes from protein deficiency. There were two small children in their mothers' arms with this type of malnutrition, and it makes kids look like elderly people - they become wrinkled and wizened. Their bellybuttons pop out as their stomachs expand from the malnourishment. They are shocking. They are living little tragedies. We were trying not to be shocked, not to just sit down and weep at the injustice of it. It was truly awful.

Then, out of the sadness a small girl wobbled over, on tiny legs, with a huge grin. Her face was so full of joy she was like a forcefield of beauty. She stopped us in our tracks and made us laugh with delight.

Khadijah was enchanted by the big, white, blonde wookiee that was me. She couldn't believe her eyes. I was enchanted with her. We hung out and laughed and played and she put her head back and giggled when I blew on her face or lifted her up in the air. She couldn't stop feeling my hair and smiling. She was an angel in disguise. We all knew it. We left the ward and instead of feeling hopeless, we felt blessed to have met such an angel in the middle of such sadness and deprivation.

Khadijah is two. She is intellectually disabled, and she has HIV, which she got from her Mum at birth. Her Dad died 7 years ago of AIDS and her Mum died just after she was born. She now lives with her Grandma, who is supporting 7 family members from her mud hut, growing food on her plot of land. Nobody has a job, because there are no jobs, so they subsist on what they can grow. They are hungry a lot. Khadijah will be lucky to live until age five.

There are an estimated 70,000 people who are HIV positive in the Luwero region alone, where Kiwoko Hospital is based. The only drugs that can help people like Khadijah's Mum and Dad, and Khadijah, to live full and productive lives, are anti-retrovirals. In Uganda, they cost about US\$200 a year to buy, compared to \$12,000 per year in the USA.

But nobody has that kind of money in Uganda. They don't even have money for the infections that ravage their bodies when they have AIDS, the infections that you have to get rid of before you can even begin to take anti-retrovirals. When we asked about condoms, we found that the hospital had run out of them and had no donor for them, so for three months, there were no condoms in this whole district.

To see children suffer like this is terrible. To allow this to continue without doing something about it is impossible.

Here's what we did in 2005, at a cost of around US\$12,000.

- We bought three months supply of condoms for the hospital - 3,100 of them.
- We funded treatment costs and home visits to deliver care and food

to 106 HIV positive people living with their families in the community.

- We began a small new project for AIDS orphans, to provide food and school fees to 20 kids who are not infected, but are left destitute by the death of their parents.
- We delivered hundreds of tablets of Nevirapine, a drug critical to prevention of mother to child transmission of HIV. Two doses of this drug (one to each of Mum and baby) reduce the risk of HIV transmission from mother to child by around 50%, yet the drug can be extremely difficult for mothers to get in rural Uganda.

This is barely even a drop in an ocean of need. We must do more. Can you imagine how much more we could do if we had more donations for this work?

Please help us to help families and children with HIV and AIDS, like Khadijah's family. With even a small amount of money, we can at the least make their lives more bearable. With a lot of money, we could start a major antiretroviral project at the hospital and save thousands of lives.

If you have a friend who is a major philanthropist, or friends working at a corporate or philanthropic trust, talk to them and encourage them to partner with us to transform the lives of people in this district. Both ISIS and Kiwoko Hospital have the knowledge and the will to run a major programme to save children's lives in this district, both treatment and prevention programmes. We just need the funds to do it.

Please help us to help ensure that Khadijah is one of the last children to live and die with AIDS in this area.



New Beginnings for Kampala Street Kids



It is estimated that around 10,000 children are living on the streets in Uganda. The conditions they live in have to be seen to be believed – they are truly horrendous. They are often hungry, abused, mistrustful, and haunted with a lack of hope.

For the last four years, we have been supporting a Kampala organisation, Mission for All (MIFA), to run a home for ex-street kids. The home is known as the Ebenezer Club, and is home for up to 30 boys who were found living on the streets.

We have assisted MIFA as they and the boys lived through the harsh reality of moving from street living, to living in a home. Some boys ran away, some stole from the home, and one of the children, Musa Muyambi, died of AIDS at age 12. It is a hard road for all of them and a tribute to both the boys and the MIFA staff that they now have a home full of explosively happy kids.

Over the years we have supported MIFA to develop this home, from initially living in a pretty poor quality house in the suburbs, to now living in a much larger home further out in the bush. We have seen the boys move from unhappy, serious, surly young guys who were wondering whether street life was better than having to live with rules and order, to laughing, successful, and energetic young men.

In 2005, every one of them passed their grade at school – three of them topped their classes, and six others were in the top ten of their classes. That's not bad for kids who have missed years of schooling due to street living.

Each boy has a vegetable patch to help grow fruit and veggies for the home – they are green thumbs with cassava, maize, beans, pineapples, and bananas.

Depending on what the boys have needed each year, we have funded variously – house rental, rabbits, chickens and chick feed, a giant water tank, musical instruments, food for the kids, school text books, paint and mosquito nets, outings to the zoo, an outdoor kitchen, and even a ghetto blaster and TV.

Want to 'adopt' this home of fantastic boys, through ISIS? Maybe your family, place of worship, school or office would like to commit to supporting them for a full year? The costs will start at around US\$15,000 depending on their needs. Email leo@isis.bm if you would like further information.



“Things started changing for me. I was given warm clothes, a mattress, blanket, bed sheets, and warm meals”



Claudy Salum Tells His Story

Claudy is one of the boys at the home for ex-street kids in Kampala. Here he tells his story to Reverend James Ssebaggala, Executive Director of the organisation

“My name is Claudy Salum and I am ten years old. I came from Congo, Goma village, because of war, my sister and I ran to Uganda as refugees and left our parents there, so we don't know whether they are still alive. I can't even trace the year our escape did happen, because I was still so small by that time.

While in Uganda my sister got married to a man who was working as a fisherman at Ggaba landing site. I used to go with my brother-in-law for fishing, as there was no money to take me to school. While with my brother-in-law, we used to stay in one small room the three of us. Later my sister decided to take me to her mother-in-law at Kalerwe, one of the townships of Kampala, with the intention of creating an opportunity for me to go to school, but the old woman had many grandkids to look after and she had no job. Therefore feeding and rent were among the problems. And we used to sleep on one mattress, seven of us, just lying our heads on that one mattress and the rest of our body parts on mats. We could also spend many days without proper meals.

I joined the nearby school that had only two classes – Primary One and Two. I joined P1 and used to reach school late because I had to first collect rubbish for our neighbours, fetch water, clean their shops for 300 shillings (6 cents) or at times I could be paid in

terms of food like a plate of rice or a cup of tea. Life was not good for me because I was punished at school for arriving late.

I dropped out of school when I was in Primary 2 and began moving around Kalerwe Market looking for money from morning to evening each and every day. We used to steal and work for people in order to get some things to eat.

In 2005 I was interviewed and selected to join the Ebenezer Club. Things started changing for me. I was given warm clothes, a mattress, blanket, bed sheets, and warm meals, breakfast every day and I also get free medical treatment when I get sick! In the second term of 2005 I got enrolled at Wampeewo Day and Boarding Primary Kasangati in Primary One.

Now I am in P2 and doing well at school. I feel good and thank God plus MIFA for all what has been done for me. During the last December holidays of 2005, our Uncle tried to trace my mother-in-law as well as my sister, and when they saw me grown, and changed, they praised God and appreciated the mighty work performed by the staff, MIFA, and our beloved sponsors. Now at Ebenezer I feel loved and have a belonging. My prayer is that I may study and get a job that could sustain me.”



2005 Supporters

In addition to numerous supporters and donors who wish to remain anonymous, the following individuals and groups supported us in 2005, either with donations, by providing services free of charge or at a vastly reduced cost, or by donating equipment, clothes and valuable medical equipment to our projects.

Foundations and Trusts

Fondazione Alberto Rangoni, Italy; The Grieg Foundation, Norway; Kadoorie Charitable Foundation, Hong Kong; The Sarlo Foundation, USA; XL Foundation, Bermuda.

Individuals, Couples and Families

Kashif Ahmed; Andrew Banks and Pam Gordon; Chris and Lynne Beesley-Reynolds; Mike Blakely; Jon Brunson; Stephan and Mary-Beth Bub; Michael and Zoe Butt; Jean & John Campbell; Kim Carter; Christine Colgan; Jeff and Ede Conyers; Julia, Andrew and Ben Cook; Tom Dickson; Ian Feathers; Todd Fonner; Richard Francis; Henry French; Michelle Garnaut; Brian Hall; Jimmy Hayhurst; Keith Hynes; Jon Karnofsky; Terence Kyle; Jean-Louis Lelogeais; Meera Mehta; Tom Quinn; James Rice; Annie Steele; Mike Winfield; Jon Yoskin.

Groups and Workplaces

African AIDS Angel sellers in Seattle, USA; Attride-Stirling and Woloniecki; Bermuda Anglican Cathedral; Cambridge Beaches Hotel; Children's Hospital, Seattle (NICU and Biomedical Group); Deloitte, Bermuda; Evergreen Hospital; ISIS Annual Golf Tournament, (organised by Rodney Birrell, Robin Mehta and Fiona Luck); The Island Press; Insight Visual Communications Ltd; The International Women's Club; KPMG, Bermuda; Max Re; Northwest Hospital; Providence Everett Hospital; RBK Marketing; Renaissance Re; Simulaid; Swedish Hospital; University of Washington.

Thankyou, thankyou, thankyou!

“If you can't feed a hundred people, then feed just one.”

Mother Teresa of Calcutta

It is thanks to our staff, partner organisations, and supporters that we have been able to achieve all that you've read about in this report. If you would like to work with us to help more kids to live happy, healthy, productive, long lives, there are a number of ways in which you can do so:

- **Make a donation** - log onto www.isis.bm to find out how, or look at the card enclosed in this report. Our target for 2006 is US\$1.7 million and we need your help urgently.
- **Adopt a Project** – you, your family, place of worship, company or school can 'parent' one of our major projects. Would you be interested in funding an entire Maternity ward upgrade and/or its running costs in Africa? Or a Neonatal ICU that sees 400 babies a year? How about a street kids' home in Kampala, or an entire children's home in Kathmandu? Costs for adoptive projects start at around US\$15,000 per year. Email us if you would like to find out more on leo@isis.bm
- **Give the gift that lives on** - remember us in your will with a bequest. Contact Leo for details if you would like help to do so on leo@isis.bm
- **Become a long-term, major partner** – we are seeking a major partner (corporate or individual) to work together with ISIS Limited to expand our work substantially going forward. Help us to save thousands more kids lives – it will be great for your business at the same time. Contact Leo on leo@isis.bm for our business plan and budget for 2006, and to find out more.
- **Make The ISIS Foundation the beneficiary of your corporate events** - raise funds for us at your next corporate event.
- **Volunteer in Bermuda** - we have administrative and project work available - email Sam on info@isis.bm and she'll send you a list of current projects and options.
- **Become a medical volunteer in Uganda** - If you live in Seattle, USA, and are a Neonatologist, Paediatrician, NICU Nurse, or Obstetrician, and you can work for at least a full month in Uganda, please email Deb on deb@isis.bm. Also email her if you would like to help with transporting and packing equipment into the container in Seattle.
- **Donate medical equipment from Seattle** - got really good quality neonatal incubators going spare? How about a nearly new Sonosite ultrasound machine? Medfusion pumps? Then contact Deb on deb@isis.bm to find out more.
- **Send a bag of children's vitamins to Kathmandu** - contact Anna on anna@isis.bm and she will give you details of where to courier vitamins for kids who really need them. Better still, talk to a pharmaceutical company which produces them and ask them to help us out by sending a year's supply to Nepal.
- **Tell a Friend** – tell someone about our work, and encourage them to help our communities too.