

HAND IN HAND

OPERATIONS REPORT 2011 & 2012



The ISIS Foundation (Australia) is incorporated as a company limited by guarantee in Australia (ACN 131 310 355) and registered in Nepal as an international non-government organisation. Australian taxpayers can make an Australian tax-deductible donation to The ISIS Foundation (Australia) through the Australian Foundation for the Peoples of Asia and the Pacific Limited. The ISIS Foundation (Australia) has applied to obtain tax-deductible status for overseas gift aid in Australia in its own right.

The ISIS Foundation (Bermuda) is registered as a charitable trust in Bermuda (No. 508).

The ISIS Foundation (Uganda) is registered and incorporated as a foreign non-government organisation (foreign NGO, No. S 5914/9780).

The ISIS Foundation (UK) is registered as a charitable trust in the United Kingdom (No. 1098152). UK taxpayers can make a UK tax-deductible donation through The ISIS Foundation (UK).

The ISIS Foundation (USA) is registered as a charity in the US with 501(c) 3 status. US taxpayers can make US tax-deductible donations through The ISIS Foundation (USA).

The ISIS Children's Foundation is registered in Nepal as a non-government organisation (DDC: 618/064/065 and DAO: 565).

The ISIS Foundation (Bermuda), The ISIS Foundation (USA), The ISIS Foundation (UK) and The ISIS Foundation (Australia) are not authorised to solicit funding from any jurisdictions other than those they are registered in.

For more information, please see www.isisgroup.org.

The names and details of some people featured in this report have been changed to protect their privacy.

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REDUCING INFANT MORTALITY

'KANGAROO MOTHER CARE' (KMC) IS A TECHNIQUE OF WRAPPING A PRE-TERM BABY TO THEIR MOTHER'S BARE CHEST. THIS HELPS WITH THE BABY'S GROWTH AND DEVELOPMENT. KMC ALSO HELPS THE BABY AVOID HYPOTHERMIA. IN AN EFFORT TO REDUCE MORTALITY AMONG INFANTS WHO ARE BORN PREMATURELY, ISIS HAS TRAINED NURSES AND MOTHERS IN THIS TECHNIQUE AT THE NEONATAL INTENSIVE CARE UNIT (NICU) AT KIWOKO HOSPITAL IN UGANDA. THE COVER PHOTO IS AN EXAMPLE OF A UGANDAN MOTHER PRACTICING KMC WITH HER TWIN BABIES.



HAND IN HAND

IN PARTNERSHIP

ISIS IS NOW 15 YEARS OLD. THROUGHOUT OUR JOURNEY WE HAVE WORKED RELENTLESSLY TO IMPROVE THE LIVES OF CHILDREN AND COMMUNITIES IN REMOTE PARTS OF NEPAL AND UGANDA. WE ARE PROUD OF THE RESULTS. PARTNERSHIPS HAVE BEEN CRITICAL TO ISIS' SUCCESS AT EVERY LEVEL, FROM THOSE BETWEEN THE ISIS 'BUSINESS FOR PURPOSE' AND THE ISIS FOUNDATION, TO THOSE WE HAVE WITH OUR FINANCIAL PARTNERS, VOLUNTEERS, LOCAL NON-PROFITS AND COMMUNITIES ON THE GROUND. AT ISIS, INCREDIBLE PEOPLE FROM MULTIPLE DISCIPLINES, RELIGIONS, NATIONALITIES, ETHNICITIES, BUSINESSES (PROFIT AND NON-PROFIT) AND COMMUNITIES HAVE COME TOGETHER, HAND IN HAND, TO REACH AND SUPPORT PEOPLE IN POVERTY.

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HAND IN HAND FOR 15 YEARS



AS WE PUT THIS BEAUTIFUL REPORT TOGETHER, IT IS JUST OVER 15 YEARS SINCE THE INCREDIBLE JOURNEY OF CREATING AND BUILDING ISIS BEGAN. IT SOMETIMES SEEMS THAT ONLY YESTERDAY ISIS WAS JUST A DREAM.

At that time, the idea of a business for purpose, partnering with a related non-profit, was a new concept.

Adding to the difficulties of pioneering a new model, the process of setting up an international development organisation with a total focus on community-led service delivery in some of the world's most remote places seemed at times as terrifying as it was exciting. We have lived and worked through civil wars, ebola outbreaks, financial and personal crises, hyper-inflation, bats, rats and leopards, and many, many mistakes and mis-starts. If I knew in the early days just what the journey was going to entail, and how many obstacles and lessons there would be, I may not have had the courage to give it a go!

I remember thinking right at the beginning that if ISIS just managed to save the life of even one child, it would all be worth it. 15 years later, ISIS improves the lives of tens of thousands of people each year.

Along the way, through all the ups and downs, we have learnt a great deal about the complexity of service delivery to vulnerable people. Most of all, we have developed the deepest respect for the communities in Nepal and Uganda that we are so privileged to work with.

We have also watched as the concept of "social business" has become part of mainstream business thinking. We are delighted to find ourselves in a position where we can contribute to this important new way of thinking about the role of business in the world.

Many, many people deserve huge credit for what ISIS has become. ISIS has thrived because of the kindness, generosity, love and passion of amazing supporters around the world. I cannot possibly put into words the depth of my gratitude for the work of our incredible team, partner organisations on the ground, volunteers, global board members, financial partners, and many others who so generously offer their finances, time, resources, expertise and pro bono help to ISIS and the communities we work with.

For the first time in our history, we are raising our profile globally and are actively seeking financial partners, businesses and individuals alike, who would like to stand with us to help build on the progress we have made into the next decade. My call to business people in particular is this: if you want to change the world –JOIN US! We are looking for partners to make ISIS bigger, better and more impactful. We want to be doing so much more by the time we reach our 30 year anniversary, hand in hand with those who are part of the change they want to see in the world!

I am filled with gratitude for what this journey has meant to my life, and for walking and growing with the extraordinary people who have become part of the ISIS family.

Dreams really do come true after all.

AUDETTE EXEL
CHAIR



SO MUCH DONE, SO MUCH YET TO DO

<p>15 YEARS OF PARTNERSHIP AND SERVICE DELIVERY IN NEPAL AND UGANDA</p>	 <p>US \$2.2 MILLION DONATED BY ISIS ASIA PACIFIC 'BUSINESS FOR PURPOSE' IN 2011 AND 2012</p>	 <p>MORE THAN 30,000 PEOPLE IN NEED A YEAR BENEFITING FROM ISIS' WORK</p>
 <p>142 STAFF SALARIES SUPPORTED WORLDWIDE</p>	<p>WELL OVER 100,000 PEOPLE REACHED SINCE ISIS' INCEPTION</p>	 <p>US \$3.2 MILLION DONATED BY OTHER FINANCIAL PARTNERS IN 2011 AND 2012</p>

WHAT AN INCREDIBLE TWO YEARS WE HAVE HAD. WE, THE ISIS FOUNDATION'S GLOBAL LEADERSHIP TEAM, ARE ENORMOUSLY PROUD TO SHARE OUR PROGRESS OVER THIS PERIOD – HAND IN HAND WITH COMMUNITIES IN NEPAL AND UGANDA TO SUPPORT CHILDREN AND THEIR FAMILIES.

'Hand in hand', the theme of this report, highlights the ISIS Group model and the many other partnerships that make our work possible. Our long-term effectiveness depends entirely on working hand in hand with supporters and financial partners on one side and local non-profit organisations and local teams on the other. Most importantly, The ISIS Foundation works hand in hand with the communities we serve. Our projects are always community-led – we support what is needed most on the ground.

This report presents our operations and achievements over the past two years. In 2012, we put in place a new strategic plan and set big goals for the next 30 years. We also detailed plans for the next three to five years to achieve these goals. We will continue delivering best-practice services and deepening our support in communities in Nepal and Uganda. We will enhance our research capacity and output to ensure our projects are always evidence-based and our outcomes monitored.

To develop 'knowledge sharing', we will leverage our expertise in maternal, infant and child health, remote education, children at risk, and community health and infrastructure. By sharing our successes, mistakes and learning, we hope we can help others establish similar programmes. We want to move from reaching tens of thousands of people in need to hundreds of thousands through support and collaboration with other organisations.

In 2012 we also launched the new ISIS website – www.isisgroup.org – to showcase our work more effectively and provide up-to-date information to the public. We also set up the ISIS blog to share stories and perspectives of our work by the ISIS team worldwide.

None of our work would be possible without holding hands with people and organisations across the globe. We have thrived because of the astonishing kindness, generosity, love, passion and compassion of all our wonderful supporters, financial partners and staff around the world. The following pages demonstrate the tangible results on the ground – including healthier, happier people, empowered communities and individual lives saved.

Our deepest thanks to each of you, who have held hands with us on this journey. We could not have achieved any of this without you!

As our Ugandan friends would say,

'GAKYALI MABAGA'
– SO MUCH DONE, SO MUCH YET TO DO.



SUSAN BIGGS
CHIEF EXECUTIVE OFFICER



LORRAE COLLINS
GLOBAL FINANCIAL CONTROLLER



PRALHAD DHAKAL
COUNTRY DIRECTOR NEPAL



KIMBER HADDIX MCKAY
RESEARCH, MONITORING AND
EVALUATION DIRECTOR



RICHARD KATAMBA
COUNTRY DIRECTOR UGANDA



DEBBIE LESTER
CLINICAL PROGRAMMES AND
COUNTRY DIRECTOR – USA



ANUBHA RAWAT
COMMUNICATIONS AND PARTNERSHIPS
DIRECTOR

THE ISIS MODEL

A BUSINESS FOR PURPOSE

ISIS WAS BORN OUT OF YEARS OF DISCUSSION AND THINKING ABOUT THE ARBITRARY DISTRIBUTION OF WEALTH, POWER, HOPE AND SECURITY IN THE WORLD.

The underpinning philosophy of the ISIS Group is that, if we are to truly effect change, business and the halls of power must hold hands with the development sector and those who want to help the world and support social justice. We need to bridge the divide.

The ISIS Group combines an Australian corporate-advisory and private-placement business, ISIS Asia Pacific, with an international development organisation, The ISIS Foundation.

The sole objective of the business is to fund The ISIS Foundation's core support costs. ISIS Asia Pacific is the successor business to the first ISIS business formed in Bermuda, and took over all responsibility for funding the core support costs of The ISIS Foundation in 2007.

The ISIS Foundation's objective is to work side by side with communities and children in remote areas in Nepal and Uganda, improving their lives through health, education and other essential services.



US\$5.7 MILLION
(AU\$7 MILLION) DONATED TO THE FOUNDATION
BY THE ISIS BUSINESS SINCE 1998

The ISIS Group aims to change the way people think about the role of business and the power of business/non-profit partnerships. The ISIS Group is one of the earliest examples of a 'business for purpose' partnering with a related non-profit foundation.

With the ISIS business focussed solely on funding core support costs, The ISIS Foundation can assure financial partners that 100 per cent of their money goes to where it is needed most: project-related costs providing health, education and other services to vulnerable clients in remote areas of Nepal and Uganda. The model also ensures that ISIS development specialists can focus on project needs, not on fundraising efforts to sustain our work.

Since the ISIS Group's beginnings in 1998, up to December 2012, ISIS Asia Pacific and its predecessor business have provided US\$5.7 million (AU\$7 million) to the Foundation.





GLOBAL SUPPORT OFFICE, AUSTRALIA

THE ISIS FOUNDATION (AUSTRALIA)

We are very proud that 15 years since we began, The ISIS Foundation now has operations in six countries: Australia, Bermuda, the UK, the US, Nepal and Uganda. Six non-profit entities make up The ISIS Foundation globally.

Since 2008, The ISIS Foundation (Australia) has been the global support office (GSO), or head office, of The ISIS Foundation. It is located in Sydney, Australia. Our offices in Uganda and Nepal directly implement the Foundation's work and the US offices lead our clinical and research work supporting the country programmes. Our Bermuda office works with our many financial partners and friends who have been supporting ISIS since we first began operations there in 1998.

THE ISIS FOUNDATION (AUSTRALIA)'S ROLE

The GSO's role is to resource, co-ordinate and act on behalf of The ISIS Foundation entities globally. The GSO includes a team working across areas as broad as strategic planning and management, human resources, information technology, legal, finance, communications, fundraising and financial partnership support.

The GSO ensures that our teams in Nepal, Uganda and the US have the resources and capabilities they require to work with communities to help improve lives. We also strive to ensure that our research and clinical teams in the US are resourced to inform, support and grow our in-country projects.

Susan Biggs, our Chief Executive Officer, oversees the activities of our offices globally and operates out of the GSO. She is responsible for all aspects of managing our teams, engaging with staff and the board worldwide, leading development, and monitoring the progress of our strategy and operations.

Other key responsibilities of the GSO are to:

- Make significant decisions and authorisations for spending
- Ensure compliance with laws and regulations binding all The ISIS Foundation entities
- Manage funds raised by The ISIS Foundation entities and allocate those funds to in-country programmes
- Co-ordinate global risk management and governance



AUSTRALIAN SUPPORTERS

The ISIS Foundation (Australia) has many wonderful Australian supporters, whom we seek advice and help from on a regular basis. In 2011 and 2012, we welcomed many new Australian members, who are committed to our work, policies and direction.

The ISIS Foundation (Australia) also has four non-executive board directors who oversee governance, strategy and direction.

FUNDING STRUCTURE

As the GSO, The ISIS Foundation (Australia) incurs most of the administrative and infrastructure costs associated with developing and administering overseas projects (such as programme support, fundraising, accountability and administrative costs) on behalf of all our global entities.

ISIS Asia Pacific, the ISIS 'business for purpose', is based in the same office as The ISIS Foundation (Australia), and its staff work alongside the Foundation global support team. ISIS Asia Pacific's contribution, together with the support of a small number of core support partners, covers all of the Foundation's core support and emergency project costs. ISIS Asia Pacific is the largest financial partner of the Foundation's globally. In 2011 and 2012 it donated US\$2.2 million (AU\$2.1 million) towards our work.

As our administration is centralised and managed by The ISIS Foundation (Australia), our Nepal, Uganda and US operational staff are able to focus on best-practice service delivery to the incredible communities we support.

As our operations grow, The ISIS Foundation (Australia) will continue to expand its presence in Australia and reach out to more supporters and like-minded organisations and companies.

ISIS PURPOSE AND STRATEGY

ALWAYS WITH HUMILITY, THE PURPOSE OF THE ISIS GROUP IS TO:

- work side by side with children and communities in remote areas in Nepal and Uganda, to improve their lives; and
- change the way people think about the role of business in the world and the power of business/non-profit partnerships.

The core philosophy that underpins our work is that we always, always do what's best for the children and families we support. Our work is guided by a detailed development philosophy and entrenched culture and values. We have set big goals for 30 years and a targeted strategy for the next three to five years to achieve these goals.

30 YEAR
GOALS AND TARGETED
STRATEGY



OUR PILLARS OF EXCELLENCE

The ISIS Foundation has established three pillars of excellence that guide our development work. These ensure that our communities are getting quality health, education and other essential services. These pillars are fundamental to our strategy and achieving our goals.



BEST-PRACTICE SERVICE DELIVERY

We believe service excellence comes through listening to the community about what needs to be done, working with them to avoid dependence, supporting local economies, being accountable for donor funds, and continually monitoring and evaluating our work. To serve our communities better, we strive to always work to a standard of global excellence.

RESEARCH

Research is at the heart of what we do, and informs all our projects. It contributes to the planning process, accounting for community issues and needs during project design. This ensures that all our decisions are evidence-based. We have expanded our research work to conduct regular studies in Uganda and we are continuing our research in Nepal so we can better understand our impact in the short, medium and long-terms.



KNOWLEDGE SHARING

For many years, a steady stream of people and organisations have approached ISIS looking for help and information on how we undertake our projects and research, or wanting to understand the ISIS operating model. We want to share what we do and how we do it so that others can learn from our mistakes and successes and can, where applicable, replicate our processes and activities. We are focussed on building our capacity to share knowledge through ISIS tool-kits, presentations, manuals, and increasing our training capabilities.

THE ISIS GROUP STRATEGIC PLAN 2012

PURPOSE

Always with humility, the purpose of the ISIS Group is to:

- Work side by side with children and communities in remote areas in Nepal and Uganda to improve their lives; and
- Change the way people think about the role of business in the world and the power of business/ non-profit partnerships.

BIG HAIRY AUDACIOUS GOALS! (30 YEAR HORIZON)

1. All people in the villages we work with in Humla Nepal and Nakaseke Uganda will have access to, and the ability to enjoy, quality health, education and other essential services.
2. ISIS will be a global leader and model for evidence-based service delivery for children and communities in remote areas.
3. ISIS will be a leading voice and model for business/ non-profit partnerships.

PEAKS OF EXCELLENCE

BEST PRACTICE
SERVICE DELIVERY

RESEARCH

KNOWLEDGE
SHARING

GOAL 5



Ensure that the ISIS brand, including our unique business/ non-profit model, is established and communicated worldwide

GOAL 4



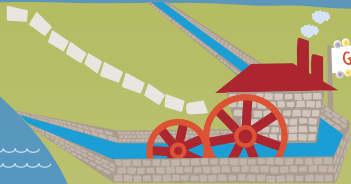
Develop resources and processes so that we can share our knowledge with others

GOAL 7



Build organisational capacity to ensure our goals can be met

GOAL 8



Ensure ISIS Asia Pacific is a sustainable business and core long-term funder of The ISIS Foundation

GOAL 6



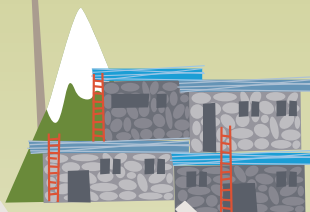
Build a sustainable funding base

GOAL 3



Build research capability and ensure that we always do evidence-based work in all of our programmes

GOAL 2



Deepen best practice service delivery in Humla and Kathmandu Nepal in the current programmes

GOAL 1



Deepen best practice service delivery in Nakaseke Uganda in maternal child health

ACTIONS

DEVELOPMENT
PHILOSOPHY

CULTURE
AND VALUES

WORKING HAND IN HAND

PARTNERSHIPS ARE CRITICAL TO ISIS' SUCCESS AT EVERY LEVEL, FROM THE CORE PARTNERSHIP BETWEEN ISIS ASIA PACIFIC AND THE ISIS FOUNDATION, TO THE PARTNERSHIPS ISIS HAS WITH OUR FINANCIAL PARTNERS, LOCAL COMMUNITIES AND IN-COUNTRY ORGANISATIONS.



We have benefitted hugely from each of our partner relationships – without them our work would not be possible. We are immensely grateful to our financial partners and non-profit partners for their unstinting commitment towards ISIS, and to the local communities for their patience and energy in working with ISIS hand in hand to achieve change that is long-term and sustainable for so many in need.

HAND IN HAND WITH THE SEATTLE CHILDREN'S HOSPITAL AND THE UNIVERSITY OF WASHINGTON

Every year, across the world, 3 million newborns die, making up nearly half (43%) of the world's under-five child mortality rate. While global rates have declined in recent decades, 19,000 mothers still mourn the loss of a child each and every day. This is especially tragic since most of these deaths could be prevented at a modest cost.

There is a growing need for improved training and resources in the field of neonatology, particularly in the developing world. In 1998, ISIS identified an urgent need at Kiwoko Hospital for a ward to provide specialised newborn care to at-risk infants. As a result, ISIS funded and built a neonatal intensive care unit (NICU) for the hospital in 2000, and then expanded the ward in 2010. Since those early days, ISIS and Kiwoko Hospital have partnered with many incredible clinicians to train and develop the neonatal unit's capacity.



For around a decade, ISIS has partnered with the University Of Washington (UW) Division of Neonatology. Expert clinicians in both paediatrics and neonatology visit Kiwoko Hospital in Uganda to provide skills through training to the NICU staff. Through the hard work and dedication of Dr Maneesh Batra (who leads the team), Dr Ryan McAdams and the international medical volunteer team – using techniques and technologies they introduced to the NICU staff – many babies' lives are saved each year.

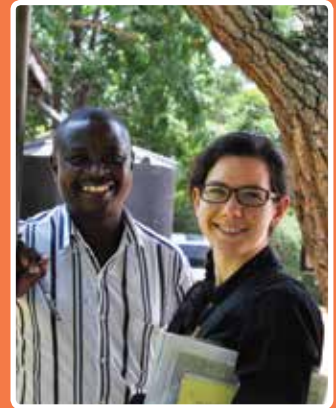
Through this unique partnership, neonatal fellows (paediatricians training to be neonatologists) interested in global health have been able to include their work at Kiwoko Hospital as part of their fellowship track. Dr Anna Hedstrom has dedicated her time and efforts while in Uganda and at home in Washington State to further the programmes in Kiwoko's NICU. One of the programmes she is spearheading is improving the clinical data collection systems in the NICU and maternity ward.

In 2011, our UW team in conjunction with the ISIS Clinical Practice Director worked to convert the current data collection system at Kiwoko into an electronic system. Tove Ryman, an epidemiologist, has dedicated her time to work with our teams to help with this transition. The analyses from this data will provide us with critical information for the future direction of our operations in Uganda.

In 2011, Dr Maureen Kelly, a paediatric ethicist joined the ISIS/UW team to hold ethics workshops at Kiwoko to mentor and support the hospital's teams of expert clinicians working in the intensive care setting.



WORKING TOGETHER



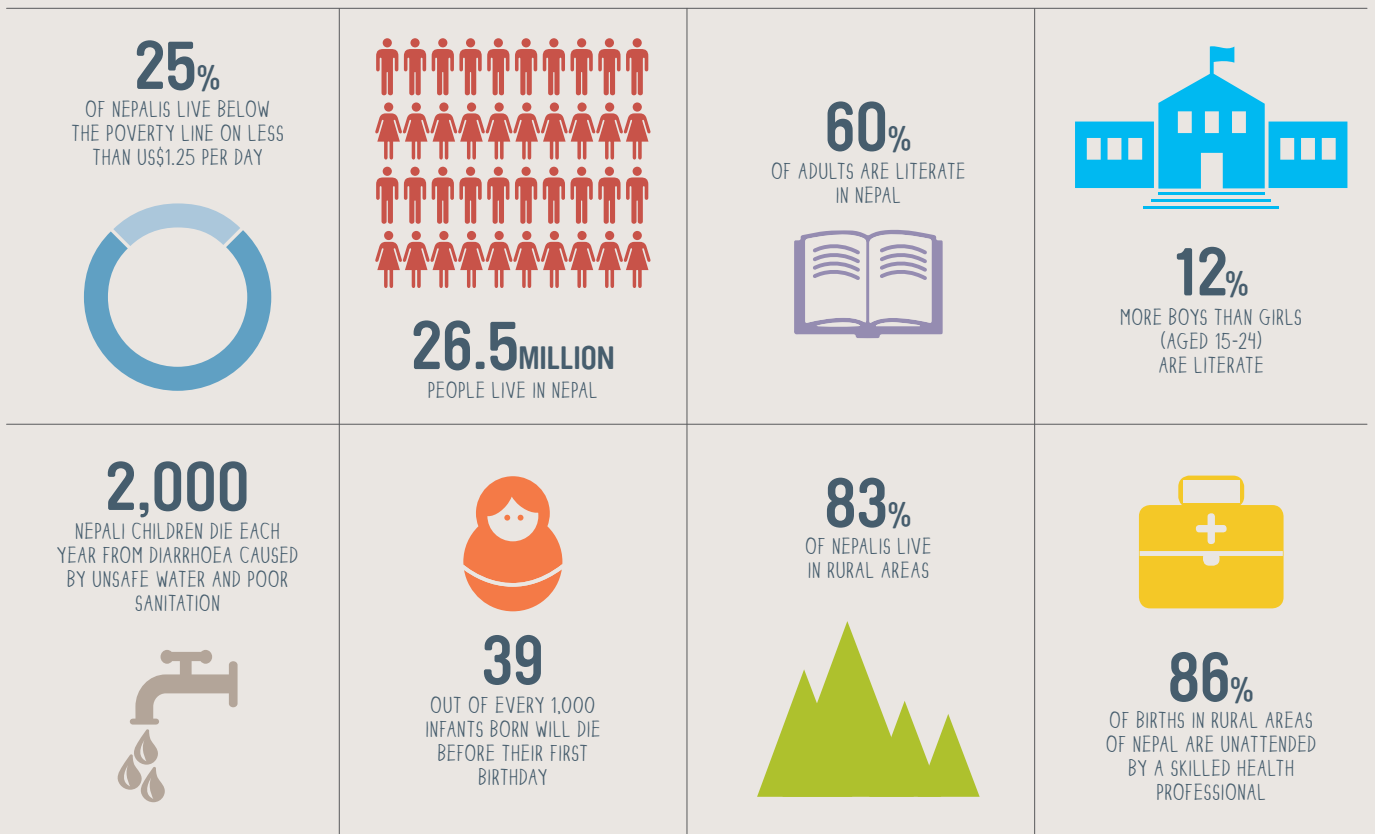
11
THE ISIS TEAM





NEPAL

A LANDLOCKED NATION, NEPAL CLAIMS A DISTINCTIVE NATURAL AND CULTURAL CLIMATE WITH ITS ANCIENT HERITAGE AND THE HIMALAYAS AS AN AWE-INSPIRING BACKDROP. ALTHOUGH IT IS RICH IN CULTURE AND SCENERY, NEPAL REMAINS ONE OF THE WORLD'S POOREST COUNTRIES. IT IS STRUGGLING TO OVERCOME A TURBULENT POLITICAL AND ECONOMIC LEGACY AND TO MANAGE A PEACEFUL TRANSITION TO STABILITY.



HAND IN HAND DELIVERING SERVICE IN NEPAL



ISIS HAS WORKED IN NEPAL SINCE 1998 IN TWO PROJECT AREAS: THE REMOTE MOUNTAINS OF HUMLA AND THE CAPITAL CITY OF KATHMANDU.

Humla district is rich in culture and tradition. It sits high in the remote Himalayas, untouched by many of today's developments and has some of the best views in the world.

Humla is a place of incredible people but its remoteness creates huge challenges. Humli people have no roads, face harsh winters and deal with extreme poverty. Access to education, healthcare and basic infrastructure is still scarce, but improving.

By contrast, Kathmandu is a bustling city, located in the Kathmandu Valley of central Nepal. Although it is much more developed than Humla, many people in Kathmandu still live in poverty, with only basic access to essential services.

We are dedicated to integrated community-led development projects to address key gaps in these areas. We endeavour to strengthen capacity using best-practice approaches and we focus on long-term sustainable support, in partnership with local communities.

Our emphasis is on health, education and community infrastructure for the benefit of children and their families.

CARING FOR CHILDREN AT RISK

REHABILITATING AND RECONNECTING TRAFFICKED CHILDREN

ISIS has cared for 136 previously trafficked children over the past seven years. In 2006, The ISIS Foundation established its local non-profit organisation in Kathmandu called the ISIS Children's Foundation in an effort to provide these children with emergency care and rehabilitation. These children were taken from Humla and brought to Kathmandu during a period of political unrest in Nepal. Their parents had no idea of the fate that awaited them as they sought to get them away from the conflict and into education in Kathmandu: unwittingly putting them into the hands of traffickers.

In response to discovering the children in horrendous conditions, we set up 10 homes and employed trained 'home parents' and a range of Nepali professionals to care for the children. Each child was enrolled in school and given full-time emotional, social and educational support and encouragement.

Through our work with extraordinary Humlis, we were able to reconnect each of them with their family and place of origin in Humla. When appropriate and safe to do so, we reunited them with their Humli families. The process has been one of both tears and joy.

Our commitment to these children is ongoing and the next phase of our work with them has just begun. ISIS has now successfully reunited all of our children with their families, including formally taking home 28 children to live with their families, with support for their continued education. Five children are completely repatriated – living with their parents, independent from ISIS and no longer needing support for education. This not only benefits the children but enhances their communities.

For the ISIS children, transition back to family and place of origin can be difficult, and we do all we can to be absolutely sure both child and family are ready. Life in Humla is tough, and very different from the big city of Kathmandu, and resources and services in the mountains are limited. Each child is individually case managed, and if the family and ISIS agree that it is better for a child to remain in Kathmandu, ISIS cares for the child and ensures they receive a quality education.



50,858
PEOPLE LIVE
IN HUMLA

2.5 MILLION
PEOPLE LIVE IN
KATHMANDU VALLEY





REUNITED AFTER SEVEN YEARS



PEMA'S SMILE ALWAYS BRIGHTENS UP THE ROOM. SHE HAS BEEN WITH ISIS SINCE 2006 AND HER GRIN HAS BEEN HER TRADEMARK.

Pema was one of 136 trafficked children we found more than seven years ago. At the start the children were in dire conditions – it is incredible to see their transformation.

Pema is in grade 7 in the British Gurkha Academy and is performing well and getting good grades. She loves science but has some difficulty with maths. She also loves playing badminton with her friends.

ISIS tries to find all the children's parents and, when appropriate, reconnect them with their families. Pema is originally from Yari village in Humla, and ISIS managed to track down her parents there. Her father sells timber across the border to Tibet and her mother is a home-maker. Pema has three sisters and one older brother, who stay with her parents in Yari. Her parents had no knowledge that when they sent Pema to Kathmandu for education – with a desperate desire to get her out of the way of the Nepali civil conflict that she would end up in terrible conditions in the hands of traffickers.

Like many of the children ISIS supports, Pema had not seen her family since she was taken to Kathmandu many years ago. She had faint memories of her village and family, including picking mushrooms and playing on the swings with her friends. Despite not remembering much, she was very inquisitive about her village and how it had changed.

October heralds Dashain, the biggest festival for the Nepali people. Almost the whole nation goes on a break. It is an opportune time for children and their parents from far and near to meet. During the long break, Pema travelled to Humla and reconnected with her family and visited her village for the first time in seven years.

As she reported to her friends, the very first reconnection with her family was a bit difficult and awkward. She did not know what to do at first: greet them formally or hug them, or what to talk about after so long away. However, within a few days the atmosphere became more relaxed. Pema and her family adjusted to each other and shared their life stories.

Pema's experience in Humla was incredible. After returning from her visit, she was smiling even more than usual. She then knew for certain she had a Humli family that loves her, and that she is also a part of the ISIS family. She is now determined and working harder than ever at school to make her Humli family proud.



In 2012, as the children supported by ISIS reached teenage years, we transitioned 68 of the children from the ISIS homes to full-time boarding schools. Independence is a hugely important goal for all the ISIS children. At the end of 2012, eight children were still being cared for full-time in an ISIS home. They will be transitioned to boarding school by April 2013. Two ISIS homes remain for the ISIS children to come to on school holidays and when they are in need of some closer ISIS family support.

We encourage the older children to be independent and to create deeper links to their families of origin. After completing the School Leaving Certificate, the children, now youth, move into youth flats or homes with relatives, managing their ISIS stipends and budgets themselves. They are responsible for paying rent, buying groceries, cleaning their apartment, cooking meals and managing their studies. During the period, 23 young people were a part of the youth programme.

Nine of the children – now adults – have graduated from ISIS care and are living independently. We are very encouraged to see these young adults thriving.

FIGHTING CHILD TRAFFICKING

ISIS has also intervened to address trafficking in Humla and raise awareness of its dangers, so we can hopefully prevent it in the future.

We have helped villages set up child watchdog committees and organised workshops in Humla on child-friendly education systems and child rights issues.

ISIS also supports a weekly radio programme, *Voice of Humli Children*, organised by our partner organisation, The Himalayan Innovative Society, which is broadcast throughout Humla. The programme addresses child-trafficking hazards and has interviewed trafficked children, non-profit leaders and the Chief District Officer of Humla about their views on this subject.

PROTECTING VULNERABLE WOMEN AND CHILDREN

ISIS has a long partnership with the Women's Foundation, a grass-roots organisation that advocates for the rights of women and children living in poverty. We have the deepest respect for their work. The Women's Foundation provides pro bono legal support to vulnerable women and girls who are victims of domestic violence. A team of experienced legal staff are led by an ISIS-supported lawyer. They seek justice and protection for hundreds of women and girls each year, to restore their dignity and realise their human rights to be free from violence. This in turn protects their children and futures. In 2011 and 2012, the Women's Foundation helped 676 women and children.

COMMUNITY INFRASTRUCTURE

CREATING ESSENTIAL SERVICES THAT WORK IN RURAL DISTRICTS IS CRITICAL FOR A REMOTE COMMUNITY'S SURVIVAL.

ISIS works with a number of villages in Humla to strengthen key infrastructure with sustainable long-term solutions.

The basic state of infrastructure in Humla has caused health and economic challenges throughout the region. ISIS has worked with Humli communities for many years to help improve, repair, install or build community infrastructure such as cooking technology, clean drinking-water systems, pit latrines, greenhouses, solar lights, micro-hydro power systems, and solar dryers.

Our efforts have led to positive changes in the villages where we work. We observed the rate of villagers with respiratory infection symptoms reduce by nearly 10% among males and females aged 5-14 and more than 10% among males and females aged 15-49. The rate of individuals complaining of serious diarrheal and related gastro-intestinal distress has decreased by 50% in the Hindu villages where we have focussed on latrine programmes and outreach education. These changes are statistically significant and pertain to samples of individuals measured in the same households in the same seasons, comparing pre-intervention with post-intervention observations. We have also found villagers are increasingly interested in renewable energy and other technological assistance, considerably more so than in the beginning of the last decade when we began surveying householders.



9,437
HOUSEHOLDS
IN HUMLA

9

PEOPLE PER SQ. KM IS THE
POPULATION DENSITY OF HUMLA



DRINKING WATER SYSTEMS

During the period, ISIS repaired two old drinking-water systems and built one new one in upper Humla villages. The new systems serve 143 households with safe and pure drinking water at their doorsteps. This technology has reduced the time and effort women take to fetch water from far-away streams. It also helps to reduce rates of water-borne diseases in the region.



PIT LATRINES

Waste management is a huge challenge for low-resource settings, especially in rural areas. Diseases associated with water sanitation and poor hygiene are among the leading causes of child deaths. ISIS assisted with the building of 47 pit latrines in four villages in 2011 and 2012. We hope to see every household in these four target villages building and using pit latrines by the end of 2014. ISIS supports the villagers with building materials, technical guidance and sanitation-awareness programmes.

GREENHOUSES AND SOLAR DRYERS

Malnutrition among children, adolescents and adults is still a serious public-health problem. About half of children under 5 in Nepal are affected by stunting and 29 per cent of children in the country are underweight. Food availability and security remain uneven, particularly in hill and mountain regions. Because of the harsh snowy climate, open cultivation is only possible for five months of the year in upper Humla. During the winter, green vegetables are not traditionally available at all.

ISIS has provided materials and technology guidance for 92 households in upper Humla who have built greenhouses designed for Humli conditions, so villagers can grow green vegetables during the winter months. ISIS has also subsidised the cost of solar dryers so food can be stored and dehydrated for when it becomes scarce. This has been a very popular programme in Humla, and villagers from other communities are now seeking ISIS support.

SMOKELESS METAL STOVES

For many years, ISIS has supported the installation of smokeless metal stoves to individual households. This has helped reduce the amount of smoke inhalation, in turn leading to reduced diagnoses of respiratory diseases – especially among women and children. The improved cooking systems also save women time in the kitchen – allowing time to be used in other ways, such as farming and rearing livestock. In 2011 and 2012, 23 smokeless stoves were installed.

MICRO-HYDRO POWER SYSTEMS

In 2011 and 2012, ISIS worked closely with target Humli villages to improve electricity supply through the implementation of micro-hydro power systems. Water is a huge natural resource in the Himalayas, and the needs of our target communities have grown beyond the capacity of the small solar-power sources they were using. We envisage that these micro-hydro power systems will provide a consistent power supply directly to village homes for years to come. Also, manual grist mills, which grind grain into flour, will be converted to micro-hydro-power. This will give a massive boost to food supply and productivity.

TRAINING FOR MASONS AND CARPENTERS

ISIS has trained four local people in carpentry and five in masonry. This will strengthen the local economy and assist with community needs, while helping the people concerned to earn a living.

HEALTHCARE

ISIS WORKS WITH CHILDREN AND COMMUNITIES TO ESTABLISH AND MAINTAIN HEALTH SERVICES AND TO RAISE HEALTH AWARENESS IN A NUMBER OF DIFFERENT WAYS.

Health challenges can be a barrier to education, productivity and livelihood. While people feel that the general health situation for them and their families has improved in Humla, the urgency with which they feel the need for more health assistance has not changed significantly.

BRINGING HEALTHCARE TO REMOTE VILLAGES

Kelsang Tsering is an experienced Tibetan medicine practitioner, or 'Amchi'. He provides mobile health services to the people of upper Humla where other functional health services are scarce. He treks from village to village for eight months of the year, providing healthcare to thousands of people in need. For those who need further medical attention, he refers them to local health posts or the main government hospital in Simikot. In the period, he treated close to 3,000 patients in 15 villages.

To improve long-term regular access to medical services and healthcare in Humla, ISIS has partnered with Nepal Trust, local health-post management committees and the district health office to support the functioning of two health posts in Humla. We provide health workers, medicines, medical equipment and health infrastructure development. Our aim is for villagers to have access to a health worker and medication on a regular basis.

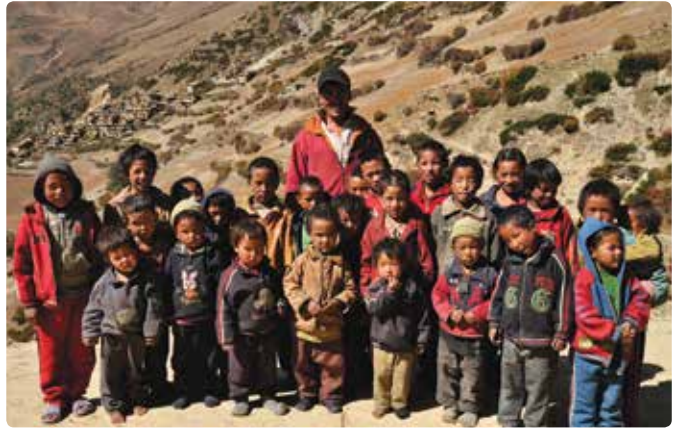
ISIS also holds yearly mobile medical health camps, in consultation with local government and community. During the period, two three month-long camps brought nine Nepali doctors and various other health professionals to Humla. They treated a total of 6,500 people. With help from ISIS, the medical team provided general check-ups, vaccinations and deworming, as well as specialist services of gynaecology, paediatrics, general medicine, radiology and ophthalmology.

IMPROVING MATERNAL, INFANT AND CHILD HEALTH

In 2011 and 2012, we trained 242 mothers in maternity care, nutrition, balanced diet, community sanitation and hygiene. We set up monthly meetings for women in target Humli villages to discuss health, education and agriculture and to monitor the nutrition status of children and the health of pregnant women. Together with government health workers, we monitored the health of babies and young children, and advised mothers on breast-feeding and vaccination.

PROVIDING FREE HEALTHCARE TO PEOPLE LIVING IN POVERTY IN KATHMANDU

ISIS has partnered with the Himalayan Medical Foundation (HMF) since 2001 to provide free basic healthcare services to severely disadvantaged people in and around Kathmandu through three health clinics. The clinics provide free health check-ups, laboratory services, prescriptions and dental check-ups. In 2011 and 2012, these clinics treated more than 20,000 people.



EDUCATION

EVERY CHILD HAS THE RIGHT TO A QUALITY EDUCATION.

ISIS works with remote, marginalised and underprivileged children and their families to ensure this right is realised. We have set up programmes in Kathmandu and Humla to improve children's access to, and quality of, education. In Humla, we have seen changes in the way that people rate the importance of education, with an interest in education-related assistance increasing by 25%.



The programme has grown and by the end of December 2012, 205 children were enrolled at Yalbang School, with the majority girls. The school is now commended by regional and district education offices and other non-profits as an example of best-practice education in Humla. We hope to encourage other organisations to set up similar model schools in Humla and in other remote mountainous communities around the world.

48%

OF THE TOTAL POPULATION OF HUMLA ABOVE AGE 5 CAN READ AND WRITE



86.3%

OF THE TOTAL POPULATION OF KATHMANDU VALLEY ARE LITERATE

REMOTE MOUNTAINOUS EDUCATION

For many years ISIS has partnered with the Himalayan Children Society (HCS), an upper Humla-based non-profit organisation. Together, ISIS, HCS and their other donors work to improve the infrastructure and quality of education in the area through the Mahabouddha Secondary School (Yalbang School) and its hostel. This prevents families having to send their children out of the region for schooling.

ISIS supported HCS in building the Yalbang School and hostel, and secured quality teachers willing to stay in the region. We provide access to essential medical care for students, support a thriving extra-curricular programme and established a library for the children. In 2011-2012, ISIS supported the construction of a girls' hostel to encourage girls to attend school.

Sources: National Population and Housing Census 2011, Government of Nepal

BRINGING EDUCATION TO GIRLS IN KATHMANDU

In Kathmandu, since our earliest days ISIS has partnered with Hands in Outreach (HIO) to improve education access for girls. ISIS supports HIO's management, family-support and healthcare efforts.

HIO is concerned with addressing illiteracy among poor families and redressing the huge gender disparity in Nepali education. In 2012, 101 girls (out of a total of 106 children) accessed quality education through HIO.

Many who would have had no chance to attend school previously are now doing extremely well, and some have gone on to university. In 2011, one sponsored girl received a full scholarship to Georgetown University in Washington D.C., a testament to the care and commitment of the HIO staff towards the cause of education in Nepal.













BRINGING THE MUSIC BACK

FROM APRIL TO AUGUST 2012, THE CHILDREN AT YALBANG SCHOOL ENJOYED MUSIC CLASSES FOR THE FIRST TIME. WITH ISIS SUPPORT THEY WERE INTRODUCED TO TRADITIONAL TIBETAN MUSIC, WHICH IS ALMOST EXTINCT IN HUMLA. BEFORE THIS, CHILDREN HAD NO MUSIC OR DANCE EDUCATION.



TWO YEARS OF ISIS WORK IN NEPAL

IN 2011 AND 2012, WITH ISIS ASSISTANCE:

 20,386 PEOPLE IN KATHMANDU RECEIVED FREE BASIC MEDICAL TREATMENT THROUGH THE WORK OF THE HIMALAYAN MEDICAL FOUNDATION	929 HUMLI CHILDREN RECEIVED EDUCATIONAL SUPPORT, WHICH HELPED TO INCREASE ENROLMENTS AND REGULAR ATTENDANCE IN SEVEN LOCAL SCHOOLS 	 676 WOMEN AND CHILDREN RECEIVED FREE LEGAL SUPPORT AND COUNSELLING THROUGH THE WORK OF THE WOMEN'S FOUNDATION	5,000 APPLE TREE SAPPLINGS HAVE BEEN DISTRIBUTED BY ISIS TO BE PLANTED IN HUMLA TO HELP IMPROVE NUTRITION AND PROVIDE INCOME FOR LOCAL FARMERS 
205 CHILDREN ATTENDED THE YALBANG SCHOOL, WHICH DELIVERS MODEL EDUCATION IN THE REGION THROUGH THE WORK OF THE HIMALAYAN CHILDREN SOCIETY 	 6,500 HUMLI PEOPLE IN REMOTE VILLAGES – MANY WHO HAD NEVER SEEN A DOCTOR BEFORE – WERE TREATED BY DOCTORS THROUGH OUR MOBILE MEDICAL CAMPS 	2,920 HUMLI PEOPLE WERE PROVIDED WITH HEALTHCARE SUPPORT BY OUR TIBETAN MEDICINE PRACTITIONER 	101 GIRLS WHO MAY NOT OTHERWISE HAVE GONE TO SCHOOL RECEIVED EDUCATION, HEALTHCARE AND FAMILY SUPPORT THROUGH THE WORK OF HANDS IN OUTREACH
 27% OF THE 136 TRAFFICKED CHILDREN RESCUED IN 2006 HAVE BEEN REINTEGRATED WITH THEIR PARENTS OR HAVE GRADUATED FROM OUR DIRECT CARE 	53 CHILDREN OF SINGLE PARENT FAMILIES WERE PROVIDED WITH COUNSELLING AND EDUCATIONAL SUPPORT THROUGH THE WORK OF THE HIMALAYAN INNOVATIVE SOCIETY 	47 SOLAR DRIERS WERE INSTALLED BY HUMLI VILLAGERS TO HELP DRY AND STORE FOOD FOR THE COLD WINTER MONTHS 	92 GREENHOUSES WERE BUILT BY HUMLI VILLAGERS TO BRING A CONTINUOUS SUPPLY OF FRESH FOOD DURING THE LONG COLD WINTER MONTHS

RESEARCH IN NEPAL



ISIS HAS BEEN CONDUCTING RESEARCH IN HUMLA SINCE 1998. WE HAVE COMPLETED NEARLY 10 YEARS OF BASELINE AND FOLLOW-UP SURVEYS IN 15 VILLAGES TO GAUGE A NUMBER OF CRITICAL DEVELOPMENT INDICATORS. THOUSANDS OF VILLAGERS SHARED INFORMATION WITH US, AND ISIS FIELD AND RESEARCH STAFF ROUTINELY PARTICIPATED IN GROUP MEETINGS AND FOCUS DISCUSSIONS IN EACH VILLAGE, IN ADDITION TO HOUSEHOLD SURVEYS CONDUCTED IN ALL HOUSEHOLDS IN OUR PROJECT AREA.

The information we gained through research has helped us monitor health, social and attitudinal changes associated with our projects and ensure all our work is shaped by the community.

In ISIS' latest baseline survey, in 2011, we collected data from more than 300 households in Humla, and interpreted and analysed the results. During 2012, we revised the Humla baseline questionnaire and worked on identifying gaps, potential for mistranslations, timing and reporting.

This data has helped us to develop and monitor culturally appropriate projects. The topics investigated include:

- Research into social and cultural practices, especially relating to health-seeking behaviour, knowledge and attitudes using Global Information System technology
- Food security issues, especially to support efforts in sustainable and highly productive practices that can meet the micro-entrepreneurial needs of villagers
- Safe zones for disaster relief
- Trade, education and social networks that affect community development

We have used our research results to monitor our programmes in remote villages, and we routinely return to evaluate our progress. The results of the studies allow us to target areas in which villagers need more, less, or simply different kinds of assistance, and help us understand how knowledge, attitudes and practice of community development change over time.



SHARING KNOWLEDGE TO TOUCH MORE LIVES



ISIS HAS BEEN SHARING KNOWLEDGE SINCE WE BEGAN WORKING IN HUMLA AND KATHMANDU IN 1998.

We have developed resources and presented papers and training programmes to organisations that were interested in our learning and mistakes.

We have made numerous presentations at international conferences on ISIS work and published multiple papers. These include 'Socio-cultural Dimensions of Cluster vs. Single Home Photovoltaic Solar Energy Systems in Rural Nepal' in the journal *Sustainability*, and 'The Search for "Strong Medicine": Pathways to healthcare development in remote Nepal using GIS' in *Technology and Innovation*.

We are now laying the groundwork for a more formal knowledge sharing programme, including a stock-take of what we already offer, as well as guides, training models and tool-kits in our areas of expertise. Below are a few examples of ISIS' knowledge sharing activities within Nepal during this period.

CHILDREN AT RISK – RESCUE AND REHABILITATION

Over the past seven years, the ISIS Children's Foundation (ICF) has gone from providing first-class emergency care to 136 trafficked children, to a comprehensive programme to improve the health, educational and emotional outcomes of these children. ISIS' expertise in child wellbeing is firmly established, and we are now sharing the knowledge gained with other child-focussed organisations in Nepal, including schools, children's homes and childcare centres.

ISIS staff have been working on a training manual to impart their expertise in child-focussed care, positive discipline and case management to staff at Nepali children's homes and schools. A prime objective of this knowledge sharing is to help to eradicate corporal punishment in institutions by introducing alternative methods of discipline.

After years of experience caring for children directly, ISIS is now in a position to pass on our learning to like-minded organisations and agencies, particularly on how to manage challenges and identify the best care options for children in need.

CHILD-FRIENDLY SCHOOLS IN REMOTE AREAS

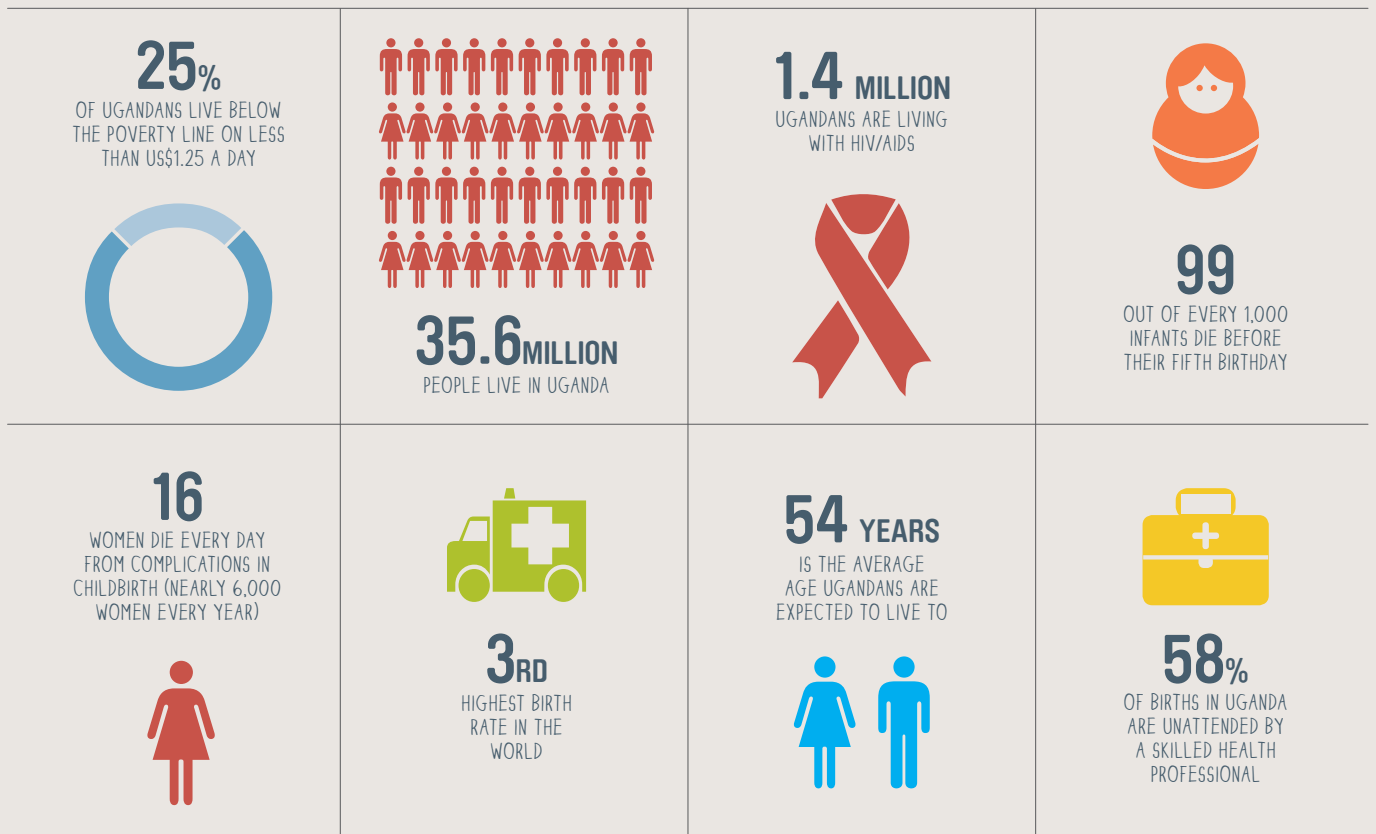
The Yalbang School is an example for the Humla district of a best-practice educational institution in a remote mountainous setting. They are keen to work with 'feeder' primary schools to upgrade their education so that the children who are admitted to Yalbang School from these schools are of a similar academic standard. In May 2012, the Himalayan Children Society and ISIS held a workshop for all upper Humla schools on the 'Essentials of a Child-friendly School for Quality Education'. Yalbang School shared with the school management committees, teachers and students the knowledge they had gained on how to run their school. A number of schools have since adapted some of the learning, adding staff, safety measures and improved hostel cleanliness to create a more child-friendly environment.



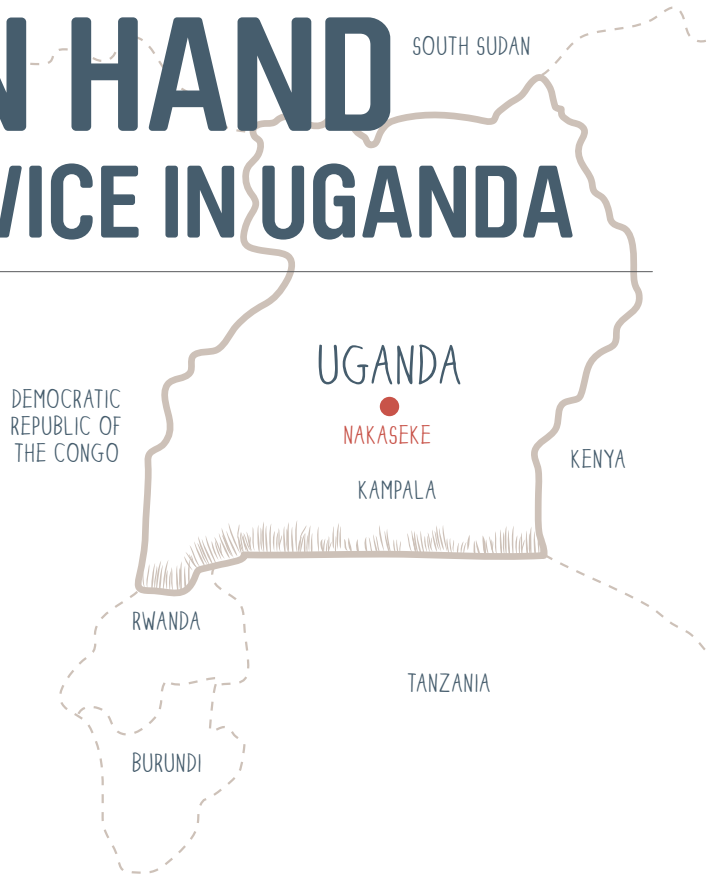


UGANDA

UGANDA IS SITUATED IN EAST AFRICA AND COMPLETELY LANDLOCKED BY NEIGHBOURING NATIONS. THE COUNTRY IS FAMED FOR ITS WILDLIFE AND TROPICAL CLIMATE. UGANDA HAS REBOUNDED FROM CIVIL WAR TO BECOME A RELATIVELY STABLE, PEACEFUL NATION. HOWEVER, UGANDA STILL STRUGGLES WITH THE AFTERMATH OF THE WAR, WIDESPREAD POVERTY, HEALTH EPIDEMICS AND A LACK OF BASIC HUMAN RIGHTS.



HAND IN HAND DELIVERING SERVICE IN UGANDA



ISIS BEGAN WORKING IN UGANDA IN 1998 WHEN WE PARTNERED WITH AN OUTSTANDING RURAL HOSPITAL, KIWOKO HOSPITAL, SUPPORTING A CATCHMENT OF 500,000 PEOPLE.

Kiwoko Hospital is located in the Nakaseke District, about 50 miles outside Kampala, in the heart of the Luwero Triangle. It was started in 1988 as a clinic under a tree, by an Irish missionary with a desire to help people devastated by civil war in the 1970s and '80s. We have a long-term commitment to supporting Kiwoko Hospital and the communities they serve.

Over 15 years of partnership, we have supported the hospital to develop its services, particularly those that help children and the community for long-term medical needs. Our support has ranged from community based healthcare (CBHC) to tertiary healthcare initiatives. Our particular focus is on maternal, infant and child health, services to people living with HIV/AIDS, and care to patients and their families residing in remote villages. We also provide care and rehabilitation to 26 former street children.

QUALITY MATERNAL HEALTHCARE

MATERNAL HEALTHCARE IS IMPROVING RAPIDLY AT KIWOKO HOSPITAL, AND EVEN MORE MOTHERS ARE CHOOSING TO GIVE BIRTH IN A HOSPITAL.

This progress is improving maternal health in the catchment area. Currently in Uganda, more than 58 per cent of births take place without a skilled healthcare professional and 16 women die every day from pregnancy or childbirth complications.

The ISIS Foundation's clinical team provides on-going medical advisory services and collaborates with Kiwoko Hospital toward agreed upon objectives in maternal health. The way in which we accomplish this is through an international medical volunteer (IMED) programme to give specialist training to the nurses and doctors in the wards. ISIS and Kiwoko Hospital formed a relationship with Brigham and Women's Hospital (BWH) and Harvard University to help support sustainable models of surgical, obstetric and gynaecological care at Kiwoko. Dr Julianna Kane, an obstetrician and head of the global health programme at BWH, visits Kiwoko Hospital with a medical resident each year, to work with and train clinical staff.

In 2011 and 2012, 6,075 women were admitted to the Kiwoko Hospital maternity ward for various types of care, including antenatal and postnatal issues and for vaginal and caesarean deliveries. Additionally, more than 3,935 deliveries took place, of which 1,073 were caesarean sections. The 78-bed ward is frequently full – partly because of the improving reputation of Kiwoko Hospital as a centre of excellence, and partly because of a greater community understanding of the need for birthing in a safe environment. None of this would be possible without the dedicated and skilled nurses, midwives and doctors who work in the ward.



500,000
PEOPLE IN THE HOSPITAL
CATCHMENT AREA

375

STAFF WORK AT KIWOKO
HOSPITAL WITH 251 PATIENT
BEDS



43,500
PEOPLE IN THE HOSPITAL CATCHMENT
AREA ARE ESTIMATED TO BE HIV POSITIVE.
WITH SOME REPORTS ESTIMATING THE
NUMBER COULD BE UP TO 60,000

PROMISE'S CHANCE AT LIFE

BEATRICE AND MARTIN HAVE BEEN MARRIED FOR SOME YEARS AND LIVE IN LUWERO DISTRICT OF UGANDA, NEAR THE KASANA MARKET AREA. THEY HAD THEIR FIRST CHILD SOON AFTER THEY GOT MARRIED AND LOVED BEING PARENTS.

Recently, Beatrice became pregnant again – this time with twins. Her pregnancy was going well, but she was aware there were increased risks with having a multiple birth – including a chance her babies would not survive. As with most multiple births, her babies were born prematurely. A premature baby has a significantly reduced chance of survival, and sadly one of the twins did not make it. Beatrice, Martin and the staff at Kiwoko were devastated to lose this precious life, but focussed all their attention on ensuring the other newborn baby, who was fighting to survive, had the best chance possible. Beatrice named him Promise.

Promise was admitted to the neonatal intensive care unit (NICU) at Kiwoko Hospital to be closely monitored and cared for. At that time he weighed only 1,000 grams. He was so tiny you could hold him in the cradle of one hand. It was challenging to get Promise to gain weight because Beatrice was having trouble producing breast milk due to a lack of daily nutrition. The NICU staff put Beatrice on the ISIS-supported nutrition programme to help boost her immune system and kick-start her milk production.

This seemed to help and Promise was improving – until the fourth day, when one of his legs began to swell. The NICU nurses treated this with antibiotics and other necessary medicines and monitored him regularly.

While Promise was in the NICU, Beatrice stayed in the mums' accommodation so she could be close to him, and not have to travel. Being close also meant that she could breast-feed Promise and practice 'Kangaroo Mother Care' on her tiny new-born baby.

With the support of the NICU nurses, Promise began to grow and was soon able to breast-feed. The treatment for his leg began working and he was recovering well. Two months after being admitted to the NICU, Promise was stable, breast-feeding well and ready to go home. He was discharged, and Beatrice, Martin and their older son welcomed Promise into his new home.

Baby Promise has been back to the NICU for follow-up visits a number of times and is growing steadily.

CARING FOR NEWBORN BABIES AT RISK

IN UGANDA, AN AVERAGE OF 123 NEWBORN BABIES – TYPICALLY UNDER A WEEK OLD – DIE EVERY DAY, MOSTLY FROM PREVENTABLE CAUSES.

Smart investments in newborn survival help reduce this. Soon after partnering with Kiwoko Hospital, ISIS began supporting specialised newborn care at the hospital, first building and later expanding the neonatal intensive care unit (NICU) and developing all of its clinical programmes.

Since the NICU was established in 2000, ISIS has provided medical advisory services to help build capacity in the ward. ISIS supports regular staff training-and-development workshops, provided both locally and through specialists from our IMED programme. For years, the University of Washington's Department of Neonatology has been supporting our programme through the hard work and dedication of Dr Maneesh Batra and his team. The techniques and technologies introduced to the NICU staff have helped save more babies' lives each year.

As a result, the ward is considered a model of newborn care in a remote setting. In this period, 1,133 babies received care in the NICU – an extraordinary achievement.

123

NEWBORN BABIES IN UGANDA – TYPICALLY UNDER A WEEK OLD – DIE EVERY DAY, MOSTLY FROM PREVENTABLE CAUSES



1,133

BABIES RECEIVED CARE IN THE NICU IN 2011 AND 2012





REACHING OUT TO PEOPLE LIVING WITH HIV/AIDS

AN ESTIMATED 14 MILLION OF UGANDA'S POPULATION LIVE WITH HIV/AIDS, AND THE COUNTRY HAS A HUGE NEED FOR CARE AND TREATMENT. OUR WORK WITH KIWOKO HOSPITAL ENDEAVOURS TO FILL ESSENTIAL PROGRAMME GAPS.

For many years, ISIS has funded an emergency nutrition programme for people living with HIV/AIDS. The impact of this work has been profound: enabling clients to stay healthier longer. We provide fortnightly food packages for up to six months, for people who are too sick to take their medication. When patients are strong enough, we give them seed packages so they can plant their own crops and maintain good nutrition. In 2011 and 2012, nearly 500 people received this support.

ARVs can have harsh, debilitating side effects, especially on an empty stomach. To help with this, ISIS provides a food supplement to those who attend the weekly HIV clinic.

Through the clinic, we currently provide medicines to treat opportunistic infections for more than 1,860 adults as well as 234 teens and children. Kiwoko Hospital accesses ARV medicines through the government, so the greatest need is for treatment of illnesses that take advantage of their weak immune systems. ISIS assisted with the medical costs of 250 adults and 234 children living with HIV who were admitted to hospital for further care.

ISIS also supports the Afaayo Club programme, which offers children living with HIV a safe place to play and forget about being sick, and gives the staff the opportunity to counsel and educate children on hygiene and nutrition. Around 100 children attended Afaayo Club each quarter during 2011 and 2012.



KIWOKO POSITIVE AIRWAY PRESSURE

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) IS A TREATMENT THAT USES CONTINUOUS MILD AIR PRESSURE TO KEEP AN INFANT'S AIRWAY OPEN.

IT IS USED TO TREAT PRE-TERM INFANTS WITH IMMATURE LUNG DEVELOPMENT AND BABIES WHO ARE IN RESPIRATORY DISTRESS.

IN 2011 AND 2012, ISIS FOCUSED HEAVILY ON SUPPORTING THE DEVELOPMENT AND INITIATION OF A CPAP PROGRAMME AT KIWOKO HOSPITAL, BUILT SPECIFICALLY FOR A LOW RESOURCE SETTING. IT WAS NICKNAMED BY KIWOKO STAFF, KIWOKO POSITIVE AIRWAY PRESSURE (KPAP). WE KNEW IT COULD BE VALUABLE FOR HUNDREDS OF BABIES A YEAR WITH BREATHING PROBLEMS, AND REDUCE THE INFANT MORTALITY RATE.

IN JANUARY AND FEBRUARY 2012, THE UNIVERSITY OF WASHINGTON AND ISIS TEAM INTRODUCED THE CPAP SYSTEM AT KIWOKO FOR A SIX-MONTH PILOT. THEY ALSO TRAINED A GROUP OF HOSPITAL 'SUPER USERS' TO OVERSEE ITS USE AND SUPPORT THE STAFF. THE WASHINGTON-BASED TEAM THEN WORKED WITH MEDICAL VOLUNTEERS TO PUT TOGETHER A TRAINING MANUAL FOR THE SYSTEM.

IN SEPTEMBER 2012, A FOLLOW-UP VISIT BY INTERNATIONAL MEDICAL VOLUNTEERS TO KIWOKO WAS CONDUCTED TO BEGIN STAFF TRAINING WITH THE TRAINING MANUAL AND TO PROVIDE FEEDBACK ON HOW THE PROGRAMME WAS WORKING.

DEVELOPED FOR LOW RESOURCE SETTINGS, KPAP CAN BE BUILT LOCALLY FOR \$10 AND THIS TECHNOLOGY IS SOMETHING WE HOPE TO SHARE WIDELY THROUGH OUR KNOWLEDGE SHARING PLAN.



500

PEOPLE WHO ARE TOO SICK TO TAKE MEDICATION RECEIVED FORTNIGHTLY FOOD PACKAGES



845
PEOPLE ATTENDED 11 COMMUNITY
BASED DISABILITY REHABILITATION
MEETINGS

192
EPILEPSY SUFFERERS RECEIVED
HOME VISITS AND 653 DRUG
ALLOCATIONS



PROVIDING COMMUNITY HEALTHCARE



ISIS BELIEVES OUTREACH HEALTHCARE IN THE NAKASEKE DISTRICT IS CRUCIAL TO STRENGTHENING THE HEALTH OF THE COMMUNITY AND ITS DEVELOPMENT PROSPECTS. IT ALSO ENCOURAGES PEOPLE TO USE THE HOSPITAL.

ISIS began its support at Kiwoko Hospital through a focus on the community based healthcare

(CBHC) programme. We have supported the programme in different ways since those early days. In 2012, we renewed our support to the programme significantly, with an emphasis on developing a safe motherhood programme, building on the work of maternal infant and child health in the hospital.

Safe motherhood clinics, held in the villages, have become the cornerstone of the CBHC programme in the district. They provide immunisations to children, antenatal education, postnatal care, follow-up for women recently discharged from hospital, and referrals for at-risk women. In 2012, an extraordinary 6,550 children were immunised. During 2012, through this programme, Kiwoko held 222 antenatal care meetings in the community, and most women who attended these clinics went on to give birth at Kiwoko Hospital.

The CBHC programme also assists those suffering from chronic illnesses such as tuberculosis and epilepsy, and provides community-based rehabilitation services for people living with a disability. Counsellors and health workers travel in the community, educating people on health, hygiene and sanitation.



61
PATIENTS WERE
TREATED AT HOME FOR
TUBERCULOSIS (TB)

1,890
HOMES COMPETED IN SANITATION
COMPETITIONS. 141 MEETINGS
WERE HELD ON SANITATION



FROM GIRLS TO WOMEN

ISIS HAS SUPPORTED A PILOT PROGRAMME, CONDUCTED INITIALLY IN ONE SCHOOL, TO HELP GIRLS UNDERSTAND AND MANAGE MENSTRUATION AND TO PROVIDE EMERGENCY SANITARY NAPKINS.

MENSTRUATION IS STIGMATISED IN UGANDA, AND GIRLS GO TO GREAT LENGTHS TO HIDE IT, WHICH MAKES SUPPORTING THEIR NEEDS MUCH HARDER. MANY GIRLS USE MAKESHIFT RESOURCES OR OLD, UNSANITARY MATERIALS TO MANAGE THEIR PERIODS, AND THIS CAN LEAD TO BACTERIAL INFECTIONS AND ILLNESS. MENSTRUATION IS KNOWN TO BE ONE OF THE LEADING CAUSES OF ABSENTEEISM AMONG YOUNG GIRLS IN SCHOOL, CONTRIBUTING TO THE HIGH DROP-OUT RATE OF FEMALE STUDENTS AROUND THE AGE OF ADOLESCENCE.

THE PILOT PROJECT TRAINED TEACHERS AND STUDENTS ON ISSUES OF MENSTRUATION TO REDUCE STIGMA. EMERGENCY SANITARY NAPKINS AND COUNSELLING WERE PROVIDED TO GIRLS IN NEED. PIT LATRINES JUST FOR GIRLS WERE CONSTRUCTED, ALONG WITH A WASH STALL WITH RUNNING WATER, SO GIRLS HAVE A PRIVATE AND HYGIENIC PLACE TO WASH.



KANGAROO MOTHER CARE



AN ESTIMATED 400,000-PLUS NEWBORNS COULD BE SAVED EVERY YEAR IF 'KANGAROO MOTHER CARE' (KMC) WAS INTRODUCED IN COUNTRIES WITH HIGH PRE-TERM BIRTH RATES.

Uganda has the third highest birth rate in the world – around 1.5 million a year.

Of these, 14 per cent are born pre-term. KMC is a form of skin-to-skin contact where a newborn is wrapped to the mother's chest, wearing only a nappy and a hat. This provides babies with warmth, access for breast-feeding, developmental support and protection from infection.

KMC has been shown to reduce respiratory problems for newborns, improve thermoregulation, help infants breast feed earlier and improve their weight gain, length and head circumference – critical indicators to ensure they survive the first 28 days of life and thrive as infants and children.

For years, the ISIS clinical practice team has been training mothers and NICU medical staff in KMC. We have also had the ward fitted with KMC chairs so mothers can practise the technique in comfort. In 2012 alone, 315 mothers practiced KMC to help their pre-term babies survive.

Sources: 'Surviving the First Day' – State of the World's Mothers 2013
– Save the Children



GIVING CHILDREN A FUTURE OFF THE STREETS

IN UGANDA, MANY CHILDREN LIVE ON THE STREETS BECAUSE THEIR FAMILIES HAVE BEEN DECIMATED BY AIDS, ABUSE, POVERTY OR UNREST.

Uganda has an estimated 1.1 million children orphaned because of AIDS – more than local communities and extended families can support.

ISIS began working with former street children in 2002 through a small partner organisation. In 2008 we set up our own programme to directly care for 26 of those former street children, who call themselves the Ebenezer Boys. The boys are enrolled in boarding schools or in vocational education. When not in school or back with their families, they stay and are cared for at the ISIS home, managed by our social worker.

Education is key for the Ebenezer Boys' long-term prospects. ISIS has established a 'Graduation Plan' to work towards independence for each of the boys, and to ensure they receive education through to the end of primary school at least. Those who don't go on to secondary school join a vocational institute to learn a trade.

The Ebenezer Boys are now aged 13 to 22. Seven go to primary school, 15 go to secondary school, one is in vocational training and three have graduated. All receive social, emotional and educational support in the hope that they will graduate as competent and happy young men to take up their lives in their communities.

The boys are also involved in community volunteer programmes to learn life skills for their futures. In 2011 and 2012, the boys assisted elderly people in the community – building and repairing houses, planting in the garden and in the community, and doing general chores.



LIFE AFTER ISIS













THREE OF THE OLDER BOYS GRADUATED FROM THE PROGRAMME IN 2011 AND 2012. THE OLDEST AND THE FIRST TO GRADUATE COMPLETED HIS CERTIFICATE COURSE IN PLUMBING IN MARCH 2012 AND WAS RESETTLED IN JULY TO HIS HOME IN LIRA, NORTHERN UGANDA.

ISIS BOUGHT HIM A PLUMBING TOOL KIT AND HE HAS FOUND WORK IN AND AROUND LIRA.

THE NEXT TWO BOYS TO GRADUATE TOOK A THREE-YEAR ELECTRICAL INSTALLATION COURSE AT A VOCATIONAL INSTITUTE AND GRADUATED IN DECEMBER 2012. THE BOYS ALSO INTERNEED AT KIWOKO HOSPITAL FOR A FEW MONTHS. ISIS PROVIDED THEM WITH ELECTRICAL TOOL KITS AND THEY ARE NOW BOTH WORKING FOR THEMSELVES.

TWO YEARS OF ISIS WORK IN UGANDA

IN 2011 AND 2012, WITH ISIS ASSISTANCE AT KIWOKO HOSPITAL:

 16,352 KILOMETRES WERE TRAVELLED BY THE CBHC TEAM TO PROVIDE HEALTH CARE (2012 ONLY)	500 ADULTS LIVING WITH HIV WERE GIVEN NUTRITIONAL SUPPORT 	 1,860 ADULTS LIVING WITH HIV RECEIVED MEDICINES TO TREAT OPPORTUNISTIC INFECTIONS	44 VILLAGES WERE SERVICED BY THE CBHC TEAM EACH MONTH 
3,935 BABIES WERE BORN IN THE MATERNITY WARD 	 6,075 WOMEN WERE ADMITTED TO THE MATERNITY WARD TO GIVE BIRTH OR FOR COMPLICATIONS ASSOCIATED WITH PREGNANCY, INCLUDING MALARIA	1,133 BABIES WERE TREATED IN THE NEONATAL INTENSIVE CARE UNIT 	 315 MOTHERS PRACTISED KANGAROO MOTHER CARE (2012 ONLY)
26 FORMER STREET CHILDREN RECEIVED CARE AND EDUCATION THROUGH THE EBENEZER BOYS PROGRAMME 	 6,550 IMMUNISATIONS WERE ADMINISTERED TO CHILDREN IN THE COMMUNITY (2012 ONLY)	27% OF ALL BABIES BORN WERE DELIVERED BY CAESAREAN 	 2,500 WOMEN ON AVERAGE RECEIVED ANTENATAL CARE IN THE COMMUNITY EACH QUARTER (2012 ONLY)

RESEARCH IN UGANDA



ISIS RESEARCH IN UGANDA EXPANDED SIGNIFICANTLY IN THE PERIOD AND INCLUDED PROJECTS FROM BOTH OUR RESEARCH AND CLINICAL DIVISIONS.

Research is crucial to determine the effectiveness of health interventions, and will continue to contribute to the planning process, ensuring that all programme decisions of The ISIS Foundation are evidence based.

NEONATAL INTENSIVE CARE UNIT (NICU) AND MATERNITY WARD MONITORING AND EVALUATION

In Uganda, we have been collecting data to monitor the health status and outcomes associated with NICU patients for many years. Initially, this meant recording details by handwriting the data in a log book. In 2005, with the assistance of the neonatology team from the University of Washington, this data collection system was replaced by tracking sheets which, although a vast improvement, still required manual data entry. Finally in 2012, the tracking system was revised and a new electronic system of collecting information was introduced in the NICU.

The NICU clinical database now includes an extensive amount of information on all infants admitted to the NICU including admission information, demographics, variables related to hospital course and discharge, to name a few. Descriptive statistics are reported for all neonates (< 28 days old) admitted to the NICU. This detailed information allows us to analyse the variables and obtain insights in order to inform future work.

In 2011, the ISIS clinical team also began a needs assessment of the maternity ward with the hope of reforming the current paper log book system into an electronic system similar to the one introduced in the NICU.

BASELINE SURVEY

The ISIS Research office, in partnership with the clinical team and the staff at Kiwoko Hospital conducted its first community baseline study in the catchment area of the hospital in 2011 and completed the data analysis in 2012.

In collaboration with Kiwoko Hospital's Community Based Healthcare Manager, ISIS' Research, Monitoring and Evaluation Director led a team of 20 local research assistants, who collected information from more than 500 homes across 17 villages. The ISIS Research team then analysed more than 300 individual aspects of the survey results to develop key findings on a number of things, including:

- Hygiene in the home
- Disease prevalence and treatment choices
- How tribe, socio-economic status or geographic region may play a role in health problems and treatments sought

We also collected basic demographic, educational, socio-economic and attitudinal information toward health and health-seeking behaviour. This was done to understand how to serve the communities around Kiwoko Hospital better.



SHARING KNOWLEDGE TO TOUCH MORE LIVES

ISIS HAS BEEN SHARING KNOWLEDGE WITH PARTNER ORGANISATIONS IN UGANDA FOR MANY YEARS.

As our operations develop and Kiwoko Hospital is recognised more widely as an excellent model of service delivery in remote settings, ISIS is working on expanding our knowledge sharing capacity in the hope of moving from touching thousands of people each year, to hundreds of thousands.



NEONATAL INTENSIVE CARE IN LOW RESOURCE SETTINGS

After 15 years of work, the Kiwoko Hospital NICU is very established and recognised as a model department in a resource-poor setting. It consequently has a lot to share in terms of service excellence. Physicians from organisations such as Partners in Health (a health-focussed international non-government organisation) approached ISIS in 2012 to ask if they could visit and learn from the work that we have done in the NICU at Kiwoko over the years. They are

currently working to build neonatal health services elsewhere in Africa. They were able to view the day to day operations within the NICU and witness the expert staff providing care, meet with our Clinical Programmes Director and shadow our University of Washington physicians while working at Kiwoko

One of our first forays into formal knowledge sharing is a training manual on the new Kiwoko Positive Airway Pressure (KPAP) device that was introduced in 2012 to Kiwoko Hospital. We plan to make details of this programme and its implementation available to other organisations. There are many neonatal units being established in low resource areas and ISIS and Kiwoko Hospital staff have much to share on the way this technology can be best introduced.

Our University of Washington clinical team have been working on several papers to share information on the introduction of KPAP into a rural Ugandan NICU and the use of a 'Respiratory Severity Score' that was pioneered during the KPAP pilot. They will also share knowledge gained from the collection of NICU data regarding mortality rates between NICU infants born outside the hospital compared with infants born in the hospital. Mortality disproportionately affected infants born outside the hospital with twice the mortality rate of inborn patients.





ACCOUNTABILITY



GOVERNANCE AND FINANCE

THE ISIS FOUNDATION IS A SET OF TRUSTS AND NON-PROFIT ORGANISATIONS IN AUSTRALIA, BERMUDA, NEPAL, UGANDA, THE UK AND USA.

Together with ISIS Asia Pacific, our 'business for purpose' in Australia, we form the ISIS Group. We believe that good governance and full accountability is critical. With the support of our global boards and all our teams at every level of the organisation we have established processes and structures to ensure we operate at the highest levels of accountability.

We have set in place governance and compliance structures for all our entities, to safeguard the work of The ISIS Foundation and ensure that the ISIS culture, values and development philosophy are practised globally. All ISIS entities have adopted uniform and globally applicable policies for all activities. These include corporate governance, finance, child protection, employment, fund-raising, and communication policies. As necessary, we have adapted these to comply with local laws and respect for local custom.

Core support activities ensure that projects in Nepal and Uganda have the resources and assistance they need to be effective as they partner with communities on the ground to improve their lives. The core support costs of the Foundation are funded by ISIS Asia Pacific and a small number of core support partners. This ensures that donations received from other financial partners are used for ISIS projects in Nepal and Uganda; partner organisations; staff on the ground; specialist managers working in the USA on research; and medical advisory and equipment-collection programmes.

All the ISIS entities' financial accounts have been audited by KPMG since we began, except for The ISIS Foundation (UK), which is audited in the UK by Somerbys. Aggregated accounts for The ISIS Foundation globally are audited by KPMG and are available on our website.



INCOME OVERVIEW



IN 2011
US\$2.3 MILLION
 CONTRIBUTED TO ISIS,
 OF WHICH
US\$0.7 MILLION
 WAS CONTRIBUTED
 BY ISIS ASIA PACIFIC



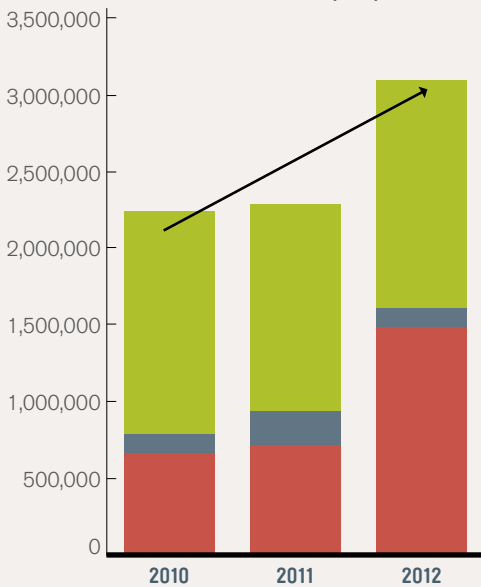
IN 2012
US\$3.1 MILLION
 CONTRIBUTED TO ISIS,
 OF WHICH
US\$1.5 MILLION
 WAS CONTRIBUTED
 BY ISIS ASIA PACIFIC

ISIS HAS RECEIVED DONATIONS FROM A WIDE RANGE OF SUPPORTERS OVER THE YEARS – A TOTAL OF US\$17.2 MILLION (AU\$20.6 MILLION) SINCE WE BEGAN IN 1998*.

Of this, more than US\$5.7 million (AU\$7 million) was contributed by ISIS Asia Pacific and its predecessor Bermuda business towards core support costs for The ISIS Foundation and some emergency project costs. The rest has come from our wonderful project partners and supporters.

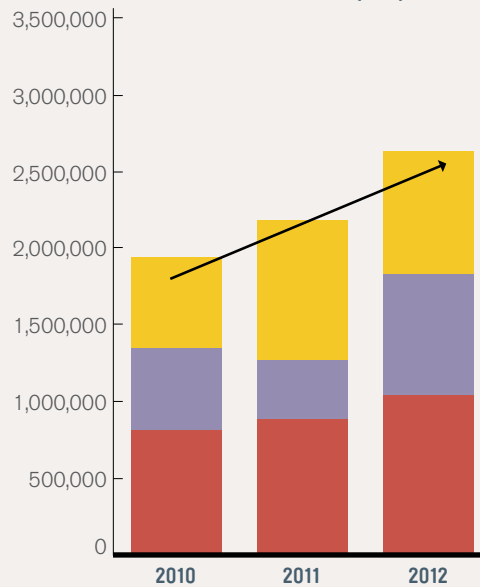
Huge thanks to ISIS supporters for their belief in the work of ISIS and their on-going commitment. Our story is a strong one. Year on year, for 15 years, donations to The ISIS Foundation have steadily increased, both from our project partners for work on the ground, and from ISIS Asia Pacific and our core support partners.

DONATIONS TO THE ISIS FOUNDATION (US\$)



Project Partners
 Core Support Partners
 ISIS (Asia Pacific) Pty Limited
 Total Donations

EXPENDITURE OF THE ISIS FOUNDATION (US\$)



Nepal
 Uganda
 Core Support

* AUD to USD conversion includes currency fluctuations year on year since inception.

2011 & 2012 EXPENDITURE

NEPAL PROJECTS

NEPAL EXPENDITURE DURING 2011 AND 2012 WAS US\$1,506,531, WHICH WAS SPENT TOWARDS ACTIVITIES IN HUMLA AND KATHMANDU.

GENERAL MANAGEMENT IN NEPAL

US\$108,387

Overall programme management from Kathmandu

- 4 local staff including our Country Director, and related office costs
- Management of project planning, implementation, capacity building, monitoring and evaluation of ISIS work with partner organisations ensuring all partners exercise good governance and maximum impact

WORKING IN HUMLA

US\$627,543

PROJECT MANAGEMENT IN HUMLA

Implementation, oversight and project management

- 10 Nepali staff – most of whom are local Humlis – and related office costs

COMMUNITY INFRASTRUCTURE

Alternative technologies

- Working with the community to build and repair communal micro hydro power systems, gristmills and drinking water systems
- Working with individual households to install solar driers, greenhouses and smokeless metal stoves
- Constructing or repairing pit latrines initiated by individual villagers
- On the job training for villagers so they can build and repair infrastructure

HEALTH

Bringing mobile healthcare to the community

- Planning and implementing the mobile medical camp held annually - the ISIS team, doctors and other clinicians treat over 6,500 people, some who have never seen a doctor in their life
- Supporting one Tibetan health practitioner, or 'Amchi', to travel through Humla for nine months at a time providing medicines and health care to 2,920 people of upper Humla villages

Training and health awareness programmes

- Regular training and awareness programmes on child malnutrition and infant and maternal mortality

EDUCATION

Improving access to education in remote Nepal

- Education assistance to over 1,000 disadvantaged children in target villages, and technical and vocational education scholarships for 4 Humli youth
- 5 dedicated teachers and school materials to assist classrooms to be more child-friendly and improve educational outcomes
- Non-formal education sessions for mothers and children

Working in partnership with The Himalayan Children Society for best practice education 11,000 feet above sea level

- 7 local staff and related office costs
- School supplies for 129 children and construction of a new dining hall
- Training programmes on mentorship and first aid for the children, and teacher's workshop to improve the quality of education provided in the school

CHILD WELLBEING

Eliminating child trafficking

- Regular participation with villagers to identify and implement intervention areas

Working in partnership with The Himalayan Innovative Society to improve outcomes for children

- 4 local staff and related office costs
- FM radio programme to raise awareness about child trafficking and child abuse in Humla
- Repatriation of children to their families or places of origin
- Educational scholarships for children of single parents

EMPLOYMENT AND INCOME GENERATION

Exploring ideas to identify new sources of income for villagers

- Pilot of some small income generating and food security activities

2011 & 2012 EXPENDITURE (CONTINUED)

WORKING IN KATHMANDU	US\$770,601
HEALTH	
Working in partnership with the Himalayan Medical Foundation to improve health outcomes	
<ul style="list-style-type: none"> - 7 local staff and related office costs - 3 free health clinics on the outskirts of Kathmandu for people unable to afford care - Medicine for the 3 clinics – Benchin, Nagi and Pharping – all attached to monasteries 	
EDUCATION	
Working in partnership with Hands In Outreach to educate girls	
<ul style="list-style-type: none"> - 2 local staff and related office costs - Healthcare assistance for 100 girls so they are healthy enough to attend school and learn - Living supplies to support families of girls in need 	
CHILD WELLBEING	
Care and full support of 136 children who were previously trafficked	
<ul style="list-style-type: none"> - 20 local staff and related office costs - Education, nutrition, health, post school options, life skills and independent living training - Reconnection with families of origin - 8 children in the ISIS home, 68 in boarding school hostels, 23 in the Youth Independent Living Programme, 28 back in the community with relatives, and 9 graduated from the programme 	
Working in partnership with the Women's Foundation to free women and children from abuse and violence	
<ul style="list-style-type: none"> - 1 local lawyer who leads a team of lawyers - 676 cases of abuse taken to court 	

UGANDA PROJECTS

UGANDA EXPENDITURE DURING 2011 AND 2012 WAS US\$873,658, WHICH WAS SPENT TOWARDS WORK WITH KIWOKO HOSPITAL AND THE EBENEZER BOYS IN THE NAKASEKE DISTRICT.

GENERAL MANAGEMENT IN UGANDA	US\$125,326
Overall programme management	
<ul style="list-style-type: none"> - 3 local staff including our Country Director, and related office costs - Management of project planning, implementation, capacity building, monitoring and evaluation of ISIS work with partner organisation ensuring good governance and maximum impact 	
WORKING WITH KIWOKO HOSPITAL IN NAKASEKE	US\$655,822
HEALTH	
Working in partnership with Kiwoko Hospital to improve health outcomes in the Nakaseke district	
<ul style="list-style-type: none"> - 55 local NICU and maternity nurses, 1 doctor and 17 ward support staff - Medical equipment and supplies for the neonatal intensive care unit and maternal health department - Nutrition, treatment and counselling support for 450 people living with HIV/AIDS - Weekly diabetes clinic - Education support for children living with HIV/AIDS - Community Based Health Care (CBHC) programme servicing 44 villages and immunising approximately 6,550 children a year - 5 local staff for the finance, human resource, and lab departments, related office costs, and hospital training and development 	
WORKING WITH THE EBENEZER BOYS IN NAKASEKE	US\$92,510
CHILD WELLBEING	
Care and full support of 26 boys who were previously street kids	
<ul style="list-style-type: none"> - 1 local staff member and related office costs - Education, nutrition, health and post school options for the boys, and school holiday workshops on life skills and independent living - Reconnection with families of origin - Volunteer programme for the boys to learn how to contribute to their community 	

2011 & 2012 EXPENDITURE (CONTINUED)

RESEARCH

RESEARCH EXPENDITURE DURING 2011 AND 2012 CONSISTED OF RESEARCH PROJECTS UNDERTAKEN IN BOTH UGANDA AND NEPAL TO INFORM AND MONITOR OUR WORK.

US\$185,324

- 2 staff members
- Baseline study in Humla Nepal on new programme areas
- Household re-surveys in Humla
- Research in Humla to identify feasible income generating and food security initiatives
- Baseline study around Kiwoko Hospital Uganda to understand health needs of the community

CLINICAL PROGRAMMES

CLINICAL PRACTICE AND MEDICAL ADVISORY EXPENDITURE DURING 2011 AND 2012 CONSISTED OF THE PROVISION OF MEDICAL EQUIPMENT AND CAPACITY BUILDING ACTIVITIES AT KIWOKO HOSPITAL IN UGANDA.

US\$265,148

- 1 staff member
- Work with the clinical team at Kiwoko Hospital to plan and implement strategy to improve maternal, infant and child health outcomes
- Regular and sustained capacity building for Kiwoko Hospital NICU and maternity ward clinicians
- Introduction of new technologies and treatments for patients
- Development and management of international medical volunteers (IMED) programme, where experts visit the hospital for short periods of time to train and advise local clinicians
- Collection and analysis of 5 years of NICU data in Kiwoko Hospital
- Telephone and email medical advisory service
- Annual collection of medical supplies and equipment from 10 US hospitals, Packathon with many volunteers, and shipment to Kiwoko Hospital

CORE SUPPORT IN AUSTRALIA, USA, UK AND BERMUDA

CORE SUPPORT EXPENDITURE DURING 2011 AND 2012 WAS USED ON ACTIVITIES TO ENSURE OUR PROJECTS IN NEPAL AND UGANDA HAVE THE NECESSARY RESOURCES AND HELP THEY NEED TO OPERATE EFFECTIVELY. THESE COSTS WERE ALL PAID FOR DIRECTLY BY ISIS ASIA PACIFIC AND A SMALL NUMBER OF CORE SUPPORT PARTNERS, ENSURING THAT 100 CENTS IN EVERY DOLLAR OF ALL OTHER FINANCIAL PARTNERS WENT DIRECTLY TO PROJECT AND PROJECT RELATED COSTS.

US\$1,891,574

- 11 global support staff and related office costs
- Leadership and development of short and long-term strategy and direction
- Global coordination of activities and policies to ensure Nepal and Uganda have the resources and assistance to be effective as they partner with communities on the ground
- Managing global governance, compliance, legal, human resources, information technology and administration
- Financial compliance including global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls, and regular audits in each jurisdiction
- Global communications internally and externally – including a new ISIS website
- Development of new financial supporters, and regular reporting and liaison with financial partners worldwide
- Office support for research and clinical programmes, finance, fundraising and communications, and office of the Chief Executive Officer

THE ROAD AHEAD

15 YEARS
OF SUPPORTING COMMUNITIES
IN NEPAL AND UGANDA

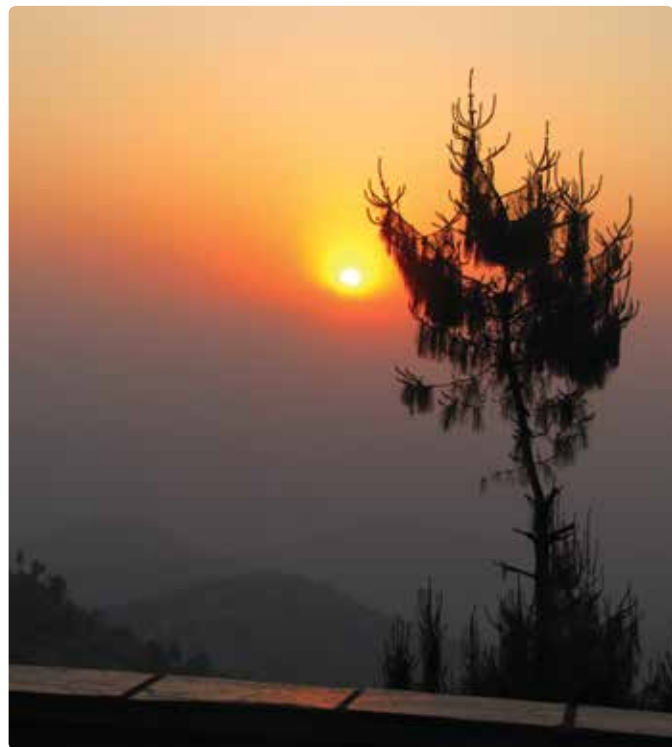


THE PAST 15 YEARS HAVE BEEN AN AMAZING JOURNEY,
AND ONE THAT WE ARE IMMENSELY PROUD OF.

With great enthusiasm, we are now looking ahead to future challenges and opportunities to increase our impact and support to people in need.

We plan to build our work with four distinct areas of focus:

- Deepening best practice service delivery to the communities we currently support
- Expanding research to understand and increase our impact and inform our work
- Sharing our knowledge
- Changing the way people think about the role of business and the power of business/non-profit partnerships



DEEPENING SERVICE DELIVERY

The right to an adequate standard of living is enshrined in Article 25 of the Universal Declaration of Human Rights. Health, education, and basic infrastructure contribute to this. We are committed to the communities we have been supporting for the last 15 years in Nepal and Uganda, and will continue to work in these regions for as long as it takes to ensure they have access to essential services. Instead of expanding our reach to other areas, we will stay where we are, providing deeper and deeper service. At The ISIS Foundation we remain committed to doing everything in our power to bring about lasting change, hand in hand with the remote communities we support.

EXPANDING RESEARCH CAPABILITIES

In order to ensure our projects are always evidence-based and our outcomes monitored regularly, The ISIS Foundation will enhance our research capacity. We have added another staff member to the team to increase the regularity of our studies. Our research team, is highly integrated with the work on the ground and is consistently collecting and analysing data on our programmes. They also continue to publish academic papers on research findings. We expect research findings on pit latrines in Nepal and maternal, infant and child health in remote Uganda to be published this year.

SHARING OUR KNOWLEDGE

Fifteen years on, ISIS has made many mistakes and had many successes which we want to share with others. We are beginning to aggregate our learning in a more formal way. We want to be a resource to others who wish to work with community the way we have done. We want to help hundreds of thousands more people by supporting those with the passion to make a difference. We plan to bring together stakeholders to consider our programmes and to take from us whatever they find useful to help them on their own journeys.

NEW BUSINESS MODELS TO CHANGE THE WORLD

Our ISIS 'business for purpose' model is just one model. There are new models and new ways of business engaging with the non-profit sector that are hugely effective in supporting people in need. With much greater honesty and understanding of each other's needs, and an equality of partnership, we can truly work hand in hand to change the world.

We believe that businesses that add value will thrive and we want to stand with them. We plan to continue to embrace and inspire anyone who wants to be part of the new wave of business/non-profit partnerships.

ISIS SUPPORTERS

OUR VOLUNTEERS, SUPPORTERS AND FINANCIAL PARTNERS

ISIS has thrived over the past 15 years because of the kindness, generosity, love, passion and compassion of all our wonderful supporters around the world.

These pages are dedicated to each of you, anonymous or otherwise, on behalf of the incredible communities we support. On their behalf, and from the bottom of our hearts, we thank you – we could not have achieved what we have without you.

ISIS is fortunate to join hands with a small number of major financial partners. Through these long-term, embedded relationships, we have been able to bridge the world of the fortunate and wealthy with the world of the vulnerable and impoverished. ISIS Asia Pacific, along with our other significant financial partners – Aspen Corporate and their staff, Kathmandu Kids Club, Portland House Foundation, the Helen and Bori Liberman Family, the ISIS Kids Sponsors, PricewaterhouseCoopers (PwC), Kadoorie Charitable Foundation and the incredible Brian Hall – have been instrumental in ensuring our on-going success. These exceptional long-term partnerships have provided us substantial support and financial security to continue our work, and we are extremely grateful to them. We would also like to gratefully acknowledge friends, too many to list here, who have also made significant financial contributions to ISIS.

Our most sincere thanks to everyone who so generously offers their finances, time, resources, and pro bono expertise to the communities we support in Nepal and Uganda. Your commitment and contributions are immensely valuable. You have made it possible for ISIS to work hand in hand with communities, to help thousands of people improve their lives.

We also recognise the valuable contribution of our dedicated team. Our people work in extremely tough conditions, and always go beyond the call of duty to serve our communities in the best way possible. Thank you to the ISIS Family and everyone who has flown the ISIS flag.

DHANYABAAD! WEEBALE! THANK YOU!



IN 2011 AND 2012:

<p>186 INDIVIDUALS, FOUNDATIONS AND COMPANIES DONATED TO ISIS</p>	<p>US \$5.4 MILLION DONATED TO ISIS BY ISIS ASIA PACIFIC AND OTHER DONORS</p>	<p>15 ASPEN AMBASSADORS VISITED KIWOKO HOSPITAL TO OBSERVE THE IMPACT OF ASPEN'S SUPPORT</p>
<p>51 VOLUNTEERS ASSISTED WITH THE ANNUAL SEATTLE PACKATHON</p>	<p>6 MEDICAL VOLUNTEERS WORKED IN SEATTLE ON PROCESSES AND MANUALS FOR KIWOKO HOSPITAL</p>	<p>10 INTERNATIONAL MEDICAL VOLUNTEERS UNDERTOOK CAPACITY BUILDING AT KIWOKO HOSPITAL</p>
<p>5 PARTNER ORGANISATIONS WORKED WITH ISIS IN NEPAL</p>	<p>11 LOCAL VOLUNTEERS ASSISTED THE NEPALI TEAM</p>	<p>2 PWC SENIOR ACCOUNTANTS SECONDED TO ISIS FOR A YEAR, PROVIDING PRO BONO ACCOUNTING SUPPORT</p>
<p>4 GRADUATE STUDENTS AND VOLUNTEERS ASSISTED THE RESEARCH TEAM</p>		<p>16 PEOPLE VOLUNTEERED IN THE SYDNEY OFFICE</p>

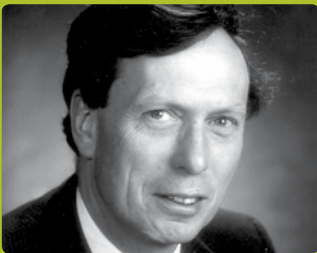


US \$5.4 MILLION
DONATED TO ISIS
IN 2011 AND 2012

THANK YOU

AS AT SEPTEMBER 2013

THE BOARD



ALISTAIR STRUTHERS
TRUSTEE OF THE ISIS FOUNDATION
(UK)



ANDREW DELLA CASA
TRUSTEE OF THE ISIS FOUNDATION
(UK)



AUDE EXEL
CHAIR OF ALL THE ISIS FOUNDATION ENTITIES,
TRUSTEE OF THE ISIS FOUNDATION (BERMUDA
AND UK), DIRECTOR OF THE ISIS FOUNDATION
(AUSTRALIA) THE ISIS FOUNDATION (USA) AND
THE ISIS FOUNDATION (UGANDA)



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