The ISIS Family

These are photos of some of the ISIS staff, worldwide, and staff who we fund at our partner organisations. They live and work in Nepal, Uganda, Bermuda, Australia, and the USA.
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Websites: This report and our audited financial statements are available on our websites on www.isis.bm or www.kathmandukidsclub.com
Please also see the ISIS website for copies of research reports published/presented by ISIS staff and partners. Children’s Names: Some names and details have been changed to protect and respect children’s privacy.
Registration and Solicitation: The ISIS Foundation is currently registered in Bermuda (registration # 558) and The ISIS Foundation (UK) is registered in the United Kingdom (registration # 1108152). We are in the process of seeking registration in both Australia and Nepal. Donations from the USA can be made via International Charitable Fund of Bermuda, which is registered as a 501 (C) 3 in the USA.
The ISIS Foundation and The ISIS Foundation (UK) are not authorised to solicit funding support from any jurisdictions other than those in which it is registered.
Photographs: © The ISIS Foundation, 2006, courtesy of our staff and volunteers, and some others. Many of the Nepal shots are courtesy of Evan Morgan.
2006 - At A Glance

The original ISIS vision dared to dream of making a difference in the lives of people in huge need. 2006 was a year when our achievements exceeded our dreams. These are the highlights of what we accomplished when people, resources and determination came together, backed with the big-hearted support of our donors:

- Total donations from ISIS Limited to The ISIS Foundation reached over US$1.8 million since the launch of ISIS in 1998. During this same period, donations from individuals, corporations and foundations to the ISIS Foundation have totalled over US$2.3 million.

- We continue to move forward thanks only to the huge effort and grace of our wonderful staff and volunteers. 2006 showed us again the commitment of countless folk working on ISIS-funded projects, stretching across the globe from the USA, Bermuda and the mountains of the high Himalayas, to Kathmandu, Kampala and the remote Ugandan bush. In 2006, we had a truly astonishing array of volunteers assisting us in all countries, and we added a remarkable 80 new staff to the ISIS family.

- The Kathmandu Kids Club was launched and by year’s end had raised approximately US$100,000 in funds that were channelled directly to our programs in Nepal.

- Deb Lester, one of our earliest ISIS Angels, continued to coordinate the ISIS e-mail medical advisory service, and amassed much-needed medical equipment, for Kiwoko Hospital in Uganda.

- Dr Kimber Haddix-McKay of the University of Montana continued her work with our Nepal partners, and her research on best practice in supporting internally displaced children, along with monitoring the social impact of our interventions in Humla.

In Kathmandu, we and the staff of our partner organisations achieved the following:

- After a two year custody battle, 126 children were rescued from the hands of traffickers with guardianship subsequently awarded to The ISIS Foundation by the Child Welfare Board of the Nepali Government. We are supporting another 10 internally displaced Upper Humli children. We founded 10 new ISIS Children’s Homes
in Kathmandu to house them all, and hired around 70 staff to work on this project.

• Through our partnership with Hands In Outreach, over 100 children in schools were again cared for by three ISIS-funded case workers who organised their dental and medical care and supported their families so they could continue studying at school.

• Over 6,000 impoverished people living in Kathmandu received health care treatment through the ISIS funded health care workers and laboratory technician at the Benchen Free Clinic (Himalayan Medical Foundation) at the Swayambunath Monastery.

• Through the Women's Foundation, ISIS continued support for a shelter that provides a home safe from violence for 40 children and their Mums, by funding some staff wages, school costs and furnishings. In addition, an ISIS funded pharmacist continued to help hundreds of women to understand their medication needs at a free women and children's clinic.

In Humla, Nepal, a mountainous district in remote North West Nepal, snow-bound 4 months of the year and ravaged by the violence of the recent civil war, ISIS achieved the following with our partner organizations (RIDS and Amrit). This work occurred at 8,000 feet and above in the Himalayas:

• 150 smokeless stoves were installed, reducing the risk of respiratory disease for over 1,000 people, and relieving deforestation in the local area.

• 150 pit latrines were built in 9 villages that previously had no means of human waste disposal.

• Safe drinking water was provided to a village of 220 people.

• 61 homes are now illuminated with solar power, providing light for 400 people in 2 villages.

• 2 villages received model greenhouses and solar food driers to extend the growing season, and to cater for the winter months when starvation is not unusual in this region.

• Around 2,000 people were treated by Tibetan Doctors Sanga and Kelsang, who deliver Tibetan medicine to Humla via their yak and foot powered mobile clinic.

• 15 Mums and 15 children received literacy classes.

• Nutrition projects, teaching Mums how to make ‘super porridge’ to avoid childhood malnutrition, were run in two villages.

In Kampala, Uganda, we continued to support 30 ex-street kids in a loving, happy healthy home, the Ebenezer Club.

In rural Uganda, at our wonderful partner hospital, Kiwoko, in Luwero:

• 91 HIV positive people living with their families in the community received free medication during home visits.

• We funded medication to HIV positive patients on over 700 occasions.

• We provided 946 packages of food and soap to people living with HIV/AIDS in the community.

• 20 AIDS orphans had their school fees paid.

• Over 360 babies received quality care in the ISIS-supported Neonatal ICU, with 11 skilled Nurses helping them through their first few weeks (and sometimes months) of life.

• 169 Mums who had just given birth were housed in ISIS accommodation while their babies were treated in the Neonatal ICU.

• 53 post-delivery Mums had food provided, to help with breastfeeding.

• 74 families received financial support when their babies died.

• 10 Nurses gained further training by visiting the largest NICU in Uganda, at Mulago Hospital, Kampala.

• The ISIS-supported mobile clinic travelled a total of 26,417 kilometres to 50 regional and remote villages, offering access to immunisations, family planning, patient transport, education and rehabilitation.

• 64 people with diabetes received free or subsidised insulin and treatment.

• A large container of medical equipment for maternity and the Neonatal ICU was collected and packed by a team of wonderful volunteer nurses in the USA, ready for shipment to the hospital in 2007.

• ISIS funded the purchase of an oxygen concentrator for the Neonatal ICU.

Thank you for your support in 2006 – this is what we did with your donations. Please support us in 2007 so that we can help more children in Nepal and Uganda – a little goes a long way!
ISIS’s Global Family in 2006

The ISIS Foundation is a mad mixture of incredible staff and volunteers, 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 or even name everyone… but here’s a quick overview, if you are trying to work out who does what and where!

In Bermuda in 2006, Audette and Bees continued to run ISIS Limited, their 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, Executive Officer) on how to safeguard the internally displaced children we are caring for in Kathmandu. Our accounting experts – Karen Esdale and Lucy Garca – kept our books in order for another year. Sam Stansfield (Senior Executive Secretary) and Joy Barnum (Administrative Officer) kept the office running, and Nicole Stoneham (Legal Manager) helped us with our legal documents when we could drag her away from working on structured finance transactions with Bees.

A plethora of volunteers helped us out in Bermuda – we simply couldn’t function without them. In 2006, Kim Carter began working with Leo and a team of local Managers on the Kathmandu Kids Club, set up to fundraise for our Nepal projects. For the first time, thanks to Kim’s incredible efforts, ISIS really was able to resource itself with significant volunteer assistance in Bermuda through the Club. The only payment these people got was our THANKS – and sometimes pizza and a drop of wine when working around the clock for us! The Katkids Club now boasts around 80 volunteers, some of whom fundraise in other countries. We can’t fit all your names in here guys, but thanks in particular to our founding Managers and staff, who included: Charles Reilly, Eve Paterson, Bonnie McGlynn, Belinda Barbieri, Léo Rouja, Julia Cook, Tom Quinn, Chris Gibbons, Pia Hopkins, Gail Wright, Susan Pateras, Jacqueline Teunissen, Ruth Kempe, April Vesey, Megan Woloshyn, Sirjana Baniya and Amber Mehta.

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 20 people in our various partner organisations, ranging from Security Guards, to Laboratory Technicians, Counsellors, 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 around 80 fantastic people working for ISIS directly in Bermuda, Nepal and the United States.

Our Uganda projects are managed part-time by our Clinical Practice Manager, Uganda, 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 working at our partner hospital in Uganda. Dozens of volunteers work for Deb collecting precious medical equipment from six generous Seattle hospitals. Our ‘equipment angels’ at each hospital ring Deb for collection, she turns up in a truck, and they gleefully load up with yet more lifesaving machinery for Kiwoko Hospital.

Our Humla and Research Manager, Dr. Kimber Haddix McKay, is an Associate Professor of Anthropology based in Montana, USA. 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).

Our Kathmandu Projects Manager, Anna Howe, did a fantastic job looking after our Nepal projects, which expanded exponentially during the time that she was a part of the ISIS family. Anna moved on from ISIS in early 2007. We thank her for all that she achieved in the mayhem of inheriting over 100 kids in one year! The Country Manager position is now held by Pralhad Kumar Dhakal – he comes to us with a wealth of management experience and huge energy

In total we now have 67 staff in Nepal, all doing wonderful work in very stressful circumstances. The ISIS Children’s Homes in Kathmandu are managed by the very capable Mr Pema Tsering Gurung, who is assisted by Kalash Khadka, our Field and Residential Staff Manager. Sonam Tsomo, Sangita Lamsal, Palin Subba, and Nyima Lhamu Thurung and Ram Bahadur Tamang complete the office team.

We are also honoured to have an incredible team of dedicated Field Staff who work across all ten kids’ homes, providing training and assistance to kids and Home Parents in their specialist areas. Sonam Sherpa is our Education Manager; Sushma Thapa our Medical Manager and Raja Wani our Services Manager. Extra curricula activities for the kids are coordinated by our Activity Manager Sujata Bantawa along with Yeshi Lama, our Post-School Options Manager. Soni Singh works with Dr Kimber Haddix McKay as our Research Manager. In gathering information on the children Kimber and Soni are measuring the changes in the children’s educational performance, health and happiness. Prakash Khadka and Prakash Lamsal keep our computing and accounting in order, and DB Lama is trekking around the mountains trying to find the parents and families of the children in our homes.

The ISIS Children’s Homes are staffed by 14 amazing Home Parents, one Gardener for all the homes, 31 Didis (Nepali for ‘sister’) and 7 Dhais (Nepali for ‘brother’), caregivers who are resident in the homes. They are: Hem Lal Thokar, Yangdu Sherpa, Ngimee Sherpa (Maya), Lakpa Namgyal Sherpa, Lalit Gurung, Kumri Shrestha, Asmita Tamang, Pradeep Lama, Kanchan Maharjan, Sumitra Pokhrel, Dil Kumari Rai (I), Pasang Dolma Lama, Urgen Lama, Chandra Tamang, Maya Lama, Sangya Lama, Ram Kumar Limbu, Bishnu Gurung, Archana Rijal, Rumesh Giri, Sushmita Bhusal, Sita Rani Tamang (Maya), Pasang Sherpa, Tanka Thapa, Nir Bahadur Karki Chhetri, Ramita Lama, Mingmar Sherpa (I), Pasang Kaji Sherpa, Manjula Shrestha, Bindu Gautam, Reena Lama, Parvati Tamang, Sunita Sharma, Raj Kumari Lama, Muna Dhimal, Sharmila Sunwar (Rai), Chimey Palmo Lama, Kunsang Chodol (Dali), Pasang Dom Lama, Pasang Sherpa, Binita Pakhrin, Sarita Tamang, Chandra Kumari Magar, Ang Bhuji Sherpa, Dil Kumari Rai (II), Sova Shrestha, Rupa Rai, Purna Lama, Tara Shrestha, Krishna Prasad Ghimire, Chand Rai, Mamata Rai, and Tulsi Kumari Rana. We also have casual tutors for the kids, including Pasang Sherpa, Dawa Futi, Jiten Lama, Srijita Shrestha, Chinku Sherpa, and Tenzin Nyima.

Each and every one of the people listed above has worked directly to support thousands of people in need. From the bottom of our hearts, thank you, thank you, thank you! We are proud to have you as members of the ISIS family.
Financials

Since our inception in 1998, The ISIS Foundation has raised and spent over US$4 million to change the lives of children in need for the better. ISIS truly shows that a little bit can go a long way: we now touch the lives of thousands of kids and families in Nepal and Uganda for only around US$1 million a year. We hope to raise additional funds going forward so we can build on the platform we have created to deliver even better service to more people in need.

Income

In 2006 total donations from the business set up by our founders, ISIS Limited, to The ISIS Foundation reached over US$1.8 million since our beginnings in 1998. During this same period donations from individuals, corporations and foundations to The ISIS Foundation have totalled US$2.3 million.

Whilst ISIS Limited has continued to be the Foundation’s single largest supporter and donor, we are hugely pleased to report total donations received by the Foundation reached almost US$1 million in 2006, more than double the contributions received in the previous year.

In 2006 ISIS Limited donated US$355,921 to the Foundation (compared to US$234,650 in 2005). Donations received from individuals, corporations and foundations around the globe totalled US$619,652 (compared to US$240,468 in 2005).

ISIS Limited funds all non-project related management and administration costs for the Foundation. This ensures that 100% of the donations from our external donors either go directly to Nepal or Uganda for partner organisations, to our staff on the ground, or to our two specialist managers working in the USA for research, medical advisory and equipment collection programmes.

Expenditure

In 2006 expenditure on Nepal projects and related expenses almost doubled to US$575,242 (as compared to US$ 272,272 in 2005).

The main components of this expenditure were:

- Our rural development and infrastructure work with our partner Rural Integrated Development Services - Nepal in the Humla

Donations to The ISIS Foundation - Inception to December 31, 2006
region. Transport costs of building materials for latrines, solar lighting and stoves are particularly costly to this remote high altitude Himalayan region.

- The care and support of 136 children who came under ISIS guardianship in Kathmandu throughout 2006.
- Continuing support for our work with our partners Hands in Outreach, the Himalayan Medical Foundation, the Women's Foundation and AMRIT.

Expenditure on Uganda projects and related expenses decreased slightly from US$110,928 in 2005 to US$84,949 in 2006. This was in part due to timing of payments falling outside the calendar year. Our commitment to our Uganda projects remains strong as we seek extra funding to increase our work. We hope to have sufficient funds in 2007 to increase our commitment to both our projects, and particularly we hope to be able to undertake a major project renovating and upgrading the maternity ward of Kiwoko hospital in 2007/2008. We would also dearly like to increase our assistance to people living remotely with HIV AIDS in the Luwero region.

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

<table>
<thead>
<tr>
<th>What would it buy?</th>
<th>Uganda</th>
<th>Nepal</th>
<th>US</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$50</td>
<td>6 months school fees and books for an AIDS Orphan</td>
<td>One month’s salary for a ‘Didi’ (sister) who cooks, cleans and cares for children in a home</td>
<td>4 cinema tickets</td>
<td>One way trip on the Heathrow Express</td>
</tr>
<tr>
<td>US$500</td>
<td>10 bunk beds - accommodation for Mums whose babies are being treated in hospital</td>
<td>4 smokeless stoves, each of which serves a family of around 7 in the Himalayas</td>
<td>A pair of designer jeans</td>
<td>A new mobile phone</td>
</tr>
<tr>
<td>US$3,000</td>
<td>Flight cost from USA to Uganda, for 2 medical specialists to train staff for a full month</td>
<td>Literacy training for 20 children for a year, including solar power to training venue, books, teacher, and blackboard</td>
<td>Annual golf club membership fees</td>
<td>One month’s average salary</td>
</tr>
<tr>
<td>US$12,000</td>
<td>9 years salary for a qualified Midwife</td>
<td>Full support for 3 war-displaced children (food, clothes, housing, school fees, uniforms, books, staff) for 1 year in Kathmandu</td>
<td>1 good quality second-hand car</td>
<td>One year of school fees for one child</td>
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Nayan Singh Nepali’s Story

Nayan Singh Nepali is the oldest child living at the ISIS Children’s Homes in Kathmandu. He loves singing Nepali folk songs. He has a dream to one day become a teacher and to go back to Humla and teach mathematics there.

At the end of 2006, Nayan Singh was working towards his School Leaving Certificate (SLC) examination. This is the first external exam kids sit in Nepal – after SLC, they complete two further years of schooling (usually in a different school to their secondary college). He will be the first ISIS student to sit the Nepali SLC exam, in April 2007.

Some eighteen years ago Nayan Singh was born into a Dalit family in one of villages of Humla. The term ‘Dalit’ refers to the lowest caste in Nepal, similar to the ‘Untouchable’ caste in India. Dalits are treated as second class citizens in Nepal. Having no villages of their own, they usually live in small communities on the outskirts of villages, providing services and labour to those of higher castes. Dalits are discriminated against in virtually every sphere of life in Nepal, including marriage, religious practice, access to land and access to education. Nayan Singh is among the very few in the Dalit community in Humla who have had an opportunity to go school in Kathmandu. He grabbed the opportunity with both hands.

Nayan moved to Kathmandu at the age of twelve, when the civil war became fierce in Humla. He was brought to Humla by DB Phadera, one of the traffickers who ISIS fought for several years to try to stop him bringing children out of the mountains. Since then – six years ago – Nayan Singh has not seen his parents or siblings. He remembers having one younger brother and three younger sisters back at home in Humla.

During his 5 years in the trafficker’s ‘orphanage’ in Kathmandu he experienced some of the worst times of his life. He was sometimes sent begging for food and money, and had to spend days without proper meals. There were often no adults in the orphanage to look after the children, and for a year he was not sent to school.

As the result of poor diet, lack of proper drinking water, and lack of personal hygiene, Nayan became seriously ill in 2005. With no adults in the orphanage to help him he lost consciousness. The other kids in the home surrounded him –they were panicked and didn’t know what to do, fearing that their friend was going to die. However one of the older children contacted ISIS, and we raced out to the home to find Nayan Singh icy cold. He was hospitalised for a week where he was treated for cholera and dysentery.

In August last year, Nayan Singh moved from the trafficker’s orphanage over to the newly established ISIS homes. The other kids call him “Nayan Dhai” which means ‘elder brother’, and they treat him with respect, as one of the more mature and responsible kids. He’s taken some younger kids under his wing, to help them in the transition from the chaos of the undisciplined homes to their more calm and organised lives in the ISIS Homes. He feels that the world is beautiful and full of opportunities. He says ‘right now is the best time of my life’.
Clockwise from top: Nikita and Sunita, two kids helped by Hands in Outreach; a young girl from Humla; Dr Sanga Tenzing from Amrit Tibetan Medical Centre with a young patient, in Humla snows.
Clockwise from top: Dr Sanga Tenzing from Amrit Tibetan Medical Centre with the raw ingredients for Tibetan medicine; two children helped by the Women’s Foundation; ISIS kids with two HI children who are volunteer tutors; making Tibetan medicine; Mum and child at the Women’s Foundation.
Our Nepal Partners

The Women’s Foundation, Kathmandu

The office of the Women’s Foundation is always busy and talkative and full of Mums, and often also their kids. The Mums might be researchers, helping to right a legislative injustice against women in Nepal - there are currently over 100 pieces of blatant discrimination in law. They might be lawyers working on a case for an individual woman - they help women who have been battered and raped to take their case to court, despite the huge legal barriers to justice. They might be a Social Worker, helping out a Mum who has just walked into the office, desperate for help, because she has been beaten and thrown into the streets.

The Women’s Foundation is a wonderful organisation run by smart women with huge hearts and a lifetime of dedication. They help women in a myriad of ways. They have shelters, to house those in crisis. They have literacy programmes for adults, to increase women’s chances of getting employment. They run vocational training, teaching women to make beautiful scarves that they then sell at a shop they run in the tourist district. Their organic farm grows food for the mums and children at the shelters. Their outreach workers help people in the districts to form women’s groups for support and care.

The ISIS Foundation is proud to partner with the Women’s Foundation, and we would dearly love to help them more in the future. In 2006 we provided some funding for staff wages (for a pharmacist, a Guard for the Shelter, and part-time Tutors for the kids), and some furnishings for their shelter.

Hands in Outreach

Hands in Outreach (HIO) is a Kathmandu-based educational service provider. HIO began seventeen years ago when a small group of artists from the USA decided to club together to help kids in Nepal. This group now supports 106 formerly destitute children in Kathmandu, with sponsors around the globe paying for the kids to attend quality boarding schools in the city.

Audette and Bees first became connected with HIO in 1998 when they were trekking in Nepal. While on the trail they met a woman who was part of the Hands in Outreach organisation. It was a fateful encounter and the beginning of a nearly 20 year connection for Audette, Bees, ISIS and HIO. ISIS partners with HIO, supporting the salaries of their three staff, and medical and dental care for all the children. We also lend a hand on an as-needs basis for the children’s families.

This partner organisation is dear to our hearts in many ways, not least of which is that it exemplifies the magical circles in life. For eighteen years – long before the birth of ISIS - Audette and
Bees have sponsored two young Kathmandu girls, Sheela Gurung and Tseten Dolker. Today Sheela and Tseten are beautiful women with a solid education. They are two of eight older kids from HIO who, having had support all their lives from generous HIO sponsors, are now working as volunteers for ISIS, tutoring the trafficked kids in the ISIS homes.

Himalayan Medical Foundation (HMF) and Benchen Monastery

The Benchen Monastery is a lively monastic community next door to the Monkey Temple in Swyambunath, Kathmandu. In 1994 the ‘Benchen Monastery Free Clinic’ was founded by the Venerable Tenga Rinpoche in the grounds of monastery. His vision was to serve the medical needs of the monastery and the local community, comprising both native Nepalese and Tibetan refugees.

Unable to continue to support the increasing costs of a growing clinic, the monastery formed a partnership with the Himalayan Medical Foundation (HMF). Benchen is just one of the eleven clinics around Kathmandu that are overseen by HMF, and after around five years HMF needed help with the costs. So in 2001 we began to partner with HMF to fund not only the salaries of two Health Workers at the Clinic, but also over the next few years to establish a laboratory at the Monastery. We now pay for medical supplies for around 6,000 local people to be treated each year from this Clinic.

Amrit Tibetan Medical Centre

In 2006 we continued to support Dr. Sanga Tenzing, a Tibetan Doctor, to travel village to village in Humla, treating people with Tibetan medical techniques and medicines. Dr. Sanga treats thousands of patients over the course of the year, many of whom are overjoyed to have access to someone who has these specialised skills.

His work begins in Kathmandu, where he links with Shechen Clinic to prepare the medicine he will need for the next few months in Humla. He then travels with these bags of pills, and food supplies, to the border with India, where he gets a flight to Simikot, the ‘capital’ of Humla, around 12,000 feet up in the Himalayas. Once there, he stays in a room that ISIS rents, where he can store supplies and medicines when in the villages. He then hires porters, ponies, yaks or zo’s (a cross between a cow and a yak) to travel with him, and sets off into the mountains. He spends a few days at each village, treating all those in the area who need help, before packing up and moving on to the next village, often a day’s trek up incredibly steep mountains.

In 2007 Dr. Sanga will be spending more time treating people from Shechen Monastery in Kathmandu. So this year, Dr Sanga spent several months introducing another Tibetan Doctor to the patients in Humla’s villages – Dr Kelsang – so that we have continuity of service for our Humli patients.
Clockwise from top: Dr Sanga Tenzing from Amrit Tibetan Medical Centre treating a patient at Shechen Medical Clinic; Chirring Lama from Benchen Monastery Clinic, Himalayan Medical Foundation, with young monks; Benchen Monastery Clinic; (centre) Chirring Lama, Gehendra Mahar, and Kamala Bohara, staff of the clinic; Dr Sanga Tenzing; Ram Gopal Adhikari, Director of Hands in Outreach; Sharon A. Beesley, ISIS Co-Founder, with the family of Sheela Gurung, a Nepali child she has supported through Hands in Outreach for around 15 years.
ISIS Rescues Trafficked Children

Our involvement with children who were in the hands of child traffickers began over three years ago. We began to hear tales from the Humli communities we work with in the Himalayas in North West Nepal, of parents desperately trying to get their children out of the mountains and away from the dangers of being caught up in the civil war raging in the high Himalayas. The security situation there had been so precarious that parents were sending their children down to Kathmandu to try to ensure their safety, and avoid their use as child soldiers by the Maoist armies. This desperation opened the door to child abusers and profiteers.

In May 2004, we heard news of some Humli children being crammed into a dreadful ‘orphanage’ in Kathmandu, that was being run by a child trafficker. We went immediately to see what was happening and found a group of young children in a terrible state. They were underfed, sickly, begging on the buses and streets for money for food, and abused. It was truly awful. As we began to investigate, we found that these children had been brought down from Humla by a Nepali man who saw an opportunity to make a profit from the desperation of Humli families, by offering to take them to safety in Kathmandu for payment, and instead using these children as a way to generate profit.

From that time, we began our battle to get custody of the kids and take them out of this terrible situation. The number of children that we discovered during this process grew from 30 to over 100. Eventually we were fighting for the closure of four awful ‘holding pens’ under the control of two traffickers.

The children that we managed to rescue were being beaten, some were sexually abused, many were very unwell and malnourished, and most had become accustomed to living unsupervised in massive, filthy living quarters. One of the ‘orphanages’ had 64 children under the one roof - they were a sea of unhappy kids, without proper care or love.

Finally, under pressure from both The ISIS Foundation and the Child Welfare Board of the Nepali Government, we got the last of the children out of the trafficker’s hands in late August 2006 and took full custody of them accordingly.

In addition to the children we rescued from traffickers, we have also helped 10 very young ethnically Tibetan children to stay safe in Kathmandu. They had been brought to the city by a Humli friend of ours, to get them away from the war high in the Himalayas. We have also taken these kids under our wing.

We have now established ten children’s homes in Kathmandu, with between 10 and 17 kids in each home. The homes are clean and happy and as much as possible run like large families.
There are up to six children in each bedroom in bunk beds. There are three to four home-care staff (‘Didis and Dhais’) and one full-time Home Parent living in each home (the latter with tertiary qualifications and experience working with kids). The children have clean water, clean clothes, and plentiful food. All the kids are now in school, and they have tutoring in English in the mornings so that we can eventually get them into really good quality schools. After school, they have homework, followed by activities such as sports, games or Nepali singing and dancing, or reading time. They have love and care and hugs and books to read. They are living the way that all kids should live: with laughter and love and safety, for some, for the first time in many years.

Our objective is to provide quality ongoing care for these children, so that they can live healthy, happy, full lives. Ideally we will ultimately repatriate them to their original families, homes, and villages, and support them in that environment. However, this is likely to be difficult (if not impossible) for some time, due to the civil war and the extreme poverty in the Humla region, and so we expect that the fantastic “brood of kids” in our care will be with us for many years to come.

We have a wonderful ‘family links’ service into the children’s home villages. This small team is working in the mountains to find the children’s families, and to at long last re-connect them as families. As at the end of 2006, this team had found the families of over 90 children, and had swapped letters, photos and art between children and parents. They will continue to trek, bus and fly to make sure that every child is eventually linked back to their family and/or village of origin.

Our philosophy in running our children’s homes was developed in consultation with our Nepali staff. It is:

Each child is an individual with unlimited potential.
The light, peace and love in our homes will help to heal past darkness, violence and abuse in the kids lives – with love, trust and honesty, everything is possible.
Our homes are non-violent.
We are here for the welfare of the children in mind, body and spirit – we have homes, not houses.
We encourage fun, laughter and play as well as promoting education.
We promote strong bonds with family, relatives and village culture.
Clean, fit and nutritious = healthy.
Humla is at the heart of our work in Nepal. Ten years ago we began work in this remote, impoverished, beautiful district, a place where few want to work and even fewer want to live. Over that ten years we have worked with several partner organisations, and now, through our latest partnership with a non-Government organisation we helped establish in the district, Rural Integrated Development Services – Nepal (Rural IDS), we have a stable office and talented team of staff working each year to help improve the quality of life for Humli families.
ISIS in Humla

This team is led in Simikot, Humla, by Govinda Nepali, a Dalit man who came to help us from the neighbouring district of Jumla. Govinda has a staff of seven (Sujit Thakuri, Bam Bahadur Rokaya, Haripal Nepali, Sunita Budha, Sher Bahadur Budha, Sarita Shahi, and Pradip Shahi). Govinda’s achievement in running this operation cannot be underestimated – as a Dalit (‘lower caste’) man he has overcome enormous prejudice in order to manage this team. Ordinarily he would not even be let inside the homes of people of a higher caste, let alone be able to manage, advise and encourage them.

In Kathmandu, Muni Raj Upadhaya is the Chairman of Rural IDS and also its Technical Advisor – he imports materials from around the world to manufacture items such as the solar lights we put into homes in Humla. Ram Raja Singh is the Treasurer keeping a watchful eye on the books. Alex Zahnd, a Swiss Engineer, is the RIDS Project Director, steering the group, preparing submissions and reports, training all in research techniques, and putting massive enthusiasm and energy into helping the ‘poorest of the poor’ in Humla.

Another dedicated Nepali, Pradhumna Dhakal, works on the Indian border, helping with the (very complicated) storage and movement of equipment by plane or helicopter up to Humla.

Over the course of the 2006 year, the following transformations took place in Humla as a result of the work of this team in Nepal, and the generosity of ISIS donors:

- 150 smokeless stoves were sold, heavily subsidised, to villagers. Three-day training programmes provided information on how to install and run them, and staff followed up with all those who installed them, in nine villages in Humla. These stoves transform homes - they replace open fires, which are very dangerous in terms of respiratory infection and also burns from children falling into open fires. The stoves also promote less deforestation, as less wood needs to be burnt. This in turn saves much work for women and children, who ordinarily collect wood for up to six hours each day.

- 150 pit latrines had been built in nine villages, thus reducing water borne illnesses, gastrointestinal disease, and diarrhoea, some of the primary causes of infant death in Nepal.

- A safe drinking water system was installed in Tulin, providing safe drinking water to the 220 people living in that village (around 35 households).

- Solar power was installed in two villages - Pamlatum, and Tulin - thus lighting the homes of around 400 people who would ordinarily have to burn smoky resinous wood to see at night.

- Model greenhouses and solar driers were built in two villages, providing villagers with the capacity to extend the growing season from four months a year to up to twelve months, so that food can be provided even over the lean winter months.

- Nutrition projects, where Mums are taught how to make ‘super porridge’ for malnourished children, were run in two villages.

- Literacy projects for mothers and children were run in one village, so that by the end of the year 15 Mums and 15 children could finally read and write in Nepali. The young girl at left is attending one of the projects.

- Slow sand water filters - large urns, which filter water through a series of layers of sand and other filtration materials - were tested in a range of homes in Humla. We are trying to perfect the design of these filters so that they can be used in homes across the region.

- Our research on social and health parameters, which we need to monitor the impact of our interventions, continued. Dr. Kimber Haddix-McKay, who is an Anthropologist based at the University of Montana, is undertaking this research in collaboration with local staff in Humla. She speaks fluent Nepali and has lived or worked (or both) with Humli people since 1995. We believe that the research results will be of keen interest in the field internationally, as it seems that few organisations have ever conducted detailed studies of the social and health impacts of initiatives such as solar lighting in mountainous regions. Already, our data have allowed us to refine the programmes on the ground so that we can better address villagers’ needs. We are currently analysing the data and discussing emerging trends, and will publish results at the end of 2007.

Our work in Humla is kindly and generously supported by the Kadoorie Charitable Foundation and the American Himalayan Foundation.
Paul’s Story

Less than half Ugandan children aged between six and fourteen complete primary school. With AIDS orphans accounting for around 7% of the total Ugandan population there are more kids than we can bear to imagine who need help. But we must at least begin to help, even a little, as every child who we assist can potentially change the quality of life for their family, and those around them. The ISIS Foundation is currently paying the school fees for 20 AIDS orphans, kids who have lost one parent to AIDS. Their other parent is often also infected. Paul is one of these kids.

Paul is twelve years old, and the second-oldest child in his family. If he was living in a developed country, he would probably spend most of his time thinking about cars, girls, sports or music. But Paul’s life is radically different: he was born in rural Uganda.

Paul’s father died of AIDS in 2004. His mother is HIV positive and receiving treatment and nutritional support through ISIS-funded programs at Kiwoko Hospital. Her health continues to deteriorate though, and there is no funding available to give her access to life-saving antiretroviral drug treatment.

This year, with the assistance of The ISIS Foundation HIV/AIDS orphans program, Paul joined Primary 6 in the local Church of Uganda Primary School. School brings him joy and lightness in a world that has been in the past focused on loss and illness. Each day Paul works hard and continues to achieve good grades, and he loves football with his mates during the breaks. With ISIS-funding for education, and ongoing support from Kiwoko Hospital, he has hope of a future different to that of his parents.

Without this education and support, the future for kids like Paul is bleak.
Clockwise from top left: Heidi Nakamura, ISIS volunteer NICU Nurse in 2005, with local kids; a baby in the ISIS-funded Neonatal Intensive Care Unit (NICU); local housing; one of the wonderful nurses in the NICU.
Clockwise from top left: Another tiny NICU patient with a cap knitted by generous donors; Mums sitting in front of the generator we bought, with photos of their babies, all of whom are in the NICU; local kids; some of the boys from the Ebenezer Club.
Helping Kampala Street Kids

The reality of moving these 30 boys from survival on the streets to living in a loving and disciplined home environment was challenging for all. Over the years of this partnership, we have seen the boys transform 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 who have a future full of promise ahead of them.

Late in 2004, with our assistance, the boys moved from a smaller city home to the spacious environment they now call home. The house itself is very basic, but it is surrounded by their own carefully tended vegetable gardens. All in all it's a universe away from struggle they faced daily to scavenge food scraps on the streets of Kampala.

When the staff first tried to get the kids into local schools, the headmasters were hesitant, worried that street kids might be hard to manage at school. But now all the boys consistently pass their year at school, and many have excelled and come close to the top of their class. Six of the kids are prefects or office-bearers in their school.

Back at home the boys are all sports mad – particularly football, volleyball, basketball, and athletics.

Earlier in the year in a flurry of colour and laughter the boys helped out with the painting of their house. As street kids, who would ever have imagined these kids would ever be proudly redecorating their own home!

In 2006 an election was held at the house; seven boys were voted to a team that will assist staff and MIFA to manage the Ebenezer Club. Mutebi James and Mugabi Ronald are proudly heading the new leadership team.

Whilst the boys are now surrounded with clean air and space and wide blue skies their needs are still great. Many have suffered from malaria. Treatment and mosquito nets have helped, but there are many other chronic health concerns including asthma and spinal abnormalities, legacies of the life they have been able to leave behind.

In the future, MIFA wants to move the kids to live on a farm at Namusumbi, about another 30 minutes drive from their current home; the building of a home has begun on the site. The boys visit the farm on weekends and with assistance from ISIS for seedlings and equipment, have planted pineapples, beans, potatoes, cassava and maize. The 2006 crop was fantastic, other than the maize, which was raided by monkeys!

These boys always deserve whatever we can give.
Kiwoko Hospital – An Oasis in the Bush

Follow the road north from Kampala for about 50 miles, avoid the potholes, wind up the windows from the dust-storms that surround all passing cars, and about an hour and a half later, with gritted teeth and rattled bones, you will arrive at Kiwoko Hospital. This hospital is in the heart of the infamous Luwero Triangle. This is the corner of the world where hundreds of thousands of people perished under the terror of Idi Amin during the 1970s. No family was left untouched by loss, and virtually all community infrastructure was destroyed.

Today those people who have remained and rebuilt their lives here walk, cycle, or hitch rides on the back of motorbikes from isolated bush villages to Kiwoko Hospital. All are poor. The vast majority are ‘subsistence farmers’ – people who own a small plot of land, have built a mud home on it, and grow vegetables or (if lucky) have a cow or goat for milk for their families.

Kiwoko Hospital began in 1989, the brainchild of the visionary Dr Ian Clarke. Over the last 17 years, the hospital has grown from a one-man clinic under a tree to become a 15-acre compound, with over 300 staff and 250 patient beds. It now boasts not only a full range of generalist wards, but also provides specialist care for people with diabetes, HIV and TB. They provide dental services, an eye clinic, disability and nutrition services. They provide nationally accredited training to Enrolled Nurses and Laboratory Technicians.

It is an absolute miracle – a wonderful hospital, full of caring and dedicated staff, out in the Ugandan bush.

The hospital not only provides health care – it provides employment to local people who work there, and also to those setting up businesses to provide services to the staff. Small shops surround the hospital, and the market in town is busy on Saturday mornings. Kiwoko Hospital has become an economic hub in this district. Patients fund around 30% of the hospital’s operating costs, with an additional 10% being provided by the Ugandan government, and the remaining funds provided by international donors.

We have been in partnership with Kiwoko Hospital for almost ten years. We have the utmost respect for the staff and hope that our assistance to them can continue to expand in future years – our work with them is limited only by funds.
In 2006 we continued to support the Neonatal ICU (see Pg 24-26), and in addition, we supported the hospital to achieve the following outcomes for local people:

- The 4WD vehicle we purchased for community health care is still providing help into outlying districts. We continue to fund half the running costs of this ‘mobile clinic’, to support the work done by the impressive Moses Ssekide and his team of community health workers. Each year they travel over 25,000km of rough road, trying to reach cattle-keepers in remote areas, providing immunisations to Mums and babies, family planning meetings, training for Traditional Birth Attendants, distributing the materials for building pit latrines, and providing training in local schools.

- 64 patients who have diabetes were supported by the ISIS-funded insulin programme at the hospital. Many of these people are supporting children and grand-children.

Grace is a 24 year old single Mum, a primary school teacher who has two children. She lives in Butuntumula, a tiny village about 15 miles away from the hospital. She first came to Kiwoko in 2006 because she was losing weight dramatically - when she arrived, she weighed only 38kg. She was diagnosed with diabetes and over the course of the year, her blood sugar stabilised with treatment. She is now healthy and has put on 20kg, and is able to work and support her kids again.

- Kiwoko Hospital runs a programme for people living in the community with HIV/AIDS. Many of these people live very, very remotely - you can only get to their homes on a motorbike or on foot, via bush tracks. In 2006, The ISIS Foundation funded the provision of medication, mostly for opportunistic infections, to 91 HIV positive people living remotely. Kiwoko staff provide this medication during home visits throughout the year, where they assist people with medical and family issues, giving them a lift back to hospital if they are unwell.

- We funded medication to HIV positive patients on over 700 occasions at the hospital, largely medication for anaemia, antifungal medication, and antibiotics. Neither ISIS nor Kiwoko has the funds for a programme providing antiretrovirals to these patients - the only drugs that can genuinely save these people's lives. We can extend their lives a little, and reduce their suffering, but the life expectancy of someone with HIV in this district is still around three to five years from diagnosis.

- We provided 946 packages of food and soap to HIV positive patients, providing them with meat, eggs, some cooking oil and soap on a monthly basis. The hospital has found that this support, combined with treatment for opportunistic infections, makes a significant difference in the health of these patients – those receiving nutritional support are far less likely to become seriously ill or require inpatient treatment.

- We pay the school fees for 20 AIDS orphans (children who have lost at least one parent to AIDS). There are 10 girls and 10 boys on this programme, and they range from 5 to 17 years of age. All of them are being cared for by relatives or friends in their local villages – they would not have been able to afford to send these kids to school without our help.

- The ISIS House provided accommodation for a range of visitors, including a pediatrician, hospital auditors, and visiting doctors.
Mary Nakate’s First Days

Mary Nakate’s entry into the world was trouble free. However within days of being born, she almost became one of the 2 million children who die in Uganda each year before reaching their first birthday.

Baby Mary Nakate is the first born child of Sarah, aged 23. Sarah's village is 30 kilometres from Kiwoko Hospital, so as most often happens in rural Uganda, Mary was delivered at her home with the support of a Traditional Birth Attendant.

Sarah recovered quickly from the birth, but baby Mary soon developed a fever. Older women in the village offered their experience and best advice. After the application of traditional herbs to the baby's umbilical cord, she continued to become more and more agitated. Finally she refused to breastfeed and cried to the point of complete exhaustion.

Fearful of Mary's worsening state, Sarah made the journey to Kiwoko Hospital and was admitted to the Neonatal Intensive Care Unit. She was diagnosed with tetanus, a condition which is common in Uganda but rarely seen in the developed world in neonates. She was treated immediately with an anti-tetanus serum, sedatives, antibiotics and anticonvulsants. Muscle spasms subsided after a week, and physiotherapy later helped rejuvenate her traumatised muscles.

To Sarah's joy, four weeks after admission Mary was breastfeeding, gaining weight and looking the picture of baby health! Without the assistance of the Neonatal ICU this little patient would never have been able to receive these life saving treatments.

Before Sarah returned to her village with baby Mary, the Nurses in the NICU spent time with her discussing how to avoid this happening with her next child. In some rural areas, it is common practice to cut umbilical cords with unsterilised knives or spades, and also to put herbal treatments on the cord, both of which can lead to tetanus. Sarah will return to her home not only with a healthy baby, but with knowledge that she will be able share with the other women of her village, thus reducing the chance of other little ones from this village contracting this disease.
Tiny Babies, Big Dreams

Around seven years ago, the doors of the first Neonatal Intensive Care Unit (NICU) in the Luwero district opened at Kiwoko Hospital. Since that time, we have supported this Unit in a myriad of ways – not only with funding, but through consistent support from Deb Lester, a medical specialist who lives in Seattle, USA.

Deb co-ordinates three major programmes: (i) medical equipment collection, where she co-ordinates collection and shipping of supplies from 8 US hospitals to Kiwoko Hospital; (ii) a medical advisory service, so that staff at the Unit in Uganda can email about appropriate treatment regimes for complicated patients, and (iii) training and support for our medical volunteers, usually Neonatal Nurses and Pediatricians, who visit the hospital for a month at a time.
Tiny Babies, Big Dreams (continued)

The staff in Uganda are simply exceptional. There are 11 Nurses, supported by several Nurse Aides, Nursing Students on rotation, and four Ward Assistants, who care for around 400 babies each year. A handful of dedicated Doctors rotate through all the wards at Kiwoko, so they are unbelievably busy. Thus the NICU Nurses are very much the consistent carers of these little ones. Here are the achievements of the NICU team in 2006:

• 366 tiny new patients were seen in the Unit over the year. In addition, 41 babies came back for a follow-up service which is designed to keep a check on progress.

• Over 300 mums were given health education about care of their babies.

• 169 new mums were provided with accommodation near the NICU so they could stay near their babies.

• One new nurse completed her Nurse Registration.

• We supported 10 Nurses to gain further training by funding visits to the biggest NICU in Uganda, at Mulago hospital in Kampala.

• 53 new mothers joined our NICU nutritional programme. This fund was established on advice from the Nurses, who told us that some impoverished mums couldn’t breast feed as a result of poor nutrition. Now mothers get the food they need to be able to recover fully from the birth and effectively breast feed their babies.

• When the babes are just too small, too young or too weak to survive, we wanted to assist the grieving mums to deal with the death and burial of their newborn with dignity. We helped 74 little ones to be buried with love and blessings.
Samuel’s Story

Samuel is a 30 year old farmer, married, and living in central Uganda. His children are aged 8, 4 and 2. They need their Dad to live.

2001 was a bad year for Samuel; he was continually sick and unable to work. He was eventually admitted to Kiwoko Hospital for tuberculosis treatment. He was also found to be HIV positive.

Samuel completed tuberculosis treatment then registered with Kiwoko Hospital to receive HIV care and support services. His health began to improve but as the financial burden of the treatment costs began to critically drain his small income he was forced to abandon his hospital treatment. It’s a bleak cycle - as treatment ceased, his health deteriorated, he became unable to work and unable to provide for his family.

In 2005 we began working with Kiwoko Hospital to provide free treatment to over 100 people infected with HIV. In 2005 Samuel’s world changed when he was selected to receive the ISIS-funded treatment.

Every month Samuel now visits Kiwoko Hospital for his free HIV clinic consultation. Small infections are treated and controlled before they become major health threats. He receives a little food each month (some meat, oil, or eggs) which helps to keep his body as resilient and strong as possible. Samuel can again work in his garden and provide food for his family. The treatment means he will live longer with HIV, with a later progression to AIDS. Quite simply, this means that his kids have a far better chance of staying alive – the research shows that for every year you keep a parent alive, the children will stay alive for at least a multiple of that year, if not until adulthood.

As the money he used in the past for treatment is saved, he is able to pay for his children to attend school and have the chance to create an independent future for his family.

When asked what he would say to the people who provide his treatment he replied “Obwavu tebukumanyiso akwagala.” This translates from the Lugandan: “If I am poor, you can’t know that I love you”. What this means is that if he could, he would buy gifts for the people who help him and his family as they live with the effect of HIV; the reality is that his only way of showing gratitude is to say ‘thank you’. For all of us at ISIS, it is a privilege to help Samuel and we wish we could do more to support him and his family, and the huge number of others living with HIV in the district surrounding Kiwoko Hospital.
Our 2006 Supporters

The ISIS Foundation has received unprecedented support from donors during 2006. The total donations from ISIS Limited and third party donors grew to almost US$1 million, nearly double our donations in 2005. As our work continues to expand on the ground, and because of the huge need in the communities that we are working to assist, we very much hope to receive ongoing support to enable us to continue to help kids suffer less, and live longer.

In addition to many of our supporters and donors who wish to remain anonymous, the following individuals and groups assisted us in 2006, either with donations, by providing services free of charge or at a vastly reduced cost, or by donating valuable medical equipment to our projects.

Foundations and Trusts
The Kadoorie Charitable Foundation, Hong Kong; The American Himalayan Foundation, USA; The Grieg Foundation, Norway; The Sarlo Foundation, USA; Ark Charitable Trust, U.K.

Special Funds and Events
• Carolyn Burgett Lowenstein Memorial Fund.
• Kathmandu Kids Club.
• Out of Africa Event (Boonstra and Vacher families).
• Viv Francis Nurse Training Fund.

Individuals, Couples and Families
Andrew Banks and Pam Gordon; Sue and Rory Barclay; Colin Barnes; Susan Bellamy; Albert Benchimol; Rodney Birell; Sheila Brown; Michael and Zoe Butt; Jean & John Campbell; Robert Chender; Jeff and Ede Conyers; Julia, Andrew and Ben Cook; Patrick Dumas; Karen Esdale; Audette Exel; David Ezekiel; the Feathers family; Todd Fonner and family; Lucy Garca and family; Michelle Garnaut; Helen Gibbons; Noel and Dorothy Gonsalves; Chris and Liz Greetham; Shakir Haq; Brian Hall; Guy Hands; Kerri Howland and family; Keith Hynes; Jon Kamofsky; James Keyes; Stephen Leonard; The Lowenstein Family; Dimitri and Tammy Mnushkin; Paul O’Shea; Benita Powell; James Rice; Markus Shaw and family; Julie Schofield; Michael Schroter; Alana Smith; Justine Squire; William Thompson; John Weiser; Jon Yoskin.

Groups and Workplaces
African AIDS Angel sellers in Seattle, USA; Attride-Stirling and Woloniecki; Bank of Bermuda (HSBC); BELCO; Bermuda Government Donors; Cambridge Beaches Hotel; Children’s Hospital, Seattle (NICU and Biomedical Group); Cox, Hallet Wilkinson; Ernst & Young, Bermuda; Evergreen Hospital; IAS; The Island Press; Industrial Crating and Packing; Insight Visual Communications Ltd; KPMG, Bermuda; Marsh Management Limited; Max Re; Northwest Hospital; Pembroke Rotary Club, Bermuda; Providence Everett Hospital; RBK Marketing; Renaissance Re; Simulaid; Swedish Hospital; Tacoma General Hospital; University of Washington; Whidbey General Hospital.

Thankyou, thankyou, thankyou!
The A-Z of Helping ISIS Kids

It is thanks to our staff, partner organisations and supporters that we have been able to exceed our dreams in working to make a positive change in the lives of kids in dire need. If you would like to be a part of ensuring that more kids live happy, healthy, and long lives, there are a number of ways in which you can help.

For more details on each of the options below, contact our Executive Officer, Leonie Exel, on leo@isis.bm, unless another contact is mentioned.

- **Become a long-term, Administrative Partner** - we are seeking a major partner (corporate or individual) to work together with The ISIS Group to expand our work substantially going forward. To do that we need to better resource key management and administration teams, in Bermuda and in Australia. We are looking for a partner to work with The ISIS Group to significantly grow and support The ISIS Foundation, perhaps as part of a Corporate Social Responsibility Programme.

- **Climb Mount Everest in 2008** - Join the team planning to climb to Everest Base Camp, raising funds for ISIS kids as part of the challenge. Contact pia@kathmandukidsclub.com for more details.

- **Contribute Goods or Services** - Maybe you or your company could provide free printing or help with design of written materials? There are endless ways to lend a hand. If you have ideas which you think can help, then email us.

- **Donate** - log onto www.isis.bm to find out how, or look at the card enclosed in this report, or donate directly with your credit card on www.donations.bm or www.justgiving.co.uk (UK taxpayers). Our target to meet our project needs for 2007 is US$1.7 million, and we need your help urgently to make that goal.

- **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 our Clinical Practice Manager, Uganda Deb Lester on deb@isis.bm to see if we can use the equipment that you have.

- **Give the gift that lives on** - remember us in your Will with a bequest.

- **Join our Kathmandu Kids Club & Volunteer in Bermuda** - Become part of the club, become a patron, or give a gift membership to someone for their birthday. Our website www.kathmandukidsclub.com has all the details on how to get involved.

- **Make The ISIS Foundation the beneficiary of your corporate events** - raise funds for us at your next corporate event.

- **Send a bag of children's vitamins to Kathmandu** - log onto www.kathmandukidsclub.com and find out how to courier vitamins to 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.

- **Sponsor a Project for US$10,000 - $15,000** - you, your family, place of worship, company or school can 'parent' one of our major projects. Would you be interested in funding all the treatment from Benchen Monastery in Kathmandu, helping 6,000 people a year? How about helping to support a street kids’ home in Kampala?

- **Tell a Friend** - tell someone about our work, and encourage them to help our communities too. Give them this report and encourage them to donate, too.

- **Throw A Kat Kids Party in Bermuda** - It could be a kids' party where people bring donations instead of presents, or maybe a champagne tasting, or a Nepali dinner dance. Email megan@kathmandukidsclub.com for more info on how to join the growing number of people who have thrown parties in aid of the Kathmandu Kids Club.

- **Volunteer in Uganda** - If you live in Seattle, USA, and are a Neonatologist, Paediatrician, NICU Nurse, or Obstetrician, and you can volunteer for at least a full month in Uganda, please email Deb on deb@isis.bm Also email her if you would like to volunteer by transporting and packing equipment into the container in Seattle.