

# **SIX MONTHLY REPORT**

## ***THE ISIS FOUNDATION***

**1 JULY, 2000 – 31 DECEMBER, 2000**

### ***The ISIS Foundation***

35 Crow Lane  
East Broadway  
Paget HM 20  
Bermuda

Tel: 441 232 9001  
Fax: 441 236 1999  
E-Mail: [isis@ibl.bm](mailto:isis@ibl.bm)  
Website: [www.isis.bm](http://www.isis.bm)

## SUMMARY OF PROGRESS TO DATE

### 1.1 The Uganda and Nepal Projects

Detailed reports on each of the projects follow in Sections 2 and 3.

In summary, we are pleased with our progress during the last six months in both Uganda and Nepal. Both our projects are moving forward, and we hope to expand each of these projects in the year ahead.

In **Uganda**, principal objectives achieved during the last six months have included:

- completion of a Special Care Baby Unit at the Kiwoko Hospital;
- inauguration of the Special Care Baby Unit in November by the US Ambassador, Mr. Martin Brennan;
- acquisition of specialised equipment for the Special Care Baby Unit i.e. incubators, suction pumps and monitors;
- employment of Nola Henry (senior registered nurse) to spend four months at the Kiwoko Hospital, from August to November. Nola's role was to implement protocols and train hospital staff for the Special Care Baby Unit; and
- funding of the leader of the Kiwoko Hospital community based health project, Ssekidde Moses, to attend the Health Administration Diploma programme.

*The ISIS Foundation's* achievements in **Humla, Nepal**, in the last six months have also been pleasing. We have:

- in partnership with the local community, funded and completed the rebuilding of the Yalbang school;
- begun implementation of a one year health care pilot project with our local partner, which is a Nepalese based Non-Government Organisation ( NGO), USC Canada, Nepal (USC);
- agreed the objectives for a three year health project with USC, to commence in May 2001, following completion of the current first year project; and
- employed a full time Nepalese staff nurse, Krishna Shresthra, as our health project co-ordinator for Humla.

### 1.2 Donations

We have received donations and commitments totalling approximately US\$528,187 since we began *The ISIS Foundation* to date. Of this amount, \$302,235 is earmarked for the Uganda

Project, \$112,204 for the Nepal Project, and \$113,748 for general expenses relating to either project.

*ISIS Limited*, the profit-making company established by the same three partners who set up *The ISIS Foundation*, has paid \$554,828 in administration costs for *The ISIS Foundation* to date. *ISIS Limited* will continue to pay all administration costs of *The ISIS Foundation* going forward, as long as it is able to do so.

Thus:

- all monies donated to *The ISIS Foundation* have gone directly to project costs - every dollar donated goes directly to the *ISIS* projects in Nepal and Uganda; and
- *The ISIS Foundation* has paid no administration costs whatsoever.

The Audited Accounts of *The ISIS Foundation* for the year ended 31 December, 2000 are attached to this report.

### **1.3 Tax Status**

We have not yet completed our application for tax status as a registered charity in the United Kingdom, and will keep donors informed as we do move forward on that application. We may also apply for registered charity status in Australia during 2001. We are maintaining our relationship with the International Charitable Fund of Bermuda, Inc., in order that US donors may receive tax deductibility for donations to *The ISIS Foundation* if they choose to do so.

### **1.4 ISIS Website**

Our website ([www.isis.bm](http://www.isis.bm)) is up and running, and provides detailed and up-to-date information on our work and projects. All donors have been provided with a username and password to access the donor reports and financial statements, in the section for donors.

**KIWOKO, UGANDA**  
**ISIS HEALTH CARE PROJECT**  
**1 JULY, 2000 TO 31 DECEMBER, 2000**

## **2.1 Background and Project Objectives**

As mentioned in our previous six monthly reports, the Uganda Project commenced in 1999 after a six-month research trip in early 1998. *ISIS* has combined forces with the Kiwoko Hospital, a local Ugandan hospital, in order to assist in providing health care and education to outlying areas.

The current objectives of the Uganda Project are:

- to provide services to local children by the construction and staffing of a Special Care Baby Unit (ICU) at the Kiwoko Hospital; and
- to consider extending the ICU services to ante-natal and post-natal care in the region.

In 1999, *The ISIS Foundation* provided funding for a 4-wheel drive mobile clinic that continues to be used by the Kiwoko Hospital as part of its community based health care outreach project. We also funded the construction of a Community Health Care Hall, which continues to be used for a wide range of health care and literacy training, and as a base for the community-based health care team of the Kiwoko Hospital.

## **2.2 Current Status of the Project**

*The ISIS Foundation* has had a busy last six months in Uganda. Our achievements have included:

- construction of the Special Care Baby Unit;
- inauguration of the Special Care Baby Unit in November by the US Ambassador, Mr. Martin Brennan;
- acquisition of specialised medical equipment for the Special Care Baby Unit;
- Nola Henry spent four months training local hospital staff and implementing new protocols for the Special Care Baby Unit; and
- in line with our earlier work, we also continued funding use of the four-wheel drive as an outreach mobile clinic.

### **2.2.1 Staff**

In our last six monthly update we reported that we had been lucky enough to employ an Australian senior registered nurse, Nola Henry, to work with *The ISIS Foundation* on both the

Nepal and Uganda projects. Nola was invaluable to us during 2000, and we very much look forward to her continuing to work with us.

Nola spent four months at the Kiwoko Hospital as the *ISIS* ICU Consultant. Her primary role was to develop appropriate protocols for the Special Care Baby Unit and to train the local staff. She also did research on mortality rates for newborns in the hospital. We are very pleased to see that since the resuscitation training in May 2000, there was an increase in the survival rate of premature newborn babies at the hospital.

Part of Nola's work was post-natal check ups on babies after discharge from the Special Care Baby Unit. It is very difficult for mothers to spend the appropriate length of time at the hospital due to family responsibilities back home. It is thus very important to have a post-natal service available in which a midwife can visit the mother and newborns on a regular basis to prevent any complications and also to continue with the necessary care. We plan to continue both ante-natal and post-natal work from the ICU going forward, in partnership with the Kiwoko Hospital.

Uganda was struck with a terrible crisis in October 2000: the Ebola virus was discovered at Gulu, about 4 hours north of the Kiwoko Hospital. Nola was at Kiwoko at the time. The following is an extract from one of her weekly reports

**A week in Nola's life at the Kiwoko Hospital, Uganda:**

*"Well a week dominated by the Ebola virus. Everything else seems pretty mundane by comparison but the hospital here has fortunately not had to deal with anything so serious.*

*The little "scraplet" baby now is a massive 1.5kg and he is being discharged tomorrow. To add to his troubled start in life it would appear that the father has abandoned him and his mother and all attempts to contact him over the last few weeks have proved futile. The mother is returning to her parent's home in Kitgum, which alarmingly is in the Ebola zone to check on her other 3 children. 2 she knows for sure are with her parents but the youngest she thinks is with the father wherever he may be. We have sorted out her bill for her and I have given her some travelling money and enough for a while, so we have done all that is possible to help. She is so grateful it is rather embarrassing and she has called the "scraplet" Henry, so that is sweet.*

*This week has made me realize that this is the "real Africa", this day-to-day struggle just to survive, this battle with disease and war. The "real Africa" that western tourists speak of and seek out; that of game parks and animals, waterfalls and beautiful scenery, that is a luxury that only those from outside can appreciate and enjoy. For those who live here, whose true home it is, there is no luxury, just, if they are lucky, a chance to live another day."*

*Nola Henry, ISIS ICU Consultant*

*17<sup>th</sup> October, 2000*

**2.2.2 Special Care Baby Unit**

Thanks to a generous donation from Mr. Brian Hall of Bermuda, *The ISIS Foundation* began construction of a Special Care Baby Unit at the Kiwoko Hospital in October 1999. The ICU was finally finished in September 2000.

The ICU has been equipped with specialised equipment which is rare in Uganda, such as incubators. Much of this equipment and training materials has been sourced and donated by Debbie Anzalone, to whom we owe a great debt of gratitude. Debbie is a highly specialised neonatal ICU nurse, who has worked tirelessly to provide *The ISIS Foundation* with an enormous amount of invaluable equipment, as well as training Kiwoko Hospital staff on behalf of *ISIS* in ICU procedures earlier in 2000.

The Special Care Baby Unit was officially inaugurated in November 2000 by the US Ambassador, Mr. Martin Brennan.

Going forward, *The ISIS Foundation* will focus on the following goals for the Special Care Baby Unit:

1. to provide a suitable working environment by ensuring the building is weatherproof, has a reliable power supply and back up, adequate water storage and a separate isolation room;
2. to provide appropriate equipment for efficient running of a unit, and to ensure staff are trained in correct use of the equipment and are confident to use the equipment;
3. to have designated staff assigned to work in the Special Care Baby Unit; and to provide training and support to the staff; and
4. to help establish and introduce working protocols for the Special Care Baby Unit, with the aim of decreasing infant mortality and morbidity.

In addition, *The ISIS Foundation* is endeavouring to link the Special Care Baby Unit to the broader issues of Safe Motherhood. If we can create a sustainable ante-natal and post-natal programme linked to the ICU, this should result in safer pregnancy, safer delivery and better ante and post-natal care for high risk patients. *ISIS* hope that Nola will return in the next few months, once nursing personnel have been secured for her, to continue her training and to oversee the next phase of implementation.

### 2.2.3 AIDS Care Programme

Shortly before sending this report, *The ISIS Foundation* was delighted to receive a US\$4000 donation from the Anglican Church in Bermuda, to be used towards Aids Care in Uganda. The money will be used for treating people living in Uganda and who have AIDS. We will detail in the next six monthly report how the money has been used.

AIDS is a massive problem in Uganda, as in the rest of Africa. Kiwoko Hospital deals with AIDS and HIV positive patients on a daily basis. The full extent of the problem is highlighted by a report of Dr. Nick Wooding: Kiwoko Hospital Superintendent, as follows:

### **Excerpt from Dr. Wooding's recent AIDS Proposal to *The ISIS Foundation*:**

- *According to the Ministry of Health 70% of medical in-patients in Ugandan hospitals will be HIV positive. At Kiwoko it is possible to have 100% of the adult medical in-patients suffering from an AIDS related illness.*
- *A recent survey of the children with malnutrition treated at Kiwoko showed that of the 60 children, 15 had a HIV test. Of these tests 13 out of 15 were positive.*
- *The hospital has been assessing HIV positivity rates in the ante-natal clinic for the year 2000, and about 13% of the mothers are HIV positive (804 tests done). 6.2% of them are VDRL positive (i.e. have syphilis).*
- *There is now a requirement for couples to have an HIV test before they marry, and the hospital gets many requests for tests. 13% of men and 14% of women planning to marry were found to be HIV positive.*
- *The background for the country is now 9-10% of the population are HIV positive, the majority being young adults.*

*Kiwoko Hospital is caring for the victims of AIDS. Organisations that support people at home (such as Plan International) will refer them to Kiwoko when the patient needs hospital treatment, rather than to the other health units available. We subsidise treatment for many sufferers, by at least 50% and often 100%. They are destitute and would be abandoned otherwise by families who would use their meager resources for those with a future. Constant ill health has also meant that many of them cannot work long enough in their fields to grow enough food, so malnutrition further weakens them. The hospital has been giving out food supplements, but many would prefer to work since handouts can be dehumanizing. The hospital has also been addressing this, allowing them to work so they can preserve their dignity.*

*Finally, this impacts on all generations – the children who are orphaned and cannot afford school fees, the babies born to HIV positive mothers (who account for about 16% of Uganda's population of HIV positive individuals), the widows who need the safety of a marriage to survive, and may remarry and infect another person, and the grandparents who have invested everything in their children only to see them die of AIDS. Therefore the spectre of AIDS hangs over all people, whether they are infected or not.*

*Dr. Wooding, Medical Superintendant, Kiwoko Hospital*

*December, 2000*

#### **2.2.4 Mobile Clinic**

The four-wheel drive vehicle, purchased by *The ISIS Foundation*, continues to act as a mobile clinic to outlying areas for the Kiwoko Hospital. It is now used daily for outreach primary health care and training.

### **2.3 Looking Forward**

The next six months will be extremely busy in our work in Uganda. Our plans include:

- Debbie will return to Kiwoko for two weeks of neonatal intensive care training in March 2001;
- *ISIS* hope that Nola will return in the next few months, once nursing personnel have been secured for her, to continue her training and to oversee the next phase of implementation;
- We will continue to provide additional equipment for the Special Care Baby Unit, until it is fully equipped;
- Dr. Lisette Pietersen, specialising in Pediatrics, will visit for two weeks of doctor training in March 2001;
- The leader of the community based health care team, Ssekidde Moses, will graduate on the 1 March, 2001 after successfully completing his Health Administration Diploma in February 2001, funded by *The ISIS Foundation*; and
- Dr. Swart will spend March at Kiwoko Hospital to assess the options for a Safe Motherhood project in the area.

We have been very grateful to receive donated physiotherapy equipment from Bermuda which will be forwarded to the Kiwoko Hospital in February.

**HUMLA, NEPAL**  
**ISIS HEALTH CARE PROJECT**  
**1 JULY, 2000 TO 31 DECEMBER, 2000**

### **3.1 Background and Project Objectives**

As set out in previous reports, *ISIS* works in Humla, Nepal in partnership with USCCN (Unitarian Service Committee of Canada) Nepal (USC). USC has been active in Nepal since 1977 and has grown to become a prominent agency there, promoting human development. Its programme goals are focused on reducing poverty, protecting the environment, ensuring sustainability primarily through agriculture (food security), savings and credit, water, sanitation, education and training, health and nutrition and women's development.

USC has been working in the Baragaon and Thehe areas (Humla district) for nine years and the Syanda and Chhipre (Humla district) areas for two years. Significant inroads have been made into the first two priority areas. Even without a specific health programme to date, USC programmes in sanitation and environment, safe drinking water, literacy and sustainable agriculture have impacted on the health status of these four VDC's (Village Development Committees). USC have also at various times conducted courses for traditional birth attendants (TBA) training, and traditional healer awareness and education in primary health issues. *ISIS* has joined forces with USC to focus specifically on providing health care services in the areas that USC is currently working in Humla.

*ISIS* and USC agreed in early 2000 to jointly fund and manage a twelve-month project in the Humla region. The pilot project commenced in June 2000, and involved the following:

- employment of a full-time Nepalese staff nurse;
- training and recruitment of village health workers;
- organisation and oversight of specialist surgical camps;
- liaison with local government health staff; and
- implementation of an outreach primary health care programme, where the nurse and health workers assist villagers by travelling to remote locations.

Our project objectives for our work in this region have been:

- to improve the quality of the health of the local population by establishing an outreach primary health care programme;
- to gain access to regional children in order to provide health education, by rebuilding the local government school in partnership with the local community; and
- to facilitate specialised surgical camps for the area.

### **3.2 Maoist Activities**

Nepal, like so many developing countries, is fraught with civil unrest and governmental problems. In the last few months, there has been a very strong increasing presence of Maoist

rebel groups attacking Government targets throughout the country. Unfortunately, they are very active in Humla. Various incidences were recorded over the last couple of months involving mainly Government institutions and NGOs. Most alarmingly, in a recent attack, the Maoists burned and looted our partner, USC's, office and injured one staff member.

As a result of this incident all staff, including *ISIS Foundation* staff, were called back to the Kathmandu office until further notice. Shree Ram Shresthra, USC Country Director, will be visiting the area in January 2001 to discuss the immediate future of the project with local communities and government. We will then jointly make a decision with USC as to when and if our Humla project will recommence, and will give more details in our next report as the situation develops.

Unfortunately, as a direct result of the Maoist attack in Humla, the *ISIS* nurse, Krishna Shresthra, has decided not to return to Humla and has taken another position in a city area. This has been a blow to the *ISIS* project as recruiting suitable local nurses for such a remote project is extremely difficult. We will be looking to replace Krishna and add another couple of staff to the team, as soon as we have a clearer understanding of the viability of the situation.

### **3.3 Current Status of the Project**

Despite the very recent problems with the Maoist activity in the area, progress has been steady in this remote area of Nepal in the last six months.

#### 3.3.1 We have:

- in partnership with the local community at Yalbang, funded the rebuilding of the local school, which has now been completed;
- implemented the joint twelve month health care project with USC;
- employed a Nepali staff nurse as of June 2000 for the Humla project who worked in the Humla region treating and training villagers until December; and
- agreed with USC on the outline of a three year health and education project in Humla and the indicators for the next three year health plan for Humla commencing in May 2001.

#### 3.3.2 Educational Trust:

*The ISIS Foundation* is currently in the process of considering whether or not to expand our current Nepal-based activities to include an Educational Trust. There is a critical link between health and education, and we believe that funding of appropriate education projects has a direct beneficial impact on the health of children.

We have learnt in the last twelve months that our projects can be halted for reasons beyond our control (such as civil unrest or disease) at no notice. We would like therefore to expand our operations to fund and partner with local groups that are focused on on-going education and training that can be sustained, even in times of crisis.

In Nepal, less than a third of the eligible children are successfully completing primary education, and of these only just over a quarter are girls. Many schools are staffed by untrained teachers, in others the teachers are absent. One-fifth of all children never see the inside of a classroom.

*The ISIS Foundation* is beginning a due diligence process to ascertain the feasibility of partnering with and funding a few select groups that we have followed for the last few years. We will report in the next six monthly report on the outcome of that process, and the fundings and relationships that we put in place accordingly.

### 3.3.3 Yalbang School:

The building of the Yalbang School was successfully completed in November 2000. The school has 85 registered students with 52 regular attendees. It consists of Class I – Class VII and has five full-time teachers. The rebuilding of the school was a joint effort between the community and *ISIS/USC*.

The community provided free transportation of equipment and building materials, and they also donated a cash amount to initiate the building process. The end result is a beautiful seven-room school with two toilets, blackboards, benches and books.

We hope to inaugurate the school this summer.

Our nurse, Krishna, spent a great deal of her time focused on educational issues in the last six months. The following is an excerpt from one of her reports on the *ISIS* Programme for school health education in Humla:

#### **School Health Education**

*"Health coordinator took the basic health education classes at Ralling Secondary School, Bargaon. The students were divided into 3 groups; class 1-5, class 6-7, and class 8-9. Each group was taught for 2 days. Those students who have participated the health education class are 35, 9 and 8 from the classes 1-5, 6-7, and 8-9, respectively. Most of the students have dirty hand and clothes. The worm is common problem for them. Therefore, the focus on the classes was made especially in sanitation. Girls were also educated on safe delivery. They assured that this message would be passed to other village women too. Its major impact is those now days you see the improvement the students made in the cleanliness habit. Students are found very much interested in this class."*

*Krishna Shrestha, ISIS Health Project Coordinator*

*November, 2000*

Routine visits by the *ISIS* nurse to schools such as the above enable us to reach the younger children in the area. This provides a critical link in implementing preventative care into the region. It also gives the *ISIS* staff a great opportunity to educate children on various health issues.

### 3.3.4 Three Year Health Plan for Humla:

During the last two years of recurrent visits and work in Humla, and after participatory needs assessments were carried out, *The ISIS Foundation* and USC have identified and agreed on a three year Health Care Project after completion of the initial pilot project in March 2001. The main indicators to be addressed for the Three Year Project are:

- Acute Respiratory Infection
- Immunisation
- Safe Motherhood
- Diarrhoeal disease
- Worms
- Malnutrition
- Health Post facilities
- Health staff training and support

*The ISIS Foundation* hopes that by focusing on the above indicators over the next three years, we can assist in alleviating the current abysmal health status of the people living in Humla, Nepal.

Dr Swart and Sharon Beesley will be meeting with USC in Nepal in February, to consider finalising the terms of the three-year project with USC, subject to civil unrest issues and safety concerns being addressed. We anticipate signing a formal agreement with USC in the next six months to outline our ongoing relationship with them. We have very much enjoyed our partnership with them and see it expanding as we go forward.

## **3.4 Looking Forward**

As can be seen from this report, we have a busy few months ahead of us in both Nepal and Uganda.

By the next report, in Uganda, we hope to have established the ICU, fully equipped with fully trained staff in operation. We also hope to have begun a Safe Motherhood Programme that encompasses ante-natal and post-natal care.

In Nepal, we will be working on formalising our relationship with USC and commencing a much longer term health care project in Humla, building the Chawganphaye Hostel, adding new Nepalese nurses to our team and creating an educational trust. We also hope to establish formal office space in that time and confirm the appointment of a full time project manager for Nepal, based in Kathmandu. Dr. Swart will visit Pokhara in February to finalise an agreement with INF (Nepal NGO) regarding a surgical camp in Humla during May 2001. Much of our progress on those objectives will be governed by the on-going political situation, which we will continue to monitor closely.

## **CONCLUSION**

We have had a busy six months, and are pleased to find ourselves on target with both our projects. The process of working with local communities to jointly create sustainable projects can be slow and frustrating, but immensely rewarding in the long term. We are happy with our partners and progress in both Nepal and Uganda, and look forward to continued growth moving into this year.

Once again, our grateful thanks to all those who have supported us.

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**Dr. Charles Swart**

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**Audette Exel**

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**Sharon A. Beesley**

February, 2001