



# **Six Monthly Report**

*The ISIS Foundation*

**1 January, 2002—30 June, 2002**





*The ISIS Foundation*  
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## 1. Management and Administration of *The ISIS Foundation*

We are proud to present our mid-year six monthly report, after an incredibly busy and productive period for the Foundation in 2002. Despite political and economic difficulties, both on the ground and worldwide, we continue to be delighted by the growth of *The ISIS Foundation* and the support and encouragement we receive.

### 1.1 Staffing and Project Visits

#### 1.1.1 Nepal

Details of our Nepal projects follow in the next section of this report. In relation to staffing and project visits, Dr. Haddix McKay, our Nepal Country Manager, is now working from the USA, owing to our concerns about the level of increasing violence in Kathmandu. As a small Foundation, we cannot provide the security resources to ensure staff safety in such situations, and would rather be safe than sorry! In the last six months, from her US base, Kimber has worked on both our Nepal and Uganda projects.

Leonie Exel, the General Manager, spent time with partner agencies in Nepal in January and February. Audette Exel, the CEO of *ISIS*, will be in Nepal, security dependant, in October this year.

#### 1.1.2 Uganda

We have had a busy calendar working with Kiwoko Hospital this year. Early in the year, Audette and Leonie Exel visited Kiwoko Hospital – our partner agency in Uganda - to deliver medical equipment to the Neonatal ICU and to begin to develop an expansion of *ISIS* assistance to the hospital. Our thanks to Nick and Kate Wooding, and the wonderful team of staff at the hospital, for the hours spent talking, planning, and developing innovations for our work in Uganda.

In May, as a result of an invitation to tender for grants for HIV/AIDS health literacy work from a large corporate foundation, Leonie Exel and Kimber Haddix McKay worked with the staff on the design of a major programme.

Most recently, Mary Asner, a neonatal specialist from Seattle, spent two weeks at the hospital training staff of the Neonatal ICU in resuscitation, thermoregulation, hypo/hyperglycaemia, intravenous therapy, and nutrition. Huge thanks to Mary for this work.

We have an ongoing schedule of visits and training programmes to Kiwoko booked for the remainder of the year, and continue to be delighted as our partnership with the hospital grows.

## 1.2 Donors and Donations

### 1.2.1 *ISIS Limited* Donations

*ISIS Limited* supported the Foundation with funding of over \$160,000 for head office, general, and administrative costs over this period. This brings the total financed support from *ISIS Limited* to *The ISIS Foundation* to approximately US \$1 million since inception.

*ISIS Limited* not only oversees the running of the Foundation, but pays for Head Office items such as the salary and benefits of the General Manager's position, non-project related travel costs, printing, stationery, rent, utilities, telephone costs, accounting and audit expenses, secretarial staff, registration and legal costs, and production of the six monthly reports to donors and NGOs.

### 1.2.2 Non-*ISIS* Donors: Generosity from Around the World

We are delighted to be able to advise that our donations from non-*ISIS* donors in 2002 are likely to increase substantially from our donations from 2001.

In 2001, we received a total of \$122,839 from donors in the USA, Bermuda, Hong Kong, and Australia.

By 30 June, 2002, we had received around \$ 110,000 from donors in the USA, Bermuda, Hong Kong, Australia, and Japan. The Project Pinnacle donations referred to in Section 1.3, which we expect to receive later in the year, will ensure that 2002 is the best year in our history for donations. We continue to be humbled by the support we receive from all corners of the globe.

### 1.2.3 Equipment Donations

Deb Lester, *ISIS's* Uganda Special Projects Manager, continues to receive donations of equipment and medical supplies from five hospitals in the Seattle region. Equipment and medical supplies are desperately needed on our projects, and always gratefully received. Our thanks to staff and friends of:

- Seattle Children's Hospital Infant ICU.
- University of Washington Medical Centre Neonatal ICU.
- Evergreen Hospital Neonatal ICU.
- Providence Everett Hospital Neonatal ICU.
- Swedish Medical Centre Labour and Delivery.

### 1.3 Project Pinnacle and ACE Limited – the Kilimanjaro Expedition

In the last six months, *The ISIS Foundation* has been the recipient of the generosity of a wonderful group of adventurous fundraisers.

In late June 2002, a group of fifteen ACE Limited employees and their associates trekked up Mount Kilimanjaro, Tanzania, the highest mountain in Africa. Each of them had raised at least US\$10 000 sponsorship for *The ISIS Foundation*—and ACE Limited will be matching the donations they received. In total, donations should reach around US \$300 000.

**“This was the most difficult and humbling, but also the most awesome experience of our lives,” said Edmina Bradshaw from ACE Limited, who spearheaded the climb.**

**“We could not have done it without teamwork and collaboration or the encouragement of the guides and porters who accompanied us and who gave us the confidence to carry on to reach our goal.**

**“The thought of the children in Nepal and Uganda who will benefit from this expedition as well as the hundreds of people who have sponsored us on their behalf, helped spur us on to the summit.”<sup>1</sup>**

Enormous thanks to the following brave fundraisers:

From ACE worldwide: Roger Gillett, Patrick Mitchell, Deborah Smith, and Keith White from ACE’s Bermuda offices; Tim Fisher, ACE INA (Washington); Gregory Kelder, ACE INA (Philadelphia); Joanne Massey, ACE INA (Westchester); and Leo Takagi, ACE Japan.

The team of climbers also included Walt Massey, Taylor Lane from Guy Carpenter in New York, Miyoki Oda and Dr John Tanner, the team physician, accompanied by Petra Tanner and Kenny Tanner.



Plate 2: The Kilimanjaro Team above the clouds

<sup>1</sup>Article in ‘Insurance Day’, 24 July, 2002

# **Nepal Activities**

## ***The ISIS Foundation***

**1 January, 2002—30 June, 2002**



## 2. Nepal Activities

We are proud to report that, despite a worsening political, economic and security situation in Nepal over the last six months, that our partner agencies and Nepal Country Manager have continued to focus on the needs of the people we serve in the country.

Dr Haddix McKay is now working from the USA as a result of safety concerns – a situation she finds frustrating as her heart is in Nepal in general, and Humla in particular. However she is able to continue to work with NGOs via e-mail, and is at the moment finalising research on international best practice in safe motherhood and primary health care programmes, a process she began when in Kathmandu. She is also working on the development of a long-term strategic plan for *The ISIS Foundation* in Nepal, in conjunction with our General Manager.

### 2.1 Focus on Security – the ‘People’s War’ Continues

The war between the Maoists and the Government continues to intensify in Nepal. At the time of writing this report:

- the State of Emergency had been extended;
- reported human rights abuses, from both the Maoists and the Government, seemed to be escalating;
- over 2000 people had been killed since November 2001; and
- elections are supposed to be held in November this year, but there is scepticism as to whether this would be able to be conducted in light of the security difficulties.

“Locals like Suman Shakya are caught between the army and the Maoists. Shakya owns a photo shop, and was recently taken in for questioning by the security forces for filming a Maoist meeting at Barabise. He was beaten up in the barracks and forced to sign a surrender confession. The Maoists had forced him to film the public meeting. He is not a Maoist, nor does he sympathise with them. Now he is afraid of both sides.”<sup>2</sup>

On 21 May 1999 Milan Nepali, a journalist, was seen being put into a police van by eight policemen... The day after his arrest, relatives went to the nearby police station where an inspector told them that there was no record of his detention there. They also enquired at police headquarters but were given no information. The next day the relatives returned to police headquarters with a change of clothes and some medicine. A DSP (Deputy Superintendent of Police) accepted the clothes and later returned to the family the clothes the journalist had been wearing on the day of his arrest... Despite this, police continued to deny that he was in their custody... Nearly three years later, the journalist... remain(s) “disappeared”.<sup>3</sup>

Plate 3: Nepal Cover Page: Tibetan playhouse at Tashi Waldorf School, Kathmandu

<sup>2</sup>The East is Red: A Firsthand Account of the Insurgency from Sankhuwasabha District,’ Article in Nepali Times, June 2002

<sup>3</sup>Nepal—A Spiralling Human Rights Crisis,’ Amnesty International Report, April 2002

## **2.2 Health Care Projects**

### **2.2.1 Health Care at the Swyambunath Monastery**

We are continuing our assistance to the Himalayan Medical Foundation, providing medicines and supplies to the Benchen Gompa clinic, Swyambunath Monastery, in Kathmandu.

Over the last six months the two staff at the clinic, Cherring Lama and Kedar Sanjel, have seen over 2,000 patients. These patients are too poor to attend private clinics, and sometimes walk for miles to get to the Monastery for assistance.

### **2.2.2 Providing Tibetan Medical Services in Humla**

We have recently begun to work with the Doctors at the Amrit Tibetan Medical Centre, based in Nepalgunj, a large city on the border of Nepal and India.

Dr Sanga Tenzin was trained in Tibetan Medicine at the Dalai Lama's Institute in Dharamsala. We are now assisting him to travel to and from Humla, where he will be based at the Yalbang Monastery, treating local people and collecting the herbs necessary to make relevant medicines. We have been committed to working with the people of Humla since 1998, and are pleased to add this "string to the bow" in our work with them.

In order to do this, Dr Tenzin flies to Simikot, the 'capital' of Humla, which is around 12 000 feet above sea level. He then treks on foot, and on horseback, to get to outlying villages to assist people in the most remote communities.

We are also assisting the Amrit Centre with the infrastructure required to collect data on patients they see, so that over time we can develop a better understanding of any changes in the conditions and illnesses which are prevalent in Humla.

### **2.2.3 Training Materials Which Make Local Sense – Finally!**

Dr. Kimber Haddix McKay has been working with United Missions to Nepal, a Kathmandu-based NGO, to design training materials which are appropriate for people in Humla.

She has now completed the design of posters, brochures, and flip charts relating to sanitation, hygiene, and the use of smokeless stoves and latrines. United Missions to Nepal are printing the materials for use by our partner agencies and other NGOs working in the Humla region.

## Nepal: Humla and Kathmandu Projects



Plate 4: Dr Sanga Tenzin treating a Humli Villager (Amrit Tibetan Medical Centre)



Plate 5: Dr Tenzin—home visits in Humla (Amrit Tibetan Medical Centre)



Plate 6: Dr Haddix McKay working with the doctors at Amrit Tibetan Medical Centre



Plate 7: Cherring Lama with monks from Swyambunath Monastery (Himalayan Medical Foundation)



Plate 8: The Benchen Gompa Clinic (Himalayan Medical Foundation)



Plate 9: Sharon A. Beesley and Tsering Yankey (far left) with the Gurung family, Hands in Outreach

#### 2.2.4 Health Training Programmes in the Mountains

Despite heavy late snows in Humla this year, and at times a frightening security situation, our partner agency (USCCN) has still been able to run three major training programmes:

- a Mother's group workshop, attended by 25 locals;
- a Healthy Environment/Sanitation workshop (24 participants); and
- a Health Co-ordination workshop, attended by 38 health workers in the region.

"Poor in health and sanitation condition and lack of the basic needs like food, development infrastructure, education, agriculture services etc particularly in the northern side of Humla remain worse. Contagious diseases, unhygienic & unsafe delivery, profound conservative belief on witches, respiratory problems, lack of latrines, malnutrition, lack of safe drinking water, poor health services etc are the common problems in health of the area. Its main reasons are illiteracy, the lack of awareness, accessibility of the resources and development services, etc. All these remain as a challenge in development. USCCN is happy to deal in these issues in partnership with *ISIS* in Humla."<sup>4</sup>

USCCN has purchased medicines for our follow-up de-worming camps, and are now awaiting a 'calm in the storm' in the insurgency to be able to treat thousands of children.

The materials for the building of the Syanda Health post have been transported to Humla, and work has begun. We hope that this will be completed before the snows at the end of the year. The Health Post will now include solar power for lighting, and smokeless stoves for heating.

#### 2.2.5 From Jumla to Humla – Experts Trek Across Country

In the last six months we have expanded our work in Humla, with the assistance of a consultant from the Kathmandu University Engineering Department – Alex Zahnd – who has designed a new model of smokeless stove for installation in Humla homes.

Alex lived in Jumla, a district close to Humla, for several years, working with local people on appropriate pit latrine design, and solar power which was both cost-effective and could withstand the extreme temperatures in the high Himalayas. He also spent much time working on the design of stoves which could heat homes and provide cooking facilities, but not use too much wood (which women have to spend hours collecting), be safe around children, and produce as little smoke as possible. The 'new look' stove has three hotplates, a 9-litre water container for constant boiled water, and a slot for charring 'roti' without needing to open the stove door. It uses 40% less wood than the usual stoves, and has an external outlet to reduce smoke in people's homes.

<sup>4</sup>USCCN—*ISIS*: Humla Health Project Report, May 2002

While in Jumla, he trained a team of local people to install and repair stoves, latrines and solar lighting/panels. This team of four Jumli workers is now helping us in Humla, via USCCN, and are training Humli villagers so that over time they will be able to sustain the new initiatives in their own region.

## 2.3 Educational Projects

As well as health care work, we continue to expand our support and educational projects throughout Nepal with partner NGOs.

As mentioned in our previous six-month report, the Education system in Nepal leaves much to be desired, with marked disparity between government and private schools. In 2002, only 17% of students from government schools passed their School Leaving Certificate.<sup>5</sup>

In addition, teachers in private schools Nepal are now under threat from Maoists— 41 students and 81 teachers have lost their lives since the ‘People’s War’ began.

### 2.3.1 Hands In Outreach (HIO)

Hands in Outreach have, for many years, done wonderful work with disadvantaged children, facilitating their education and daily needs. We fund some of their local staff costs, along with direct assistance to their children.

Whilst Hands in Outreach is an educational service, which provides schooling for over 100 children who would otherwise not be educated, they also provide medical care for the children they work with. Part of *ISIS*'s assistance to HIO involves dental care for all these children.

“Thus far the dental programme has been a resounding success with our 105 sponsored children.... Most need fillings and basic care, and are being taught the routine functions and importance of oral dental care. In a country where there is approximately one doctor for every 30 000 people, it's no wonder that dental care is virtually unheard of.

Some of the children's mouths are truly a mess with teeth growing every which way.... As the girls approach their teenage years they smile and talk far less in public. When we take yearly photos for sponsors, we've noticed their lips pursed tightly, to hide their irregular teeth. This year, we're concentrating efforts on a few children who need dramatic treatment, hoping they'll once again feel comfortable smiling and talking. Orthodonture work has been recommended and thus far we've side-stepped the issue due to cost. With *ISIS* assistance, we should be able to outfit these few children with the braces they need to improve their digestion, appearance, self-esteem and overall health.”<sup>6</sup>

<sup>5</sup>'A Mass Inferiority Complex,' Article in Nepali Times, 25 June, 2002

<sup>6</sup>Email from Ricky Bernstein, Director HIO, 11 July, 2002

### 2.3.2 Tashi Waldorf School and Teacher Training Program

Tashi Waldorf is a small piece of magic in Kathmandu.

It is hard to describe this school, and how it differs from so many in Nepal. It is full of light, laughter, love, and colour. Tashi Waldorf is now expanding to cater for children over the age of seven, and we are supporting them in their efforts to build and expand their work.

Based on Rudolph Steiner teaching methodology, the kindergarten currently teaches thirty-five children from ages 3 to 7. Most of these children come from extremely disadvantaged backgrounds, although a point is made of mixing children from different backgrounds and classes to try to breakdown the prejudices inherent in the Nepali caste system.

The staff have integrated the Steiner methodology with Hindu and Buddhist cultural practices to provide a comprehensive early education for these children. They also provide a nutritious meal during the day, and provide medical care for all. Children use natural materials for play, not commercially available toys, and encouragement of creativity, thought, and imagination is paramount.

The teacher training college provides training from international experts, and in 2001 the seminars were attended by 112 participants. Steiner educators from the Netherlands, India, New Zealand, France, Austria and the USA provided training in childhood development, games for young children, story telling, Nepali folk tales in the classroom, dance, and craft work.

The teacher training is remarkable in that it 'pushes the envelope' in a country where many teachers are not well educated; standards for teachers have recently been raised, but they fall far below what would be the norm in the West. Most teaching is by rote learning, and participative or creative teaching methodologies are rare. Nepal is also new to Steiner educators and one of the beauties of this NGO is that it encourages people to consider new ideas and new ways of teaching children.

In the first six months of 2002, Tashi Waldorf completed the building that *ISIS* funded them to renovate. With the assistance of another donor, they are now running an additional Grade One class.

# The Tashi Waldorf School



Plate 10: Before renovation



Plate 11: During renovation



Plate 12: Leonie Exel, Tashi Dhondup and Heather Maclaren, mid-renovation



Plate 13: Children hard at work



Plate 14: After renovation



Plate 15: The finished school

### 2.3.3 The Women's Foundation

We have just begun to work with The Women's Foundation in Kathmandu. This NGO is another gem in Nepal, with dedicated staff who often work voluntarily for the Foundation on a full-time basis, and then work part-time in the evenings to support themselves.

The Women's Foundation has been running for around fourteen years, mostly with the assistance of hundreds of volunteers across the country. They run on democratic principles, with many of the volunteers participating actively in the management decisions of the organisation. Their programmes include a women and children's shelter, legal assistance, literacy programmes, skills training, running an organic farm, and human rights assistance and advocacy.

"Alina's mother had her marriage arranged by her parents when she was 13. Their family was always struggling to survive due to her husband's alcohol addiction. This addiction also led to gambling and slowly Alina's family became more poverty stricken every day. One day her father gambled his small plot of land and their rented house, leaving them homeless. Her mother tried to better their situation by working very hard, to no avail. After two years her father married another woman and left his family.

Alina's mother was compelled to send Alina to work as a dishwasher when she was 6 years old. In this way Alina could feed herself but never attended school. During this time, Renu Sharma, Secretary General of the Women's Foundation, went to Alina's village and saw the family's miserable situation. With the consent of her mother, a WF volunteer arranged for Alina to be sponsored by supporters of the WF. WF provided her with food and lodging, taught her reading and writing and after three months she was able to attend Class 3. She is now studying in her second year at University (studying Pharmacy) and received the highest marks in her year. She has already organised a women's health camp with one of WF's rural groups and intends to devote her life to helping the women of Nepal."<sup>7</sup>

*The ISIS Foundation* is supporting the salaries of three school teachers at the Jorpati Community School, which was built by the local community in conjunction with The Women's Foundation. One of these teachers is also the School Principal – he has worked voluntarily running the school for the past three years.

<sup>7</sup>WF Annual Report, July 2001

### 2.3.4 Educational Projects in Humla

As previously reported, *The ISIS Foundation*, via USCCN, supported the building of a school in Yalbang in 1999 and 2000. This school, which is several days walk from the nearest airstrip in Simikot, now provides primary education for 85 children in the mountains. In the first six months of this year, we expanded our assistance to include resources for the children – musical instruments, sports equipment (volleyball is a favourite), and stationery.

The Chauganphaya Hostel, for secondary students in Upper Humla, has been largely completed. The hostel provides accommodation for 40 – 80 students who simply cannot attend the local school as they live several days walk from the school. Students now have bedrooms, kitchenettes (with the ‘new look’ smokeless stoves), and latrines. There is also staff accommodation, piped water, and there will soon be solar lighting throughout the buildings. We hope to report that the hostel will be fully complete and operational by the time of our next report.

### 2.3.5 Sponsorship of Mr Angjuk Lama

We continue to sponsor Angjuk to complete his Bachelor of Arts (Sociology & English) in Kathmandu.

Angjuk has worked for *The ISIS Foundation* on a number of occasions since 1999. Initially he was employed as a translator and research assistant when *ISIS* undertook a baseline study of health needs in Humla. In 2001 he worked as a research assistant for Dr Kimber Haddix McKay in Kathmandu.

A recent e-mail from Angjuk tells of the harsh conditions under which he studies in Nepal:

“We have been having heavy rainfall for the last four days which has killed more than 200 people in different areas including Kathmandu, and damaged a large amount of property. Roads are blocked and there are floods and landslides everywhere.

I was having my last exam on the very day of the heavy rainfall. My exam centre was on the bank of a river and the building was under construction - there's no windows, no proper doors, no paint and nothing. River water overflowed into the compound of the building and within a few minutes the level of the water rose up and flowed into our exam hall. We had to move to another room in haste. The swelling river crushed a wall nearby, people around were screaming, ground floor rooms of the building were filled with water. We thought that the building might fall down. Everyone was in a panic. It was so frightening. We got soaked to the skin while returning home. ”

He speaks Tibetan, English, and Nepali, and was raised in Humla. His experience and skills are invaluable to us, and we are honoured to be able to support his further education in Kathmandu.

## 2.4 *ISIS* in Nepal—The Next Six Months

We are currently considering expansion of our assistance to two partner agencies in Nepal:

- Tashi Waldorf School—for further assistance with building projects for the kindergarten.
- The Himalayan Medical Foundation—for training for their staff at the Benchen Gompa clinic, and the possible establishment of a laboratory which will provide further services to the 5000 local people treated at the clinic each year.

In addition, we are beginning to explore whether we can assist in prevention of the spread of HIV/AIDS in Nepal. We are particularly concerned about a number of factors which indicate that it could potentially become a major problem in the not-too-distant future. Our experience from Uganda leads us to be conscious of the devastation that this disease can cause when it takes hold in a region or country.

**“Estimates from 1999 show that the number of HIV infected female sex workers in Kathmandu is around 17 %. However, as many as 70% of female sex workers returning from India are HIV positive.**

**“Close to 50% of injecting drug users in Kathmandu are HIV positive.**

**“In the absence of effective interventions, even a 'low to moderate growth scenario' would make AIDS the leading cause of death in the 15-49 year old population over the coming years. For Nepal this would mean that from 100 000 - 200 000 young adults will become infected and that 10,000 - 15,000 annual AIDS cases and deaths may be expected.”<sup>8</sup>**

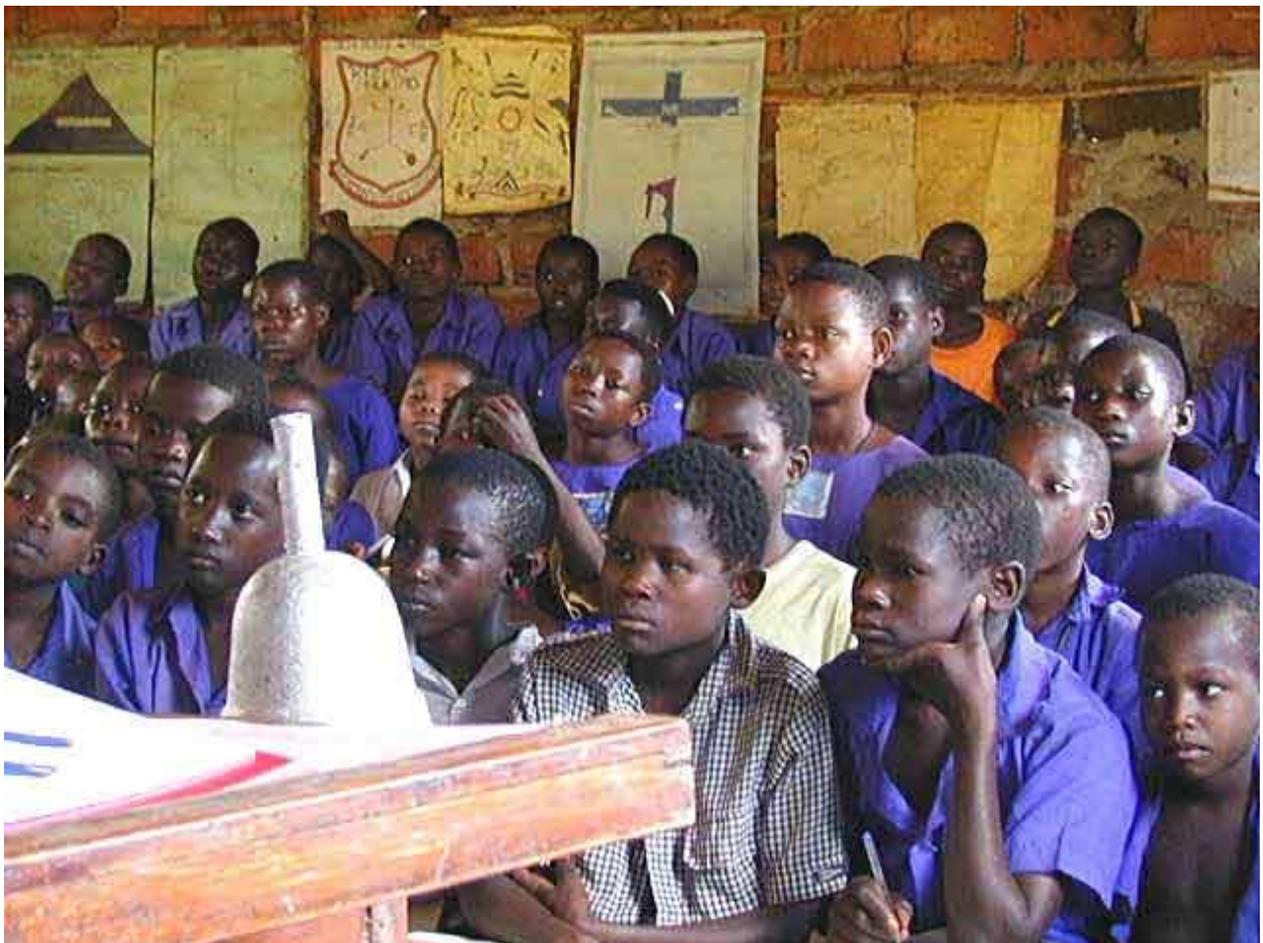
Going forward, we will continue to do everything we can, despite the troubled security situation, to assist and support the people of this beautiful country.

<sup>8</sup>HIV/AIDS in Nepal: Multi-agency Report, 2002

# Uganda Activities

## *The ISIS Foundation*

1 January, 2002—30 June, 2002



### 3. Uganda Activities

As mentioned in section 1.0 above, we have had *ISIS* staff on the ground at Kiwoko Hospital in Uganda on several occasions in 2002. We are expanding our assistance to the hospital, and have been working with them to determine the areas of greatest need.

#### 3.1 Neonatal Intensive Care Unit (NICU)

The Neonatal ICU is the focus of our Uganda Special Projects Manager, Deb Lester, a neonate specialist working in Seattle. Her work over the first six months of 2002 included:

- co-ordination of donations of equipment, medicine and supplies from five hospitals in Seattle;
- working with Mary Asner, a volunteer trainer, on training materials for the most recent programme at the Neonatal ICU (see below). Deb is now investigating a South African training programme which could provide internationally accredited training for staff of the Unit; and
- publicising the work done at the NICU in various US publications, to attract further equipment donations and interest in volunteer training.

Since it opened in April last year, the Unit has seen over 250 babies, often those with complicated conditions and illnesses. Table One, overleaf, sets out in detail information on diagnoses of patients admitted to the unit.

We delivered equipment and supplies to Kiwoko in February, May and June this year. This included:

- medications for the NICU, including antibiotics;
- nappies, blankets and clothing for premature babies; and
- two baby IV's (Med Infusion pumps) – the first ever at the hospital.

In late June, Mary Asner, a neonatal specialist, worked as a volunteer for *ISIS* at the NICU, running training for the staff working directly in the unit along with training for other nurses and doctors working in the hospital. She also spent much time caring for infants in the NICU, and reinforcing her training as a result.

Mary ran two major programmes for the staff:

1. Further training in NRP (Neonatal Resuscitation Program). Around fifty staff have now completed this course, and they continue to find it extremely useful.

2. A major training program at the NICU, with four components:

- Thermoregulation

Learning thermoregulation is a key element which ties in with many aspects of caring for critically ill infants. Managing their temperatures in a neutral thermo environment (NTE) is the key so that minimum expenditure is made from a little baby that is already compromised. This includes the need for use of diapers and dry linens – many of which have been donated and shipped on behalf of the Seattle area hospitals and *ISIS*. Utilising the incubators to maintain the babies' NTE was another component of this part of the training.

- Hypo/Hyperglycaemia (blood sugar instability)

This is a very common problem in the NICU. Training covered causes, signs and symptoms of each, how to measure the results and treatment.

- Intravenous Therapy (IV) in the Baby

This module taught how to start IV's, securing IV's and monitoring the sites. Different options for delivering fluids to infants were also discussed.

**"To tie together the components of theoretical training, the NICU received the donation of two critical pieces of equipment from ISIS - two Med Infusion pumps. These pumps are used to deliver milk, IV fluids, blood products and medications to ill infants. The pumps are newer models which will help to ensure long term use in the NICU. This supports our philosophy of providing newer and more durable equipment that will survive over time. The pumps do not require a designated giving set which should eliminate some of the limitations of other IV pumps. They are lightweight and have battery back up. This model is what most NICU's currently use around the world. We hope they will serve them well."<sup>9</sup>**

- Feeding Infants in the NICU

There are many different methods to feed critically ill infants during their convalescent period in the NICU. The advancement of amounts of food was discussed, what calorific level of milk to use, signs and symptoms of intolerance to feeding, titration of food and IV fluids rates in infants.

Staff of the Unit worked late at night to be able to do both the training and the testing which followed. Their commitment to the Unit and the babies they help is never ending.

<sup>9</sup>E-mail from Deb Lester, June 2002

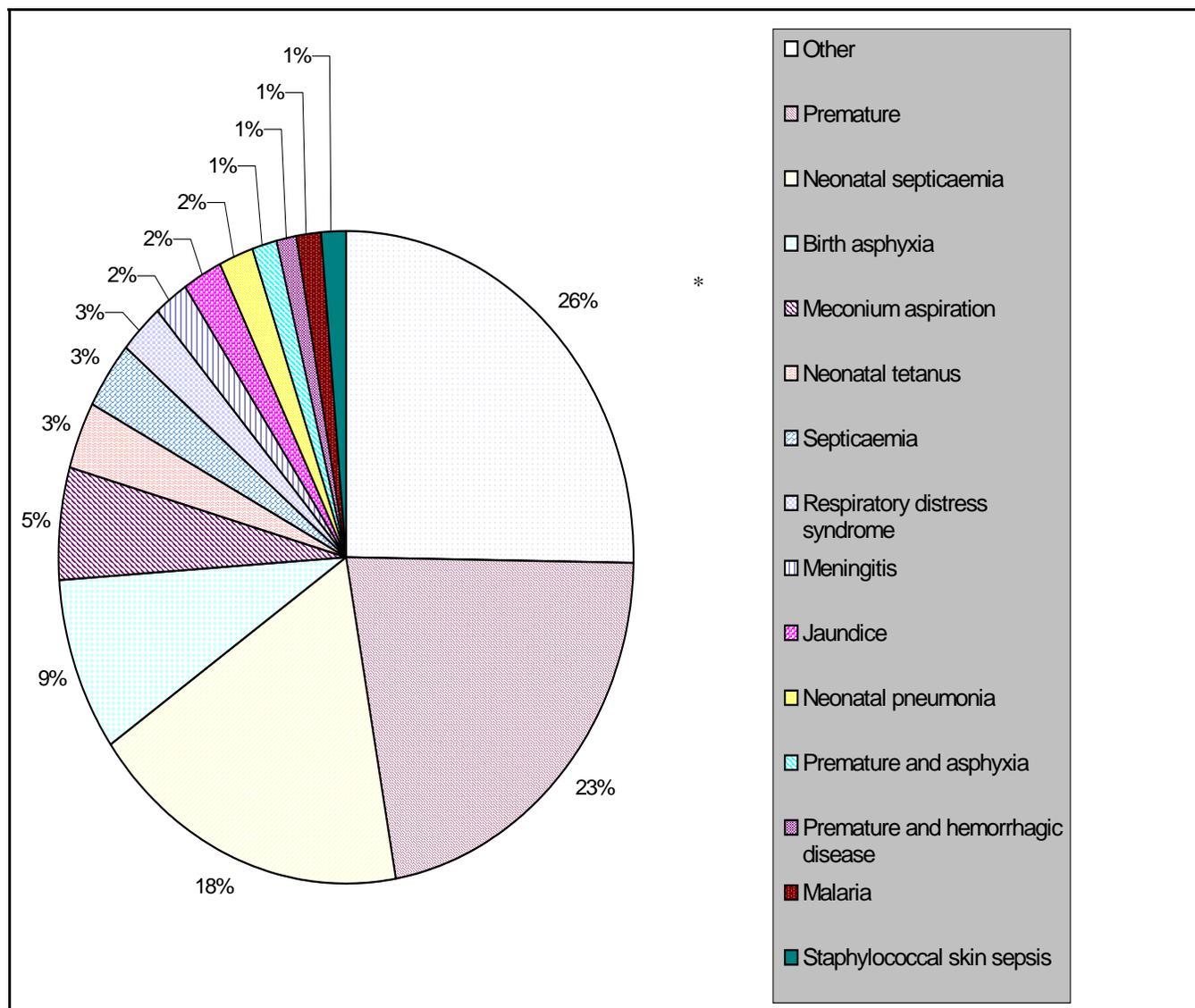


Table One: Diagnoses of NICU patients: 2001 Kiwoko Hospital, in descending order of frequency.

\*Other: 1% in each of the following diagnoses: premature and septicaemia; premature and mother died due to PET; premature and mother HIV positive; premature and hypoxicischemic encephalopathy, born at roadside; premature and fever; premature and placenta praevia; premature and congenital defect; neonatal tetanus and malaria; malaria and sepsis; congenital malaria; meconium aspiration and recurrent apnoenic attacks; meconium aspiration and malaria; jaundice and sepsis; jaundice and oral candidiasis; severe pneumonia and malaria; aspiration pneumonitis; bronchopneumonia; respiratory distress syndrome (twin) and arm and cord prolapse; eye infection and hypoglycaemia; hypothermia; birth injury and sepsis; ophthalmia neonatorum; abdominal distention; chest aspiration; constipation; fever; underweight - discharged on request- mother died- 1.52kg; hypoxia; low agpar score; scalp necrosis (ventouse); IUGR; gastroenteritis; malnutrition; face presentation; foetal distress; excess crying - diagnosis?; hydrocephaly; cephal-haematoma; and cellulitis.

### 3.2 Community Based Health Care (CBHC) Programme

The CBHC Programme at Kiwoko Hospital is comprehensive. They work in a district of over half a million people, many of whom live in very remote areas only accessible by motorbike or bicycle.

To provide an idea of the scope of their work - in 2001, their programmes included:

- counselling, condom distribution and referral at 10 outreach sexually transmitted infection centres in the region;
- school education programmes for over 13 000 school children in fifty-four local schools;
- training Traditional Birth Attendants, volunteer AIDS Counsellors, and Traditional Healers; and
- ongoing treatment and home care for over 100 AIDS patients living in remote areas.

The ISIS funded CBHC Hall remains the centre of operations For CBHC programmes. In addition, we continue to support the running of the 'Mobile Clinic ' – a 4WD which was donated exclusively for the use of staff of the CBHC programme. This vehicle is used on a daily basis to transport staff to outlying areas, so that they can provide education to as broad a group as possible.

### 3.3 HIV/AIDS Programmes

Uganda is often spoken of as the country with the most progressive AIDS policies, and thus has one of the lowest HIV prevalence rates in Africa. However, the following statistics show the relativity of those contentions:

- In the last decade, Uganda has lost over 1.8 million citizens to the disease. This is the equivalent of the entire population of New Mexico, USA.
- By the year 2000, roughly 1.7 million children had been orphaned by the disease, of whom nearly one million were still alive.<sup>10</sup>
- Currently, roughly 8.3% of the population of Uganda is HIV positive.<sup>11</sup>

We are unsure of the HIV prevalence rate in the Luwero region – to date it has not been measured thoroughly. However we know from studies in rural areas elsewhere in Uganda that HIV infection rates have been measured at 38.5% in trading centres on roads servicing international traffic, and as the Luwero district is bisected by the main north-south road through Uganda, the infection rate may be much higher than the national average.<sup>12</sup>

<sup>10</sup>UNAIDS/WHO, 2000

<sup>11</sup>UNAIDS/WHO, 1999

<sup>12</sup>Serwadda et.al., 1992

## Kiwoko Hospital, Luwero



Plate 17: Staff of the NICU unpacking equipment and 'Bermuda Bears' for the unit. From left: Christine Otai, Kate Wooding, Florence Nakamya, Dr. James Nyonyintono



Plate 18: Outside the Outpatients ward



Plate 19: Kimber Haddix McKay and Ssekidde K. Moses, May 2002, during a break from developing the HIV/AIDS programme



Plate 20: Kiwoko Hospital AIDS Orphans Drama/Singing Group



Plate 21: HIV/AIDS lecture, CBHC staff



Plate 22: Ssekidde K. Moses and Audette Exel outside the CBHC Hall

In early 2002, we were asked to tender for HIV/AIDS health literacy grants, by a USA Foundation who was aware of our work with Kiwoko Hospital. As a result, we worked with the hospital on the development of a major programme to reduce HIV/AIDS prevalence and risk behaviours in the Luwero region. The *ISIS-Kiwoko* programme includes:

- establishment of a drama/drumming/training group, staffed by AIDS orphans and sufferers, to raise awareness for around 5 000 people;
- development of culturally relevant HIV/AIDS training materials to reach around 42,000 people;
- residential training programmes for 135 health workers and traditional healers;
- renovation and staffing of a remote health post;
- training 30 volunteer HIV/AIDS counsellors; and
- research into HIV/AIDS prevalence in the region.

We are still awaiting the outcome of our submission for this funding; should it not be successful, we will seek assistance from other large foundations.

### 3.4 Future Expansion

Our work in the last six months at Kiwoko has included lengthy discussions with a range of hospital staff on the needs in the region, and at the hospital, and we are finalising a major expansion which is likely to include the following:

- increased assistance to the Neonatal ICU, including additional staff, additional power sources, building a laundry, assisting with purchase of material for caps and gowns for staff, medications for the Unit, helping with books and stationery, *ISIS* analysis of data collected at the Unit, increased equipment including further incubators, and expansion of the training programme;
- further help with the community based health care programmes, including renovation of the CBHC hall which was built with *ISIS* assistance in 2000;
- provision of transport to hospital for expectant Mums; provision of transport home for Mum's whose babies have died, and continuing support for the running costs of the mobile clinic;
- seeking a major donor for the HIV/AIDS programme outlined above;
- assistance to the diabetes programme at the hospital;
- training in radiology and anaesthetics for doctors and senior staff at the hospital; and
- investigation of the best system for getting internet access for medical and managerial staff at the hospital, so that they can easily access international best practice in their areas of expertise, and liaise with specialists on complex medical issues.



**Mwebale Nnyo, namaste, tashi delek, and thank you to all those who have supported the work of *The ISIS Foundation*.**

**We look forward to continuing to improve the quality of living for the communities with whom we work.**

