

# SIX MONTHLY REPORT

*THE ISIS FOUNDATION*

July 1999

*The ISIS Foundation*

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## SUMMARY OF PROGRESS TO DATE

We have been working full-time to establish *The ISIS Foundation* since 1997, and are delighted with our progress to date. Highlights are as follows:

1. *The Projects:* We have now begun both our Nepal project and our Uganda project. The Uganda Project in particular has seen considerable progress in the last few months. We have recently completed the building of the Community Based Health Care Hall for The Kiwoko Hospital, have provided them with a mobile clinic (thanks to Partner Reinsurance in Bermuda), and have run our first training of Health Care Trainers course and Traditional Birth Attendant Training classes. We have also just received funding for an intensive care unit for the Kiwoko paediatric ward, which will give an unprecedented level of care to the children of the Luwero district.

In Nepal, we will begin construction of the Yalbang School later this year, while at the same time carrying out a Baseline Study of the health of the local population in the area.

We have secured nursing staff and health workers for both the Uganda and Nepal projects, all of whom will be working under the supervision of Dr Swart.

A more detailed description of progress for each project follows later in this Report. Our intention is to expand each project as we receive further donations.

2. *Donations:* We have received donations and commitments totalling approximately US\$400,000 to date. Of this amount \$288,235 is earmarked for the Uganda project, \$100,250 for the Nepal project, and \$9,750 for general expenses related to either projects. *ISIS Limited*, the profit-making company established by the same three partners who set up *The ISIS Foundation*, has paid \$185,500 in administration costs for *The ISIS Foundation* to date and has waived any administration fee for 1998 and 1999. This means that all monies donated to *The ISIS Foundation* have gone directly to project costs, and that *The ISIS Foundation* has not paid any administration costs at all. It is our intention to continue this arrangement on an on-going basis, as long as the business is financially able to do so.
3. *In Kind Donations:* We have received a number of donations in kind, which have been a great help to us. We recently were given a digital camera, that will allow us to download photographs of each project directly onto our website. We also have received a commitment to provide *The ISIS Foundation* with a satellite phone, which will greatly improve the safety and communication ability of our staff on site our projects.
4. *Bermuda Registration:* We have received status as a Bermuda Registered Charity No. 308, pursuant to The Charities Act 1978.
5. *Tax Status:* We have formed a relationship with The International Charitable Fund of Bermuda, which allows U.S donors to receive tax deductibility for their donations to *The ISIS Foundation*. We are in the process of ascertaining whether or not we will be able to receive registered charity status in the UK for UK donors.

6. *ISIS Web-site:* We are well underway in creating a web-site for *ISIS*. The website will allow us to publish updated reports on our projects to the worldwide web, and will provide an important marketing and communication tool for us. We are currently planning to have a page for our donors, where reports and detailed financial statements will be available. We will be contacting each donor once the site is operational to explain how to access the donor pages of the site, and to provide each donor with a password accordingly.
7. *Office Space:* Thanks to Forum Funds (Bermuda) Limited, we have office space in central Hamilton at no cost. We are running both the business (*ISIS Limited*) and *The ISIS Foundation* from Forum's offices.
8. *Staff:* We now have a fantastic team of staff and volunteers. Special thanks to Janet Simpson (from Professional Consultants), Karen Nagel and Lucy Garça (from Mismi Consulting), Brenda McLean and Susie Hall. We would be lost without their efforts.
9. *Sponsor:* We have had a very generous offer from a leading Swiss Bank, Lombard Odier & Cie, to assist in sponsoring the Geneva Ballet to Bermuda next year, for a weekend "Celebration of Dance" in aid of *The ISIS Foundation*. We are currently investigating the feasibility of undertaking such a project, and will keep you informed as we proceed.

Detailed reports on the projects follow.

**HUMLA, NEPAL**  
**ISIS HEALTH CARE PROJECT**  
**JANUARY 1<sup>ST</sup> TO JUNE 30<sup>TH</sup>, 1999**

**(A) Background and Project Objectives**

During a six month research trip early in 1998, Audette Exel and Dr Charles Swart earmarked a project for *The ISIS Foundation* in Humla, Nepal. Humla is a remote region in the far north west of Nepal, set high in the Himalayas. Dr. Swart and Audette Exel visited the region and spent some weeks treating patients, training village health workers, and planning and costing a long-term health care project for the area. Dr. Kimber Haddix, an anthropologist who previously did her Ph.D. research in the area, assisted them. Following that visit, *The ISIS Foundation* started initial fundraising for the primary health care project in Humla. The principal objectives for the project are to (i) initiate an outreach health care programme and (ii) rebuild the local school.

**(B) Current Status of the Project**

*(i) Establishing an outreach primary health care programme*

Following our visit, and various meetings with other parties working in Humla, it was apparent that a much-needed next step for primary health care in the region would be the establishment of an outreach health care team. It is clear for the various reasons set out below, that unless patients are ill they would not readily attend the existing health clinics on a regular basis for preventative care. Prevention is a very important part of outreach care.

Many people do not have the time or health to travel to the clinics. There are only two clinics in the region, which are several days walk for many people in extremely rugged terrain. Particularly with antenatal care, it is important to reach the patient early in pregnancy to identify high-risk patients and thereby prevent complications. This requires a team of health workers to be able to walk to a myriad of small villages, rather than waiting for those people to visit existing clinics. The main focus of the outreach team is immunisations, family planning, antenatal care and maternal and child health. *The ISIS Foundation* project entails selecting and training appropriate Humla-based staff for this purpose.

Dr. Swart visited Nepal again in March this year, meeting with the various groups involved in Humla. Two existing charities working in the areas, USC Canada and The Nepal Trust, agreed with our view that a much-needed next step is establishing an outreach primary health care system. It is intended that *ISIS* will work closely with both groups, in establishing the outreach system. We are currently negotiating with a registered nurse, Sue Miller, who has recently worked in Humla for some months, to be our programme manager under Dr Swart's supervision in establishing and managing the outreach system.

*(ii) Rebuilding The Yalbang School*

In our early visits to Humla, it has become apparent to us that to effectively impact the health of children in the area, we need to assist in making the local school a functioning institution where children will come regularly. In its current state, the school is almost unusable, and is

without regular teaching staff or the most basic facilities. Accordingly, *The ISIS Foundation* has agreed to fund the rebuilding of the Yalbang School. It is anticipated that rebuilding of the school will start in September 1999. The local village people will supply labour for no cost. In addition, Kunga Tsiring Lama, a local Tibetan community leader, has donated his land for free to build the Himalayan Children's Home, a boarding home for children from the area. This will allow children from the high mountain areas to attend the Yalbang school. The building process for the Yalbang school has started, with the local villagers supplying the stones and transport of building materials to the site. Dr. Swart will spend the latter part of 1999 in Humla to oversee the building project. It is anticipated that the building of the school will take about four to six months, weather dependent. In addition to teaching the standard curriculum, the school will also meet the following needs:

- ◆ providing an access point for health workers to monitor the health of children in the district;
- ◆ facilitating basic hygiene education for children and mothers; and
- ◆ providing a safe and hygienic environment for the children to attend school.

Kunga Tsiring, following meetings with Dr. Swart earlier this year, has gone back to Humla to mobilise the community and its leaders in starting the building process. The Village Development Chairman has formally given his permission for *The ISIS Foundation* to rebuild the school, and has committed the villagers to free labour and transport of materials.

### *(iii) Conducting the initial Baseline Study*

This September a baseline study will be undertaken by *ISIS* to establish the health situation in Humla. This will allow us to monitor the impact of the outreach health care system that we are implementing on an on-going basis. Dr. Swart has held meetings with the World Health Organisation (WHO) personnel in Katmandu to adapt the baseline study based on WHO guidelines, to ensure that our studies are comparable with other baseline studies in Nepal and the rest of the world.

*The ISIS Foundation* has secured Dr. Kimber Haddix's services for two months, to assist with the baseline study. Dr. Haddix has spent many months in the Humla region in recent years working on her Ph.D. dissertation. She is fluent in Nepalese, and is a huge asset to our project. Dr. Haddix will join Dr. Swart in September, to conduct a baseline study in selected villages in Humla.

## **(C) Other Progress**

There are two other excellent non-government organisations working in Humla, USC Canada and The Nepal Trust. *The ISIS Foundation* hopes to be able to establish a cohesive and communicative relationship with both those organisations.

*The ISIS Foundation* is looking at various ways of working together with USC Canada, a Canadian non-government organisation, who are currently working in four villages in the

Humla region. We are discussing the possibility of *The ISIS Foundation* managing the outreach health care components in those villages, together with USC.

The Nepal Trust is a Scottish based NGO with two permanent medical clinics in the region. They very kindly allowed *The ISIS Foundation* to use their building as a base in Simikot during 1998. They have some excellent health workers in the region, who we hope to assist if needed. In addition, we hope to coordinate with them in organising immunisations and essential medicines programmes in the area.

We are in the process of securing the services of a registered nurse, Sue Miller, who we anticipate will be the project manager in Humla for the outreach team. She has recently spent six months in the area working for The Nepal Trust, with the local health workers, and is keen to go back up in Humla to work with the community. She has agreed to return to Humla with Dr Swart later this year to agree the structure of the outreach project.

Dr. Swart will join both Kimber and Sue in Humla this year from September until December, to oversee and help with the school project, set up the outreach health care team and begin the baseline study. Dr. Swart and his team intend to work with the WHO staff based in Nepal, implementing our projects in Humla.

#### **(D) Looking Forward**

Dr. Swart will return to Nepal in September and will concentrate on the following during his stay:

- ◆ overviewing the rebuilding of the Yalbang School;
- ◆ selecting villagers for health care training programmes;
- ◆ visiting all health posts in region;
- ◆ furthering discussions on the relationship with USC Canada and The Nepal Trust, to coordinate and possibly combine efforts;
- ◆ discussing the introduction of the outreach team with local Government, and discussing the objectives and focus of the outreach programme with the local community;
- ◆ establishing a mechanism to provide regular supply of essential medicines to the already-established clinics in the region; and
- ◆ working with Sue Miller to agree on a long-term structure for the project manager and senior nursing staff role.

We are delighted with our progress to date, and will have some more updates later in the year as the rebuilding of the school gets underway.

**KIWOKO, UGANDA**  
**ISIS HEALTH CARE PROJECT**  
**JANUARY 1<sup>ST</sup> TO JUNE 30<sup>TH</sup>, 1999**

**(A) Background and Project Objectives**

During a six month research trip early in 1998, Audette Exel and Dr Charles Swart, earmarked for *The ISIS* Foundation a project with the Kiwoko Hospital in Luwero, Uganda. Kiwoko is 55 miles north of Kampala, in the middle of what was the infamous “Luwero Triangle”. At the end of the civil war in 1986 almost all local infrastructure had been destroyed and much of the population had fled. The area had been devastated. Few families survived without having members of the family killed. Luwero was the scene of substantial guerilla activity during the war, and some hundreds of thousands of people are thought to have died over a five-year period.

*The ISIS Foundation* has combined forces with the Kiwoko Hospital, which is a local Ugandan hospital, to establish an outreach primary health care project in the communities surrounding the hospital. Kiwoko Hospital was founded at the end of the war. It began as a simple local clinic and has since grown into a major hospital, offering a full range of services including a commitment to community based health care. It is the only functioning hospital in the region, with 149 beds for a population of approximately 500,000 people, who are mainly subsistence farmers. If people are unable to walk or cycle to the hospital, without an outreach system they receive no medical care at all.

The objectives of the Project are as follows:

- ◆ provision of a primary health care physician and project manager on a full-time basis to oversee and manage a community based health care (CBHC) programme;
- ◆ construction of a CBHC Hall for community meetings and training;
- ◆ expansion of the existing AIDS care programme to the outreach project;
- ◆ expansion of the existing pediatric ward, and on-going maintenance of that ward;
- ◆ purchase of a four-wheel drive to be used as a mobile clinic and outreach vehicle.

We will be conducting regular studies on the health of the local population, and monitoring and evaluating annually the effectiveness of the project.

**(B) Current Status of the Project**

*(i) Staffing*

*The ISIS Foundation* is delighted to have added Ssekidde K. Moses to our team, to oversee *ISIS*'s role in the community-based outreach project. Moses is an extremely experienced health worker, who has worked with the Kiwoko Hospital for the last ten years.

Dr. Swart is currently in Uganda, fulfilling the role of both physician and project manager. We have now secured the services of Nola Henry, a registered nurse, who will join us to work with Dr. Swart for a three-month trial period from February – April 2000. We hope that after that period, she will be employed as the fulltime Nursing Officer and Project Manager for the Uganda Project.

A full-time registered nurse will be a huge asset to the Project, and will work side by side with Moses, who is much overloaded.

(ii) *Construction of the Community Based Health Care Hall*

We are very happy to report the completion of the CBHC building in April 1999. The hall is set in a community training section of the hospital, which includes a traditional home, a model home, pit latrines and demonstration vegetable garden. Training for health care programmes is thereby set in the appropriate cultural context for the community.

The CBHC Hall will mainly be used for the following:

- ◆ monthly trainers meetings;
- ◆ monthly HIV clients meetings;
- ◆ monthly traditional birth attendants meetings;
- ◆ quarterly community health workers meetings;
- ◆ educational video shows (family planning, AIDS etc);
- ◆ literacy development classes;
- ◆ community health workers training;
- ◆ yearly training of trainers (two phases); and
- ◆ regular traditional birth attendants training.

Moses wrote this about the Hall: “ *This is the biggest and most useful building we have. It can accommodate about 80 people and is situated on the CBHC land. It is going to be used every week as a meeting place and will surely make us forget the big trees under which our meetings have been held. Every glance at this building will make us remember the ISIS organisation and its contribution towards the development of Kivoko community.* “

A Training of Trainer’s programme (phase one) took place in the building from the 3rd May to the 14th May, 1999. The programme trains people who have been selected by the community to train other members of the community as health workers.

The roles and responsibilities of a trainer are numerous, and include serving as an advocate for the CBHC programme, sensitisation of the community, training of community health workers and village health workers. Twenty-nine people were trained during phase one in May. Training of traditional birth attendants commenced on the 18th June, two days a week for six weeks training a total of 30 community members.

(iii) *Paediatric Ward: Intensive Care Unit*

*The ISIS Foundation* recently received a commitment to fund a Paediatric Intensive Care Unit. Currently there is no high care for sick babies available in the hospital, due to lack of equipment and continuous power and oxygen supply. The ICU will be equipped with specialised equipment incubators, pulse oxymeters, oxygen supply and a generator. The aim of the Unit is to function as a high care facility for very sick children and newborns, a much needed part of paediatric care. The ICU will have a direct impact on the Kiwoko Hospital's ability to save children's lives. We hope to begin construction shortly, once detailed costings are completed.

(iv) *Mobile Clinic*

Thanks to Partner Reinsurance Limited, we have now bought our first mobile clinic, a Toyota Hilux 4x4. A 4x4 is the only vehicle that can function year-round, due to very bad road conditions in the district. The vehicle is already fully operational, serving as an outreach mobile clinic for the CBHC programme. Daily the 4x4 takes a team of health workers, nurses and doctors into various areas of the community, to carry out immunisations, training and education. It also serves as an ambulance to transport the very sick back to the hospital. The acquisition of the 4x4 has given the CBHC programme a much-needed independent transport system. We are now able to schedule regular visits to clinics and villages, to implement our outreach objectives.

(v) *Baseline Study*

The baseline study is scheduled for February to March 2000. Dr Kimber Haddix, the anthropologist working with us in Nepal, will visit Luwero this July. We hope to secure her services to undertake the studies and monitoring of the Uganda Project on an ongoing basis, in addition to the Nepal Project.

(vi) *AIDS Care Programme*

Sadly, to date, no funding has been secured for the Aids care programme. *The ISIS Foundation* is currently corresponding with various groups, trying to secure funding for this essential part of the CBHC programme.

**(C) Other Progress**

*The ISIS Foundation* is currently working closely with a Ugandan non-government organisation called WIMA, on implementing Safe Motherhood Programmes in the Luwero district. It is anticipated that *ISIS* will play a major role in distributing MAMMA kits (sterile birth delivery packs) to the various clinics we are working with, as part of our outreach project.

**(D) Looking Forward**

Our principal objectives for the next few months are as follows:

- ◆ Training of Trainer's phase two is scheduled for early July 1999;
- ◆ our aim is for the Paediatric ICU to be completed by August 1999;
- ◆ we will begin the baseline study in February 2000;
- ◆ we will continue fundraising for the AIDS care programme and expand fundraising for the CBHC programme; and
- ◆ Audette Exel and Sharon Beesley (founding partners) will visit the project site in late July, for the inauguration of the CBHC Hall and Paediatric Ward.

## CONCLUSION

In summary, *The ISIS Foundation* is off to a great start. This is the first of our Reports to Donors, which we will provide six-monthly from now on. Each Report will contain a brief summary of our progress, and a more detailed description of happenings at each project site, and six-monthly financial statements.

Many, many thanks for all your support to date. Please do not hesitate to contact us if there is any further information you require.

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Audette Exel

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Sharon A. Beesley

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Dr Charles Swart

16 July, 1999

**ANNEXURE A**

**FINANCIAL STATEMENTS  
THE ISIS FOUNDATION**

Statement of Financial Position by Project (unaudited)

As at June 30, 1999

|                                     | General Fund    | Restricted Funds  |                  | Total             |
|-------------------------------------|-----------------|-------------------|------------------|-------------------|
|                                     |                 | Uganda            | Nepal            |                   |
| <b>ASSETS</b>                       |                 |                   |                  |                   |
| Cash & cash equivalents:            |                 |                   |                  |                   |
| General Call account                | 6,448.95        |                   |                  | 6,448.95          |
| Nepal Project Call account          |                 |                   |                  | 6,867.85          |
|                                     |                 |                   | 6,867.85         |                   |
| Uganda Project Call account         |                 | 16,441.99         |                  | 16,441.99         |
| Short Term investments              |                 |                   |                  | -                 |
| Long Term investments               |                 |                   |                  | -                 |
| Accounts Receivable                 |                 |                   |                  | -                 |
| Interest Receivable                 |                 |                   |                  | -                 |
| Prepays                             |                 |                   |                  | -                 |
| Contributions Receivable            |                 | 233,000.00        |                  | 323,000.00        |
|                                     |                 |                   | 90,000.00        |                   |
| Fixed Assets                        |                 |                   |                  | -                 |
| Total Assets                        | <u>6,448.95</u> | <u>249,441.99</u> | <u>96,867.85</u> | <u>352,758.79</u> |
| <b>LIABILITIES</b>                  |                 |                   |                  |                   |
| Accounts payable                    | 1,417.96        | 9,486.20          |                  | 11,184.49         |
|                                     |                 |                   | 280.33           |                   |
| Grants payable                      |                 |                   |                  | -                 |
| Total Liabilities                   | <u>1,417.96</u> | <u>9,486.20</u>   | <u>280.33</u>    | <u>11,184.49</u>  |
| <b>FUND BALANCES</b>                |                 |                   |                  |                   |
| Unrestricted net assets             | 5,030.99        |                   |                  | 5,030.99          |
| Externally restricted Fund Balances |                 | 239,955.79        |                  | 336,543.31        |
|                                     |                 |                   | 96,587.52        |                   |
| Internally restricted Fund Balances |                 |                   |                  | -                 |
| Total Fund Balance                  | <u>5,030.99</u> | <u>239,955.79</u> | <u>96,587.52</u> | <u>341,574.30</u> |
|                                     | <u>6,448.95</u> | <u>249,441.99</u> | <u>96,867.85</u> | <u>352,758.79</u> |