

# **SIX MONTHLY REPORT**

## ***THE ISIS FOUNDATION***

**1 JANUARY, 2001 – 30 JUNE, 2001**





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## **1.0 Management and Administration of *The ISIS Foundation***

### **1.1 Overview**

The last 6 months has been a period of substantial change within *The ISIS Foundation*, and one which we welcome as we move into the next phase of the Foundation's establishment.

Dr. Charles Swart, who previously ran the Foundation, has now left to return to medical practice in the United Kingdom. In his stead, we are delighted to welcome Leonie Exel to overview the Foundation. Leonie was employed from early March 2001 as our Special Projects Manager. Leonie's previous experience has included establishment and management of a large charity in Australia, and latterly running a private business which provided management advice and training to both charities and government. Her role at *ISIS* is to (i) develop the infrastructure and organisation of the Foundation, (ii) oversee the running of the Foundation whilst we consider the appropriate structure for management of the Foundation going forward, and (iii) undertake a full scale review of where we have been, where we are going, and how our objectives are best achieved in the future.

To this end, the last six months have seen full reviews of our financial procedures and structure, development of a Staff Policy and Procedures Manual, and the review and amendment of a number of internal administrative procedures.

A further addition to our staff this year has been the appointment of Dr. Kimber Haddix as our Country Manager, Nepal. Dr. Haddix undertook the original baseline study and needs analysis for *ISIS* in Humla, Nepal, and her background and understanding of primary health care issues in Nepal is substantial. She speaks fluent Nepalese and has spent a great deal of her working life focused on Nepal. Kimber's appointment is an exciting step forward in our work, as we are able to be closer to our projects and more involved in working with the agencies with whom we have strategic partnerships in Kathmandu and Humla.

Our management and structural goals over the next 6 months include:

- establishment and commencement of full operations of our new offices in Kathmandu and Simikot, Humla in Nepal;
- continued review of the Foundation's activities to date, and;
- development of the overall strategic plan for *ISIS* and each of its projects, including full business planning and budgeting for 2002.

## 1.2 Donations

To date, we have received donations and commitments totaling approximately US\$ 373 611 to the *The ISIS Foundation*. Of this amount, \$ 177 235 is earmarked for the Uganda Project, \$ 82 204 for the Nepal Project, and \$ 114 173 for general expenses relating to either project.

*ISIS Limited*, the profit-making company established by the same partners who set up *The ISIS Foundation*, has paid \$ 763 734 in head office costs for *The ISIS Foundation* to date. *ISIS Limited* will continue to pay all these costs of *The ISIS Foundation* going forward, as long as it is able to do so.

# Nepal Projects

***THE ISIS FOUNDATION***

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*The ISIS Foundation: January 2001 – June 2001*

## 2.0 Nepal Projects

Nepal is a beautiful country, perhaps best known in the West for its extraordinary Himalayan mountains. Lesser known are the difficulties faced by this nation; it has been a democracy for only 10 years, confronts massive economic issues, and is home to a population that live in real poverty in the cities, the lowlands, and the more remote mountain regions.



### 2.1 Life in Humla

We have been working in Nepal since 1998, focusing largely on health and education projects in Humla, a remote district in the North Western corner of Nepal. Humla borders Tibet, and as such has many villages that are Buddhist and inhabited by ethnic Tibetans. Lower down in the region, there are numerous villages which are primarily inhabited by Hindus.

Life for the Humli people is vastly different to life as we know it. There are no roads into the villages, and the main town of Simikot is only accessible by foot or by small plane. There is little or no cash economy in Humla, and people live largely by subsistence farming in extraordinarily difficult terrain.

"Living conditions... are extremely difficult. Houses are small, poorly ventilated, and unlit. Most are built in three stories, with domestic stock kept in rooms on the lowest level, the main room (for cooking, eating and sleeping) and storage rooms on the middle level, and storage rooms (for hay and equipment) above... The main room may have a wood floor, but is often made of hardened mud... and is centered on the cooking fire. There may be one small window in this room, but most light comes from the fire and a hole in the flat roof above it... generally this room is extremely smoky, and with the fire burning it is impossible to stand without significant eye and lung discomfort..."

Most villages are very crowded, with houses built on top of each other on hillsides, and little space in between. In some villages, it is possible to walk from one end to the other without leaving the flat rooftops. Trails in between houses are often deep in mud and always littered with garbage and human excrement..."

Haddix, 1999

## 2.2 Political Climate

Not only is Nepal geographically very difficult to provide services to the people, it is also struggling against the tide in terms of its history of political instability.

As we mentioned in our last report, there have been major political issues that have adversely affected our projects in the country. This situation has not resolved and has in fact worsened. As of the time of publication of this report, the Nepali Prime Minister has resigned; there has been a tragedy in the Royal family with 11 members being killed in a reported family feud; and the Maoists - the communist group which has substantial support in the rural and mountainous regions - are stepping up their efforts to declare a republic in the mountains and/or alter the political structure of the country.

Our response to this crisis has been to try to establish means by which we can continue to be of assistance to the people of Humla – one of the poorest mountainous regions in the country – whilst safeguarding our staff and strategic partners. We are expanding our operations into Kathmandu, which is as yet somewhat peripheral to the political battles being fought primarily in the mountains.

## 2.3 The Health of the Nepali People

Nepal has a government system of health care which struggles to provide health services to people in remote regions. The system is inefficient, with money often not reaching those who need it most. Health Posts in the mountains are often non-functioning, unless supported by non-government organisations.

### In Nepal:

For every 100 000 live births, 55 babies will die.

For every 1 000 mothers giving birth, up to 15 will die.

126 children will die before their fifth birthday.

Nepal is only one of two South East Asian countries not to have achieved success in at least one of the five criteria for eliminating neonatal tetanus.

Malnutrition is associated with 54% of all childhood deaths, and the level of malnutrition is the same as it was 25 years ago.

WHO estimates that nine of the twenty one million population live in absolute poverty.

World Health Organisation (WHO), 1996 & 1998

## 2.4 Project Progress: January 2001 – June 2001

Despite the difficulties mentioned above we have undertaken a number of initiatives in Nepal in the last six months in partnership with USC Canada-Nepal (USCCN), the local NGO that we work with in the Humla region. They include the following:

- Conducting an Obstetrics and Gynaecological Surgical Camp via the International Nepal Fellowship. The camp was held in Simikot, the largest town in Humla, where close to 500 women attended for treatment.

"Patients came mainly from the North of Simikot, some having travelled four days to get to the hospital... some of the main reasons for attending (the camp) were pregnancy, primary and secondary infertility, pelvic pain, epigastric pain, renal conditions, vaginal discharges and prolapses, and abnormal bleeding... in total 43 operations were performed..."

From Ellen Findlay, INF Report on *O. and G. Camp*, May 2001

- Provision of emergency assistance to children in Thehe and Syanda, where an outbreak of measles and dysentery was threatening the lives of thousands. We funded medical support to around 700 children; it is estimated that around 200 of these children would have likely died without this help.
- Provision of emergency assistance to one man suffering from tuberculosis, to airlift him from the mountains to a hospital which was able to treat him effectively.
- Training 163 health workers and healers in three villages (Chhipra, Syanda, and Baragon), where they were provided with information in relation to health programs and also asked for their feedback on the needs in their villages. Around 50% of the participants were female, a real achievement in a country where women are seriously marginalized.
- Training 15 government and non-government agency workers in Simikot in health related issues, and seeking solutions that were culturally appropriate. Part of the purpose of this workshop was to promote better linkages between the various groups, which was achieved.

"The participants shared the major health problems, its causes like poor sanitation, lack of safe drinking water, malnutrition etc., and their impacts in developments. The workshop became successful in developing coordination linkage with other line agencies and implement health programs effectively and delivers health services smoothly..."

USCCN Project Report to *The ISIS Foundation*, June 2001



1. Obstetrics and Gynaecology Surgical Camp, INF, May 2000
2. The transporting of equipment and the camp itself.



- Opening the Yalbang School, which has been rebuilt by *The ISIS Foundation* in partnership with the local community over the last eighteen months. Eighty-five children are now able to attend primary school.
- In late June 2001 we opened our first office in Baluwatar, Kathmandu, based at the office of one of our strategic partners, USCCN. Dr. Kimber Haddix, the *ISIS* Nepal Country Manager, is currently in the process of establishing this office, along with an office in Simikot, Humla.

## 2.5 New Strategic Partners

In the last six months we have developed our relationships with three additional non-Government organisations in Kathmandu. Our objectives in doing so are to (i) provide a base from which we can add to our work already in progress in Humla, (ii) ensure that we are able to continue assisting the people of Nepal despite political instability in the mountains, and (iii) broaden our role to include more of a focus on education, which we see as a vital component of ensuring effective health management in the longer term. We will be working with each of these organisations over the next year or two to enable us to see whether a long-term relationship is in our mutual interests, and to provide us with the opportunity to assess the relevance of their work to our overall goals. They are:

### 2.5.1 Himalayan Medical Foundation

The Himalayan Medical Foundation (HMF) operates health clinics from 11 monasteries in and around the outskirts of Kathmandu. It was founded (and is run) by Dr. Greg Rabold, from Colorado, who was inspired to assist monks in Tibetan Buddhist Monasteries after seeing the terrible suffering there in 1993.

"When HMF began, the issues Dr. Rabold faced were epidemics rather than isolated cases. Some of the epidemics he treated were tuberculosis, dysentery, scabies, and other severe skin infections... Dr. Rabold told me about a woman of 83 years who woke at 3 am and walked for four hours to the clinic so that she could be seen when the doors opened at 7 am... she had no money and did not think twice about the journey, she was simply grateful that at last she could be treated..."

Article in *The Crestone Eagle*, October 1999

In the next six months we will be funding the running costs of HMF's clinic at the Benchen Gompa monastery, which provides health care each year to over 5000 villagers, monks and nuns in Swyambunath.



The new Yalbang School, Humla, Nepal



### 2.5.2 Hands In Outreach

Hands in Outreach (HIO) is a Kathmandu-based educational service provider. Two full-time employees work in the capital of Nepal, assisting children and their families to access quality secondary education. They are managed by a voluntary, USA-based Board, and have an impressive 15 year history of achievement with disadvantaged children in the city. The Founders of *ISIS* have had a long association with HIO, having sponsored children with them since 1989.

HIO sponsors children to attend schools in Kathmandu, and keeps in touch with those children to ensure that their needs are met. The notes below on the life of one such young woman, Anita, gives some indication of the issues these children face:

"On either side of Anita's home is the area where water buffalo are slaughtered... the stench is palpable; the flies are everywhere... barefoot children play in the puddles, while another group with the help of an old woman sort pieces of plastic refuse for recycling... Anita's house is made of loose brick ... the outside walls by the doorway are covered with dung patties all with a hardened hand print. We're met by Anita's father... he beckons us in to a windowless 10 x 14 room with a hard packed red-dish earthen floor. There is a tattered rug in one area next to a single bed covered with rolled up quilts... one light bulb hang(s) from loose wires overhead....

Six people live here... Anita's father earns about \$ 50 a month as a driver for an Indian social club.... Despite the physical hardships of poverty, Anita's academic achievements are a wonderful affirmation of 'what can be', with a little help from outside and a lot of desire from within. Coming from the poorest of the poor her life could easily have taken a dramatically different path. Hopefully with her continued effort, college and a decent paying job may lie ahead..."

HIO Newsletter, Winter 2001

From September this year, we are helping HIO by funding the salaries of their two Case Workers, providing health assistance to children in need, and assisting travel to Nepal for Board Members to oversee the work of the agency.

### **2.5.3 Tashi Waldorf School and Teacher Training Program**

The Tashi Waldorf School in Kathmandu provides comprehensive early childhood education to around 40 children between the ages of 3 and 7. The School, based on Rudolf Steiner principles, also runs a Teacher Training program which is Steiner based and includes visiting lecturers from New Zealand, India, Austria, and the Netherlands.

We are assisting the Tashi Waldorf School to renovate their premises, to enable them to provide 20 further places for children at their kindergarten. We are also looking into a closer ongoing relationship with both the School and the Teacher Training program.

## **2.6 Looking Forward: The Next Six Months**

The next six months for *ISIS* in Nepal are likely to be extremely busy.

In addition to beginning work with our new strategic partners, in partnership with USCNN we will be commencing a comprehensive health program in Humla which will include:

- (i) the building of a health post at Syanda, where both government staff and local healers can work with local people on health issues;
- (ii) the building of a school hostel at Chauganphaya, to provide residential accommodation for up to 80 children to attend school in the district;
- (iii) the structuring of formal baseline health studies in a number of villages in Humla, to enable us to accurately measure the effectiveness of our projects; and
- (iv) further research on primary health care in the mountains of Nepal, to develop program parameters which both *ISIS* and other agencies can use to ensure project effectiveness.

# Uganda Projects

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## 3.0 Uganda Projects

### 3.1 Background and Challenges



Uganda is well known in the West, largely as a result of the horrors of the period when the country was run by Idi Amin and then Milton Obote. It is now more politically stable under the Museveni government, and has made huge inroads into solving the crippling economic, social, and personal havoc that resulted from those violent years. It is known to be one of the most advanced countries in Africa in terms of its response to the AIDS pandemic. Uganda now has a far more stable economy and is working towards provision of social services to its people on a massive scale. However the challenges are many, as some of the information below illustrates.

#### 3.1.1 HIV/AIDS

Uganda has a population of around 20 million people; the Ugandan Government AIDS Control Programme has estimated that there are around 3.4 million Ugandans living with HIV/AIDS, although it has been suggested that this may underestimate the actual number by a factor of three (Tumwebaze et.al., 1993).

AIDS has taken hold in Africa for a plethora of reasons. Some of the factors which add to the complexity in dealing with both prevention and treatment include:

- Geographic - it is very difficult to provide care to people in remote areas of the country, where travel is hampered by poor (or no) roads, there are few or no health care services within reach, and/or it is economically impossible for people to travel to health centers or hospitals.
- Macroeconomic – treatment of people suffering from HIV/AIDS is expensive. In a country which can only spend around \$ 5 per person on health care each year, the private and non-government sector needs to play a large role in assisting with expensive treatments, such as those required for HIV/AIDS.
- Microeconomic – it is estimated that, during the Obote era in Uganda, people earned on average one third of the money they needed for subsistence living. In such dire circumstances, the exchange of sex for economic security became rife. In addition, the price of condoms is still beyond the capacity of those on rural incomes.

- Cultural – there are some cultural issues which mean that prevention of AIDS is markedly difficult:
  - Rural women in Uganda are a disempowered group, with a very high rate of HIV/AIDS.
  - Women’s lower levels of education and literacy has made it more difficult for them to receive knowledge about the disease from posters and the printed media, a method which has been shown to be successful for education of men. Similarly, school education programs tailored for the needs of adolescents have not been able to target girls, as only 26% of girls attend secondary school (Marcus, 1993).
  - Historically, people have been able to obtain antibiotics for sexually transmitted diseases without visiting a health care center, and thus avoid the stigma associated with divulging symptoms (Ogden & Bantebya-Kyomuhendo, 1996). This practice has thus discouraged early diagnosis and treatment of HIV/AIDS.

### 3.1.2 Mothers and Children

Our focus in both Nepal and Uganda has largely been on interventions that will assist mothers and babies. In part this is due to our own vision of communities that can support and nourish these two groups, but is also a result of the fact that women are one of the most disadvantaged groups in these societies. But it is also the case that the statistics on the mortality of mothers and babies is a startling reminder that there is much that still needs to be done:

“Women undergo an average of 7 births by the end of their child bearing years... mortality estimates for the mid-1990's indicate that 600 - 1000 rural mothers die for every 1000 births...

... For every thousand children born alive in Uganda, 122 will die before they reach their first birthday...

... Before their fifth birthday, 203 will die.”

Wamai and Barton, 1994

A sobering statistic from Dr. Nick Wooding at Kiwoko hospital:

“In one year 1.5 - 2.7 million children under 5 die from malaria in Africa. This would be like 7 jumbo jets full of children crashing every day.”

### 3.1.3 *The ISIS Foundation and the Kiwoko Hospital*

In Uganda, we have partnered with a local hospital to assist mothers and babies in the country. Kiwoko Hospital was founded by a Christian Missionary, his wife, and three children in 1989:

"Few areas of Uganda have a more tragic story to tell than the area of green and fertile farming land north of Kampala, known as the Luwero Triangle. In the tragic war of retribution that bloodied the years of the Obote regime in Uganda, the area was systematically destroyed. In this grim climate, Ian Clarke, a Christian doctor from Northern Ireland, came to visit Luwero. He opened a clinic on the steps of a bullet ridden church. The floor of the church is his operating table, and in the doorway the local pastor, ironically named Livingstone, dispenses the drugs."

From Kiwoko Hospital website: [www.kiwoko.co.uk](http://www.kiwoko.co.uk)

Kiwoko Hospital, on a budget of around £ 250 000 each year, services approximately half a million people in the Luwero triangle, an area roughly half the size of Northern Ireland. In 1999, they:

- Treated 22 769 outpatients
- Treated 5 665 inpatients
- Undertook 1 672 operations
- Helped 525 people in their eye clinic
- Delivered 1 006 babies
- Undertook 978 dental procedures

They have 6 doctors.

## 3.2 **Project Progress: January 2001 – June 2001**

The major achievement in the last six months has been the completion of the Special Care Baby Unit, known to all as the SCBU (Neonatal Intensive Care Unit), at the hospital. This project was initially overseen by Nola Henry, an Australian Nurse working with *ISIS* who worked with the hospital in late 2000 to get protocols established, equipment in place, and the building on the move.

Once the building was complete, one Nurse and two Midwives were hired to staff the SCBU, and *ISIS* organised for two specialists to visit Uganda and provide training to these staff and others.

Dr. Lizette Pieterse, a Paediatrician, ran training during the days and evenings. One of the most popular subjects was the notion of kangaroo care: the health advantages of caring for infants by carrying them in a 'sling' on the front of the mother's body. This concept was new to many mothers, and staff at the SCBU are now knitting slings to assist in encouraging mothers to care for their babies this way. Lizette also met daily with the Doctors at the hospital to discuss medical management of various conditions that they see regularly in children coming to Kiwoko, such as the treatment of sepsis (infection). She was consulted on a daily basis to see

infants with various conditions, including prune belly syndrome, neonatal tetanus, and the resuscitation of low birth weight babies.

Debbie Anzalone spent many months organising equipment for the unit, and arrived in Uganda in March followed closely by the delivery of two incubators. She found that the incubators were very useful, as was the baby linen she brought. Prior to this, mothers had been using their scarves to provide their babies with nappies, which meant that premature babies were constantly wet and cold; this is a real problem as thermoregulation is vital in low birth weight babies. The incubators are equipped with a special feature; they have a probe which can be attached to the skin and the incubator can be set to maintain the infant's temperature accordingly. Deb trained staff in their use, along with training on other equipment such as auto blood pressure machines and cardio-respiratory machines.

Deb met with the SCBU team daily to discuss the operations of the Unit. They worked together to trouble shoot, develop lists of equipment still needed there, and discussed emergency access and the future of the unit.

"(staff in the SCBU)... are a great group and I have every bit of confidence that they will do well. We spent many days meeting with them and those in charge... working through staffing, emergencies, setting up the equipment and how to begin day-to-day operations. There is such enthusiasm and full cooperation. There is great excitement of the new staff to see it all being pulled together..."

E-Mail from Deb Anzalone to *The ISIS Foundation, March 2001*

During her visit in March Deb also ran Neonatal Resuscitation Training for 20 staff at the hospital, the knowledge of which is vital when working with these tiny patients. Thanks to her work both this year and last, Kiwoko Hospital is now one of only two hospitals in Uganda to have people certified in this program – she has now trained 45 staff there. She is a certified instructor for the course, (Neonatal Advanced Life Support), which was initiated by the American Academy of Pediatrics and the American Heart Association. There are six lessons: an introduction; delivery room guidelines; bag and mask ventilation; endotracheal intubation, and emergency medications.

"The staff are just as hard working as ever. They are eager for education, grateful for all we brought and full of smiles and hugs. We did the testing the next week and put in a long 14 hour day trying to get everyone through. We ended up getting set back as a 30 week old infant was born (about 1000 grams, by emergency caesarian) ... we delayed the testing a bit while we stabilized the baby, putting in IV's, oxygen, and settling her into the incubator".

E-Mail from Deb Anzalone to *The ISIS Foundation, March 2001*



Debbie Anzalone conducting training at the Special Care Baby Unit, Kiwoko Hospital



Dr. Nick Wooding outlined some of the challenges faced in the SCBU in his recent newsletter on the Hospital:

"Recently, Debbie Anzalone, a special care baby unit nurse from Seattle, came over to Kiwoko for a week to teach us about how to look after premature babies better and save the lives of those born after a difficult delivery. Often in Uganda (but not at Kiwoko!) the midwife will give up if the baby looks unwell, since experience has shown her that this baby has no chance. And after all, the mother can always have another baby...

On Debbie's first day here, and as she was setting up all her teaching materials, a mother was brought in who had given birth on her way to hospital. People have to wait for the shared taxi to be full before it will leave, and for poor people with no rural ambulance service, they have no choice but to wait, even if they are in labour. Eventually it left but that was too late for her. The baby was born but the umbilical cord had not been cut, so it arrived with the heart beating but it was not breathing. After much work the baby started breathing again. Unfortunately two days later it died... it has taught us that if this case will survive for two days the ones who are better off will definitely survive.

I saw the mother on the ward round the next day. She was crying. This was her first baby. I do not think she would want to be told she could always have another one. She was only 15 years old. Perhaps that is why the labour and birth were delayed, since her body still had to grow. Here is another tragedy, where only 14% of women use contraception, and sex education is illegal culturally so people learn from the media or by experimentation. Half of all 18 year olds already have a child, and it would be more if some grandmothers did not encourage them to use herbs for the equivalent of a back- street abortion."

Dr. Nick Wooding, Kiwoko Newsletter, April 2001

In the last six months we also provided direct assistance to the Kiwoko Hospital AIDS Care Programme, after we received a donation for this purpose.

The HIV/AIDS Program at the hospital is wide ranging and includes:

- training in the villages, for prevention and education;
- subsidising and providing treatment for sufferers;
- accepting referrals from home-care groups, when hospital treatment is needed;
- caring for AIDS orphans and those abandoned by their families, and;
- providing work for some of those who cannot afford treatment.

In the last six months, the ISIS House on the grounds of the Hospital was completed. This house enables us to provide accommodation for ISIS trainers and staff without placing too much of a burden on the hospital infrastructure.



1. A Mother and her child, Kiwoko Hospital, using one of the new incubators.
2. Dr. Nick Wooding (Kiwoko Hospital) and Mr. Martin Brennan (USA Ambassador) opening the Special Care Baby Unit



Another achievement over the last six months was the graduation of Ssekidde K. Moses, the gentleman who is in charge of the Community Based Health Care Programme at Kiwoko Hospital. We assisted Moses to obtain his Diploma in Health Administration, knowing that he has a great deal of respect at the hospital and within the community, and that the studies will help in furthering the reach of the CBHC programme. This programme provides outreach services to villages across the Luwero Triangle, with health workers travelling into villages and conducting formal and informal meetings with local people to encourage better health care practices. The 4WD vehicle provided by *The ISIS Foundation* is used to enable the health workers to cover greater distance, and to operate a mobile clinic from the vehicle when emergencies must be faced away from the hospital.

### 3.3 Looking Forward: The Next Six Months

The next six months will involve:

- (i) discussions and meetings with the Medical Superintendent of the Kiwoko Hospital, Dr. Nick Wooding, to agree on strategy for collaboration going forward;
- (ii) provision of further training to staff of the Special Care Baby Unit, provision of additional equipment, and continued funding and maintenance, and;
- (iii) research into, and consideration of, safe motherhood programmes in the Luwero district.

Such programmes aim to reduce both maternal and infant mortality, and are known to be one of the most effective ways of alleviating health care burdens in the developing world. Safe motherhood programs face numerous challenges, however, including the need for resources, infrastructure to deliver the programs, the need to carefully analyse data on the effectiveness of the program, and cultural considerations.

"Safe motherhood partnerships have been responsible for important international and country-level progress over the last ten years. Collaboration has enabled individual organizations to share their diverse strengths, and to achieve more than they could have alone. During this same decade, however, six million women have died needlessly in pregnancy or childbirth. Your support - and your partnership - can help safe motherhood partners around the world apply the lessons they have learned to save the lives of millions of women before the year 2000. Each minute, each day, in every country."

Safe Motherhood Inter-Agency Group, [www.safemotherhood.org](http://www.safemotherhood.org)

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**Many thanks yet again to all those who have supported the  
work of *The ISIS Foundation*.**

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

