

# **SIX MONTHLY REPORT**

## ***THE ISIS FOUNDATION***

**1 JANUARY 2000 – 30 JUNE 2000**

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

Washington Mall  
Phase 1, 3<sup>rd</sup> Floor  
22 Church Street  
Hamilton HM 11  
Bermuda

Tel: 441 296 7339  
Fax: 441 296 7340  
E-Mail: [isis@ibl.bm](mailto:isis@ibl.bm)  
Website: [www.isis.bm](http://www.isis.bm)

## **Foreword**

According to the United Nations Development Programme (UNDP) reports of 1998 and 1999 socio-economic indicators point at an increasing disparity between rich and poor countries as well as between the people within the countries.

Poverty is not merely measured by a decline in income, but more importantly by a general absolute or relative degradation of the physical and socio-economic infrastructure, of which the health services are part. Not surprisingly, therefore, health indicators report stagnating or deteriorating health conditions for large proportions of the population in many countries.

Increasing disparity between rich and poor, the resulting marginalisation, and lack of equity threaten to undermine economic, social and political structures on a large scale.

It is generally agreed that this process needs to be stopped and reversed.

Worsening health services affect people in densely populated areas as well as those living in remote areas with already difficult access. The first group's lack of access is caused by socio economic and cultural factors, but remote populations simply lack the possibility to visit health facilities because of distance or other geographic barriers.

Remote populations are not the only ones without access to health services and not all remote populations are poor, but it goes without saying that remote people bear a disproportionate share of the burden.

The principle of equity includes that every child has the right to basic health care, including protection against vaccine preventable diseases. High-risk groups like remote populations deserve special attention to fulfill this goal.

## **The *ISIS* niche**

*ISIS* seeks to address the above issues by reaching segments of the un-reached population that are too remote to be effectively reached by the present infrastructure of outreach primary health care services. This strategy is innovative in that it represents a radical rethinking of traditional approaches. The overall principle of the *ISIS* approach, whether it involves the improvement of the existing infrastructure or it entails new strategies, is that the community is involved in the design, as well as the execution of the plan. For *ISIS* to be successful, community involvement is indispensable.

*ISIS* is:

- working toward sustainability;
- introducing new technology in the regions;
- adding to the existing structures and sustainability created by USC Nepal in Nepal and Kiwoko Hospital in Uganda;
- filling the gap between government and local services.

## SUMMARY OF PROGRESS TO DATE

### 1.1 The Uganda and Nepal Projects

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

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

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

- the completion of an Intensive Care Unit at the Kiwoko Hospital;
- funding of the leader of the Kiwoko Hospital community based health project Ssekidde Moses, to attend the Health Administration Diploma programme;
- neonatal resuscitation training for 30 Kiwoko Hospital staff;
- continued funding of a number of community-based health care workers at the Kiwoko Hospital; and
- continued daily use of the four-wheel drive vehicle as a mobile clinic in the outreach health care programme.

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

- in partnership with the local community, funded the rebuilding of the Yalbang local school, which is now nearing completion;
- been negotiating on several potential joint ventures with highly regarded local service providers, in order to maximise the delivery of health care services in the region. We anticipate that a Memorandum of Understanding will be signed between *The ISIS Foundation* and USC Nepal in July 2000, to outline the terms of a joint relationship with respect to establishing a health project in the area.
- procured a visit by Nola Henry (a registered nurse) to the Nepal project during May and June 2000. Nola spent one month up in the Himalayas visiting the project site with USC Nepal and provided a detailed report on the current state of health in Humla.

### 1.2 Donations

We have received donations and commitments totalling approximately US\$480,326 to date. Of this amount, \$288,235 is earmarked for the Uganda Project, \$101,068 for the Nepal Project, and \$91,023 for general expenses relating to either project.

*ISIS Limited*, the profit-making company established by the same three partners who set up *The ISIS Foundation*, has paid \$268,152 in administration costs for *The ISIS Foundation* to date. *ISIS Limited* will continue to pay all administration costs of *The ISIS Foundation* going forward, as long as it is able.

Thus:

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

### **1.3 Tax Status**

We have not yet completed our application for tax status as a registered charity in the United Kingdom, and will keep donors informed as we do move forward on that application. We may also apply for registered charity status in Australia during 2000. We are maintaining our relationship with the International Charitable Fund of Bermuda, Inc., in order that US donors may receive tax deductibility for donations to *The ISIS Foundation* if they choose to do so.

### **1.4 ISIS Website**

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

### **1.5 Staff**

*ISIS* is very happy to announce that Nola Henry (RN) joined the *ISIS* team in April 2000. Nola is a very experienced nurse who has worked in Australia, UK and recently in the Falkland Islands. She brings a wealth of experience to the on-site health team.

Nola worked as a nurse practitioner in the Falkland Islands and previously as the director of Health/Nursing services in Victoria, Australia. During her nursing career she has been awarded various distinctions and professional awards.

Nola will be the *ISIS* project manager in Uganda. Initially she will be focusing on establishing training and protocols for the Intensive Care Unit which *ISIS* has recently completed at the Kiwoko Hospital. We also plan for Nola to continue to spend some time at the Nepal project for *ISIS*.

*ISIS* continue to get invaluable assistance from Karen Nagel and Lucy Garca from Mismi Consulting continue to make sure our finances are in order.

## **1.6 Mrs. Annie Beesley**

The year 2000 has been a difficult one for the *ISIS* partners personally. We lost Sharon Beesley's mother, Annie Beesley, in June. She was enormously proud of the work that we are doing, which we continue in the name of all our parents.

We have received a number of extremely moving donations in our parents' memory in the last four months, and wish to express our heartfelt appreciation for all the support and help we have received.

**IWOKO, UGANDA**  
**ISIS HEALTH CARE PROJECT**  
1 JANUARY, 2000 TO 30 JUNE, 2000

## **2.1 Background and Project Objectives**

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

The objectives of the Uganda Project are:

- to provide training and health services to people in remote areas, by providing a project manager, working with a team of Kiwoko Hospital health workers, on a full-time basis;
- to encourage greater health education by constructing a community-based health care training and education area, with a central hall for training;
- to provide services to people suffering from AIDS in outlying areas, by and funding the expansion of the Kiwoko Hospital AIDS Care programme;
- to provide additional services to local children by the construction and staffing of a high care unit (ICU) for children at the Kiwoko Hospital; and
- to facilitate medical services in outlying areas by providing a four-wheel drive to be used as a mobile clinic and outreach vehicle.

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

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

- the continued funding of six full-time community-based health care workers at the Kiwoko Hospital;
- the construction of an Intensive Care Unit at the Kiwoko Hospital;
- neonatal resuscitation training for 30 Kiwoko Hospital staff;
- Deborah Anzalone RNC, B.Sc., S.M Sc NNP from the University of Washington's Neonatal Intensive Care Unit, visited the Kiwoko Hospital in April to teach and train the staff in the Neonatal Resuscitation Programme; and
- continued funding and use of the four-wheel drive as an outreach mobile clinic.

### **2.2.1 Staff**

In the past six months, *The ISIS Foundation* has continued the funding of an additional six full-time community-based Health Care Workers at the hospital. These workers provide a number of services to the community, including systematic rural community visits, essential medicine dispensing, distribution of safe birthing kits and safe motherhood training, and immunisations.

### **2.2.2 Building a New Intensive Care Unit (ICU)**

Thanks to a generous donation from Mr. Brian Hall of Bermuda, *The ISIS Foundation* began construction of a paediatric intensive care/high care unit (ICU) at the Kiwoko Hospital in October 1999. The building was completed in February 2000.

The ICU will be equipped with specialised equipment such as incubators, pulse oxymeters, oxygen supplies and a generator. Some of this equipment and training materials has been sourced and donated by Debbie Anzalone, to whom we owe a great debt of gratitude. Debbie is a highly specialised nurse, who has worked tirelessly to provide *The ISIS Foundation* with an enormous amount of invaluable equipment.

The ICU will function as a high care facility for very sick newborns and children. Once operational, it will be one of its kind in Uganda, and should serve as a referral unit for other remote areas.

Nola Henry will start on 1 August, 2000 as the *ISIS* ICU Consultant to oversee the setting up of the ICU. She will be responsible to install all relevant ICU protocols and to train the local Kiwoko Hospital staff in its use.

### **2.2.3 Neonatal Resuscitation Training**

*The ISIS Foundation* facilitated a two week visit by Debbie Anzalone as part of establishing the ICU. Debbie spent two weeks in April training 30 hospital staff in Neonatal Resuscitation.

#### **Excerpt from one of Debbie's emails**

*"The last week in Kiwoko Hospital in Uganda was a great success and full of many exciting events. I decided to stay there for the last week onsite to optimize my time which worked out great. We had two more large groups go through the Neonatal Resuscitation training. One group in the day and then another group in the evenings. The people there work so hard and I found it so inspiring. My group in the evenings had worked all day long and then sat through class all evening. 30 people went through the program with the option to write the exam and do the practical. 20 people showed up for this and passed on Wed. and Thurs. It was quite something to see them functioning with these new skills and taking such an interest in it all.*

*On Thursday they were able to see a resus. when a baby was driven in to the hospital from a remote area. By the time she was given to me she did not look well and appeared to have been choking and her colour was quite poor. After some bagging and suctioning she appeared to be a bit more stable. She was severely dehydrated and extremely jaundiced. I can honestly say that it was the hardest IV start I have had to do. We pulled all of the equipment out from Seattle and were able to use the old syringe pump to infuse fluids as they didn't have anything to do this with and it would have had to have been lots of boluses otherwise. The hospital didn't have any Dextrose solutions for babies so we had them make some up and began to hydrate her. We made the decision to open up a spot in the new ICU and it was great to see the room come alive and buzzing with activity. We found some*

*antibiotics and decided to give her these as there appeared to be other things going on with this baby. Miraculously there was one set of phototherapy lights so we were able to rig up the electricity and get them working. We didn't have another incubator so we covered her little cot with mosquito netting and then towels to try and keep the heat in while we had the phototherapy lights on. We used British Airways glasses to protect her eyes!! You should see the photos!"*

#### **Dr. Anne's thank you**

*Dear Debbie,*

*Greetings from Kiwoko Hospital.*

*I hope you had a safe journey back home. Sorry for having kept you so busy during your last days here. However, your selfless commitment was both a blessing and an example. Your being here I believe left an impression not just in people's hearts but in the way they perform their work.*

*I really want to express our sincere thanks to you for having put in so much of your time to come over and train us as APLS providers. Indeed the skills you imparted to just one health worker will give tens .... hundreds of precious lives a better start to life.*

*We hope you will keep in touch and perhaps come again. May the Lord continually bless the work of your hands.*

*Yours sincerely,*

*Dr. Anne N. Kakia  
Medical Superintendent  
Kiwoko Hospital*

#### **2.2.4 AIDS Care Programme**

*The ISIS Foundation continues in its efforts to raise funds to expand the existing AIDS Care programme at the Kiwoko Hospital.*

#### **2.2.5 Mobile Clinic**

Thanks to Partner Reinsurance Limited, *ISIS* was able to purchase a four-wheel drive to act as a mobile clinic to outlying areas. It is now used daily for outreach primary health care and training. The vehicle also serves as an ambulance to transport the very sick back to the Kiwoko Hospital.

Due to the success of this mobile clinic, and the high demand for assistance in outlying areas, *The ISIS Foundation* is endeavouring to raise funds for a second four-wheel drive vehicle.

### **2.3 Looking Forward**

The next six months will be extremely busy in our work in Uganda. Nola Henry will be working for *ISIS* as the ICU Consultant at the Kiwoko Hospital. Our plans include:

- the establishment of the protocols for the new ICU;
- provision of equipment for the ICU; and
- inauguration of the ICU in November 2000 – Audette Exel and Dr. Swart will be in attendance.

In addition, in the next six months we will:

- work with Nola, the newly appointed *ISIS* Project Manager, in establishing our full-time presence in the region;
- look at expanding the existing CBHC programme to other areas;
- continue to seek funding for the AIDS Care Programme, a second four-wheel drive vehicle, and additional Health Care Workers;
- and work closely with Mrs. Janet Museveni, First Lady of Uganda, on strategies towards the goal of safe motherhood in the Luwero district.

**HUMLA, NEPAL**  
**ISIS HEALTH CARE PROJECT**  
**1 JANUARY, 2000 TO 30 JUNE , 2000**

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

USCCN (Unitarian Service Committee of Canada) Nepal (“USC Nepal”) has been active in Nepal since 1977 and has grown to become a prominent agency there, promoting human development. Its programme goals are focussed on reducing poverty, protecting the environment, ensuring sustainability primarily through agriculture (food security), savings and credit, water, sanitation, education and training, health and nutrition and women’s development.

USC Nepal have been working in the Baragaon and Thehe areas (Humla district) for nine years and the Syanda and Chhipre (Humla district) areas for two years. Significant inroads have been made into the first two priority areas. Even without a specific health programme to date, USCCN programmes in sanitation and environment, safe drinking water, literacy and sustainable agriculture have impacted on the health status of these four VDC’s (Village Development Committees). USCCN have also at various times conducted courses for Traditional Birth Attendants (TBA) training, and Traditional Healer awareness and education in primary health issues.

In late May/June 2000 Dr. Charles Swart and Nola Henry (RN) traveled to Nepal for further discussions with USC Nepal in Kathmandu. An important outcome of these discussions was agreement on the concept of a joint *ISIS/USC* health programme for Humla.

*ISIS* and USC Nepal have agreed to jointly fund and manage a twelve-month project in the Humla region, after which its effectiveness will be assessed prior to ongoing funding. The pilot project commenced in June 2000, and involves the following:

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

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

- to establish a Sustainable Outreach Services (SOS) programme in the region. SOS is a strategy to reach the “un-reached” with immunisations and other health services;
- to improve the quality of the health of the local population by establishing an outreach primary health care programme;
- to gain access to regional children in order to provide health education, by rebuilding the local government school in partnership with the local community; and
- to undertake research which will enable us to measure the effectiveness of our funding and ensure quality outcomes in the region.

### **3.2 Current Status of the Project**

Progress has been steady in this remote but beautiful area of Nepal in the last six months. We have:

- in partnership with the local community at Yalbang, funded the rebuilding of the local school, which should be completed in September;
- agreed in outline a Memorandum of Understanding (MOU) between *ISIS* and USC Nepal to establish a joint outreach health care project in Humla, effective June 2000;
- facilitated the visit of Nola Henry in Humla for an orientation trip. Nola, on behalf of *ISIS*, met with all groups and people involved in health care in the region, and has provided us with a comprehensive report on the current status of health care in the region;
- continued to move towards additional joint ventures - Dr. Swart is negotiating with ApTibet and the American Himalayan Foundation to assist with the health project in the Humla region; and
- employed a Nepali staff nurse as of June 2000 for the Humla project.

Further details are provided below.

#### **3.2.1 Access to Children for Health Education: The Rebuilding of the Yalbang School**

The old dilapidated Yalbang School was demolished in August 1999, and rebuilding of the new school began in September 1999. We expect that, weather permitting, the first phase of the construction will be completed in early 2000.

In line with *ISIS* policy, which requires that such projects are a partnership and collaboration between ourselves and local organisations, the rebuilding of the school is a jointly-funded programme between *ISIS* and the Mucchu Village Development Committee (MVDC). In addition, USC Nepal is providing technical assistance - engineering - in the building programme.

Phase one is expected to be completed by the end of September, This phase is focused on re-establishing the school for use in health education, including reconstruction of walls, toilets (pit latrines), and the roof.

#### **3.2.2 Memorandum of Understanding**

*The ISIS Foundation* and USC Nepal has had various meetings on how to jointly implement a health project in Humla. Dr. Swart has visited the Humla area on various occasions. *ISIS* and USC Nepal has now agreed on the concept paper for the project. It is anticipated that *ISIS* and USC Nepal will sign the MOU early July 2000.

#### **3.2.3 NOLA HENRY VISIT TO HUMLA**

Nola Henry spent one month at our project site in Humla, Nepal. She discussed and reviewed the *ISIS* programme with all the other health personnel in the area. She also visited

other project sites in Surkhet (Western Nepal) and Pokhara (Central Nepal). Nola traveled with the newly appointed ISIS/USC Nepal staff nurse to projects in and around Kathmandu.

**Excerpt from Nola`s Report July 2000**

*“The proposed USCC/ISIS health project for the Humla region of far north west Nepal has been enthusiastically welcomed by all providers and recipients of health care in the region.*

*The current state of health for residents of rural Nepal is poor. Mortality rates for infants, children and women in childbirth are amongst the highest in the world. Chronic disease compounds the morbidity outcome of relatively minor illnesses, and it is estimated that the level of child malnutrition is the same in rural Nepal now as it was twenty five years ago.*

*Provision of health services in Humla is predominately through the government, which provides a series of health posts and subhealth posts, supported by a district hospital in Simikot. The infrastructure of the buildings is poor and virtually no equipment is evident in the health posts. The supply of medicines is inadequate.*

*Historically absenteeism rates amongst government workers assigned to work in these remote posts has been high. However in Humla at present, there are health workers in Syanda, Chhipre and Baragaon who have been in their posts for over six months, and who are working hard under very difficult conditions to provide an adequate health service for their communities.*

*ISIS in conjunction with USCC has employed Ms Krishna Shrestha to the position of health care co-ordinator/staff nurse. The ISIS/USCC health project will work alongside the existing government health programs.*

*The key to the introduction of a successful health program into Humla is community motivation. No improvement in health care delivery can be effected and sustained if community members do not identify the project as their own. The local communities will be consulted at all levels of the planning/implementation/delivery and follow-up of the service.*

*There are specific challenges to be overcome to introduce a successful health program into the Humla region. Geography, transportation and communication limitations are restricting but not unique to Humla. ISIS will look closely at helping to improve the infrastructure of the buildings and at the supply and maintenance of equipment. The supply and distribution of medicines is acknowledged as a problem throughout Nepal, and further investigation of sustainable drug issue programs will need to be explored. Ongoing education of health workers, traditional healers and birth attendants will help to improve public trust in western medical options and allow local community members to be more fully involved in integrated public health teaching in their local community. Raising the awareness levels of the local community on a number of issues, including health and its relationship to disease and living conditions, immunisations, child and maternal health and family planning is crucial to improving the long term morbidity indicators of the community and the actual mortality statistics. “*

### **3.3.4 Nepali Staff Nurse**

*ISIS* is happy to announce that we have, jointly with USC Nepal appointed our first Nepali Staff Nurse. It is very difficult to obtain health personnel for Humla because it is such a remote area in Nepal.

Krishna Shrestha joined the *ISIS/USC* Nepal team full-time in June 2000. She will be the Health Coordinator for Humla working hand in hand with the USC Nepal staff in Humla.

Dr. Swart will spend time with Krishna in Humla later this year to oversee the implementation of the outreach health project.

Krishna is a very well qualified nurse who has worked for various large non-government organisations in Nepal.

### **3.3 Looking Forward**

Over the six months to 31 December, 2000, we will consolidate the programmes outlined above, through our liaison with local organisations in Nepal, and through our direct work in the area. Both Dr. Swart and Ms. Sharon Beesley will be in Nepal over this period.

## **CONCLUSION**

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

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

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**Dr. Charles Swart**

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**Audette Exel**

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**Sharon A. Beesley**

20 July, 2000

*The ISIS Foundation*

Statement of Financial Position by  
Project

As at June 30, 2000

	General Fund	Restricted Funds Uganda	Nepal	Total
<b>ASSETS</b>				
Cash & cash equivalents:				
General Call account	13,227.15			13,227.15
Nepal Project Call account			21,096.75	21,096.75
Uganda Project Call account		7,334.82		7,334.82
Stanbic Account		800.00		800.00
Commonwealth Bank of Australia	92.89			92.89
Accounts Receivable				-
Interest Receivable				-
Investment in ISIS Limited	620.00			620.00
Contributions Receivable	60,000.00	200,000.00	60,000.00	320,000.00
Fixed Assets	3,914.44	26,255.67		30,170.11
Total Assets	<u>77,854.48</u>	<u>234,390.49</u>	<u>81,096.75</u>	<u>393,341.72</u>
<b>LIABILITIES</b>				
Accounts payable	300.00	4,579.73	542.75	5,422.48
Grants payable				-
Total Liabilities	<u>300.00</u>	<u>4,579.73</u>	<u>542.75</u>	<u>5,422.48</u>
<b>FUND BALANCES</b>				
Unrestricted net assets	77,554.48			77,554.48
Externally restricted Fund Balances		229,810.76	80,554.00	310,364.76
Internally restricted Fund Balances				-
Total Fund Balances	<u>77,554.48</u>	<u>229,810.76</u>	<u>80,554.00</u>	<u>387,919.24</u>
	<u>77,854.48</u>	<u>234,390.49</u>	<u>81,096.75</u>	<u>393,341.72</u>

***The ISIS Foundation***

Summary of Activities by Project

For the period

January 1, 2000 to June 30, 2000

	General Fund	Restricted Uganda	Nepal	Total
REVENUES, GAINS & OTHER SUPPORT				
Contributions:				
Contributions restricted			818.00	818.00
Contributions unrestricted	69,788.00			69,788.00
Fees				-
ISIS Limited contributions				-
Income on long term investments				-
Other investment income	60.00	338.00	78.00	476.00
Net unrealised & realised gains				-
Net assets released from restrictions				-
Total revenue, gains & other support	<u>69,848.00</u>	<u>338.00</u>	<u>896.00</u>	<u>71,082.00</u>
EXPENSES				
Construction Costs		5,163.00		5,163.00
Travel & Living costs	705.00	3,682.33	1,015.42	5,402.75
Baseline Study				-
On going expenses		4,994.26		4,994.26
Project Manager costs			3,229.27	3,229.27
Physician/Health Worker costs		5,705.46	542.75	6,248.21
Pharmaceuticals/Diagnostics				-
Vehicles		2,242.00		2,242.00
Management & General	2,129.63			2,129.63
Depreciation				-
ISIS Limited administration costs				-
Preliminary research and set-up costs				-
Fund Raising				-
Total expenses	<u>2,834.63</u>	<u>21,787.05</u>	<u>4,787.44</u>	<u>29,409.12</u>
Excess (deficiency) of revenues over expenses	<u>67,013.37</u>	<u>-21,449.05</u>	<u>-3,891.44</u>	<u>41,672.88</u>
Fund Balances, beginning of year	10,405.16	251,845.10	83,996.00	346,246.26
Interfund Transfers	135.95	-585.29	449.44	0.10
Fund Balances, end of year	<u>77,554.48</u>	<u>229,810.76</u>	<u>80,554.00</u>	<u>387,919.24</u>

*The ISIS Foundation*

Nepal - Summary of Activities

For the period January 1, 2000 to June 30, 2000

	Nepal	Budget
REVENUES, GAINS & OTHER SUPPORT		
Contributions:		92,796.50
Contributions pledged		
Contributions received	818.00	
Fees		
ISIS Limited contributions		
Income on long term investments		
Other investment income	78.00	
Net unrealised & realised gains		
Net assets released from restrictions		
Total revenue, gains & other support	<u>896.00</u>	<u>92,796.50</u>
EXPENSES		
<i>Construction Costs:</i>		
Children's pit latrines		
Children's Home furniture costs		
Himalayan children's Home		
Home Kitchen & dining hall		
Home legal & town planning		
Rebuilding Yalbang School		
Yalbang furniture costs		
Yalbang labour costs		
Yalbang pit latrines		
Baseline Study		
<i>On going expenses:</i>		
Home - bedding		
Home - Cook's salary		257.50
Home - food		
Home - Kunga Tsiring		515.00
Home - teachers' salary		618.00
Home - watchman salary		154.50
Home - water & electricity		
Yalbang - books & stationery		618.00
Yalbang - food		
Yalbang - furniture		
Yalbang - maintenance		
Project Manager & support staff costs	3,229.27	12,360.00
Project Manager Travel	1,015.42	1,545.00

Physician/Health Worker costs	542.75	16,480.00
Physician Support staff costs		5,871.00
Physician Insurance & registration		257.50
Physician Living costs & travel		3,090.00
Pharmaceuticals/Diagnostics		1,030.00
Vehicles		
Management & General		
Bank Charges		
ISIS Limited administration costs		50,000.00
Preliminary research and set-up costs		
Fund Raising		
Total expenses	<u>4,787.44</u>	<u>92,796.50</u>
Excess (deficiency) of revenues over expenses	<u>-3,891.44</u>	<u>-</u>
Fund Balances, beginning of year	-	-
Interfund Transfers		
Fund Balances, end of year	<u>-3,891.44</u>	<u>-</u>

NOTE:

Budget numbers are for 9 month period

*The ISIS Foundation*

Uganda - Summary of Activities

For the period January 1, 2000 to June 30, 2000

	Uganda	Budget
REVENUES, GAINS & OTHER SUPPORT		
Contributions:		108,914.00
Contributions pledged		
Contributions received		
Fees		
ISIS Limited contributions		
Income on long term investments		
Other investment income	338.00	
Net unrealised & realised gains		
Net assets released from restrictions		
Total revenue, gains & other support	<u>338.00</u>	<u>108,914.00</u>
EXPENSES & LOSSES		
<i>Construction Costs:</i>		
CBHC Hall construction		
Paediatric Ward - Intensive Care Unit	5,163.00	
Travel	3,682.33	
Baseline Study		2,500.00
<i>On going expenses:</i>		
Aids Care Program		7,725.00
CBHC Fuel & transport	150.93	3,090.00
CBHC Health Education	793.33	772.50
CBHC Immunisation programme		2,060.00
CBHC Income generating Projects		1,030.00
CBHC Meetings		772.50
CBHC Programme Wages	3,886.67	7,725.00
CBHC Safe birthing kits		257.50
CBHC Training of trainers		2,575.00
CBHC Water & sanitation improvements		1,030.00
Construction Manager's fee		
Medivac insurance		51.50
Paediatric ward annual expenses		1,000.00
Registration & medical insurance		515.00
Vehicle maintenance	163.33	515.00
Project Manager costs	5,705.46	27,295.00
Pharmaceuticals/Diagnostics		
Vehicles	2,242.00	
Management & General		

Depreciation		
Bank Charges		
ISIS Limited administration costs		50,000.00
Preliminary research and set-up costs		
Fund Raising		
Total expenses	<u>21,787.05</u>	<u>108,914.00</u>
Excess (deficiency) of revenues over expenses	<u>-21,449.05</u>	<u>-</u>
Fund Balances, beginning of year	-	-
Interfund Transfers		
Fund Balances, end of year	<u>-21,449.05</u>	<u>-</u>

NOTE:  
Budget numbers are for 9 month period