

BRIDGING WORLDS

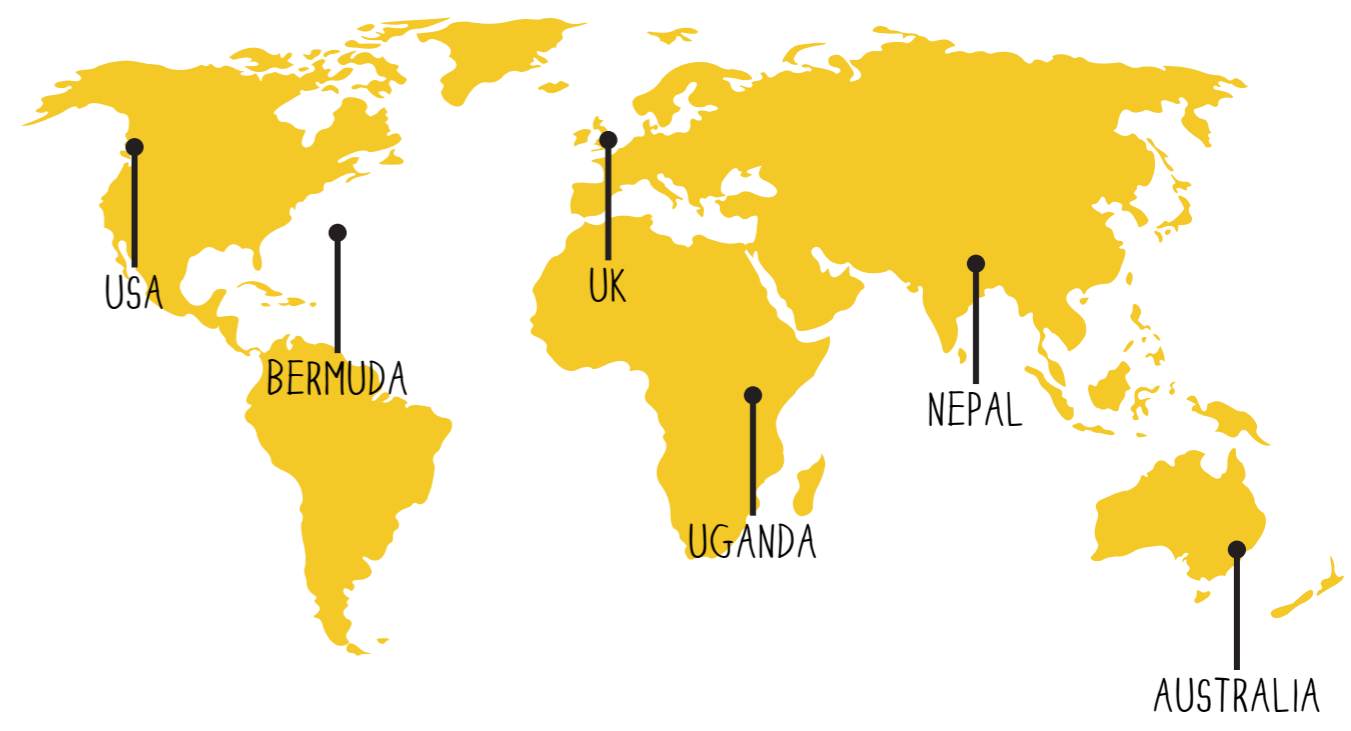
ADARA GROUP OPERATIONS REPORT
2013 & 2014

ADARA
GROUP



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The names and details of some people featured in this report have been changed to protect their privacy.

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UNDERPINNING THE WORDS AND NUMBERS THAT FOLLOW IS A STORY ABOUT WHAT IS POSSIBLE WHEN THE BUSINESS AND NON-PROFIT WORLDS COME TOGETHER TO HELP PEOPLE LIVING IN POVERTY.

A STORY OF LIVES ENHANCED, COMMUNITIES CHANGED AND WORLDS BRIDGED. A STORY OF LESSONS LEARNT, AND REMARKABLE SUCCESSES, SOMETIMES AGAINST THE ODDS.

Over 17 years, we have worked hard to demonstrate that, when partnered with a brilliant development organisation, the engine room of banking and finance can be used to improve the lives of people living in poverty.

In late 2014, when we realised that we had to farewell the name ISIS, we looked for a new name and tagline that would truly reflect our purpose and our model. Although we were horrified to find that our much-loved name had become synonymous with terror, we saw an opportunity for renewal and redefinition. We are now a truly global organisation, working with people of different religions, ethnic origins and backgrounds from one end of the planet to the other. Adara is one of the brightest stars in the sky, and lights a path for all of us. As we sat around the table brainstorming, the phrase 'Bridging Worlds' leapt out as perfectly catching why we exist, and how we work. Bridging the world of Wall Street with the alleyways of Humla. Bridging the world of business with the world of non-profits. Bridging the developed world with the developing world. Bridging the world of privilege with the world of poverty.

Under our new name of the Adara Group, we are proud to present this report on our operations and their impact over 2013 and 2014. As you will see in these pages, much has been achieved.

We have set our strategy for the next three years based on the outcomes and learnings set out in these pages, expanding our

vision to ensure that we help as many people as we can. We will continue to put research at the heart of all we do, to ensure all our projects are evidence-based and reflect the needs and desires of the communities we serve. We will continue to deliver excellent service at our project sites in Nepal and Uganda in our areas of expertise. And we are growing our knowledge sharing programme so we can share our experience and expertise locally, nationally and globally.

When you read the world news, it is sometimes easy to forget that progress is being made. Sometimes it seems the challenges of poverty are undefeatable. But we see it differently.

We see developing countries across the world marching towards the Millennium Development Goals, getting closer and closer to reaching them. We see the force of global consensus for change, as the world comes together to shape the Sustainable Development Goals. We see individuals coming together with astonishing kindness, generosity, love and compassion to help people they have never met on the other side of the world. We see corporates across the globe more committed than ever to using their skills and expertise to help those in need.

And it is working. Since 1990, rates of extreme poverty across the globe have been halved. Maternal mortality has fallen by 47%. Some 2.3 billion people have gained access to clean drinking water. 14,000 fewer children under five die each day than in 1990.

And yet there is so much more that needs to be done. The Adara family will keep working – hand in hand with our team, the incredible communities we support, and our wonderful supporters – to do all we can to improve the lives of as many people as possible. We thank everyone who has stood with us, from the bottom of our hearts.

Bridging worlds changes lives.

Audette Exel Founder and Chair
Susan Biggs Chief Executive Officer

THE ADARA GROUP MODEL



THE ADARA GROUP WAS BORN FROM DREAMING ABOUT POSSIBILITIES. WHAT COULD BE ACHIEVED IF WE REIMAGINED WAYS OF ACHIEVING EQUALITY, WEALTH, SECURITY AND HOPE IN THE WORLD?

Two underlying philosophies drive us. First is the belief that every person on the planet deserves good quality health and education services, no matter where they live. Second is that the halls of business and power have incredible potential for driving change for communities in need.

The Adara Group is made up of two parts. The first is a non-profit international development organisation, Adara Development. The second is an Australian-based corporate advisory business, Adara Advisors.

Our two parts work together to improve the lives of women, children and their communities in remote and rural areas. Since we began in 1998, we estimate that we have touched the lives of hundreds of thousands of people. Adara Development implements Adara's international development work, undertaking projects

in our three main areas of expertise; maternal infant child health; remote and rural community development; and care, support, and reintegration of children at risk.

Adara Advisors is a business for purpose rather than profit – its sole objective is to fund our non-profit's administration and

emergency project costs. Up to the end of 2014, Adara Advisors has donated more than US\$6.89 million (AU\$8.3 million) to Adara Development.

This innovative model allows 100% of all other donations received to go directly to Adara Development's project-related costs for supporting women, children and their communities. Great administration and infrastructure are a hallmark of any well-run organisation, and we know many donors like to see their funds go straight to 'the work on the ground'. With our model, anyone that supports Adara's programmes can fund our work without having to spend a cent on overheads, while knowing they are fully covered, thanks to our business.

Like the work of Adara Development, Adara Advisors continues to grow, developing new business streams to ensure the Adara model's long-term sustainability. Stay tuned for exciting news from the business in 2015.

AU\$8.3M
 DONATED TO ADARA
 DEVELOPMENT BY
 ADARA ADVISORS



RESEARCH



WE BELIEVE THE MOST EFFECTIVE DEVELOPMENT INTERVENTIONS ARE EVIDENCE-BASED AND TAKE INTO ACCOUNT THE SOCIAL, CULTURAL AND ECONOMIC CONTEXTS OF THE COMMUNITIES THEY ARE SEEKING TO ASSIST.

That is why research has been one of Adara's pillars of excellence since 1998. We use research to gather feedback from the communities we support, to develop projects based on evidence and to understand the impact of our work.

Our research also seeks to contribute to the field of international development. We share our findings by presenting them at international conferences, publishing them in academic journals and making them available on the Adara website.

OUR RESEARCH STRATEGY

Baseline surveys and impact studies

The research team has conducted baseline surveys and impact studies for more than 17 years to assess community needs and monitor the impact of our work. Surveys are conducted at the household level so that the needs and priorities of everyone in the community – even the most marginalised people – are heard. More than 1,500 people from the communities we support were interviewed in 2013 and 2014.

Literature review

The research team keeps current on the existing literature on international development and assesses and integrates relevant findings from across the field in internal reports and in their published work.

Programme design and development

Based on the findings from the baseline studies and literature review, the research team works in partnership with field staff in Nepal and Uganda. They develop or adjust our programmes to ensure they are targeted and evidence-based.

Monitoring and evaluation

The team manages the monitoring and evaluation for Adara's development work using a large set of indicators which are assessed quarterly. All indicators align with long-term outcomes associated with the Millennium Development Goals.



KEY RESEARCH FINDINGS



54%

OF HUMLI HOUSEHOLDS SURVEYED HAVE RECEIVED HEALTH ADVICE OR TREATMENT FROM ONE OR MORE ADARA MOBILE MEDICAL CAMPS



83%

OF HUMLI HOUSEHOLDS SURVEYED HAVE ADOPTED AND ARE REGULARLY USING THE PIT LATRINES INTRODUCED BY ADARA



33%

INCREASE IN NEONATAL SURVIVAL FOR THE SMALLEST INFANTS ADMITTED TO THE KIWOKO HOSPITAL NEONATAL INTENSIVE CARE UNIT (<1KG) SINCE 2005

ANTHROPOLOGICAL RESEARCH IN 2013 & 2014

Led by our Research, Monitoring and Evaluation Director, Dr Kimber Haddix-MacKay, Adara has conducted significant research in the period, all of which has informed programme design and development.

Maternal health attitudes

During our 2013 fieldwork, the research team designed and carried out a survey to analyse safe motherhood knowledge, attitudes and practices in the Nakaseke District of Uganda.

The findings helped identify gaps in our outreach services and led to the expansion of the community based healthcare programme. The findings also allowed us to target our interventions towards particular groups of women that our data showed needed more support and education. They included women from minority tribes, those with less food under cultivation and those where the wife's income was less robust than her husband's.

Menstrual hygiene management

Once girls reach puberty, the lack of supplies and facilities for managing menstruation at school is a real disincentive for them to attend. Many drop out due to the stigma and shame they feel during menstruation. In 2012, Adara and our in-country partner in Uganda, Kiwoko Hospital, launched a Menstrual Hygiene Management (MHM) project in 15 primary schools to help address some of the issues girls faced.

Preliminary evidence suggests the project has reduced the number of girls who miss or drop out of school once they reach puberty. In 2014, the research team conducted a review of the literature to ensure our programme is best practice, and collected data to measure the programme's efficacy, focusing on data on attendance before and after the intervention.

Mobile medical camps

Each year, Adara conducts a mobile medical camp in Humla, Nepal – bringing doctors, nurses and medical specialists to this very remote region to improve access to health services for Humlis. In 2013, the research team embedded researchers for the first time into these camps to collect medical, social and economic information so we can assess patients' healthcare needs and adjust our programmes. With this data we will develop a system for follow-up care for those patients needing further help once the clinicians have gone.

Health-seeking behaviour

The research team have used geographic information systems (GIS) to show the differences in health-seeking behaviour among different villages in Humla. Using this technology, we can connect behaviour to the region's geography, to understand how it affects access to health services. For some communities we work with, the trek to health posts or the mobile medical camp is too arduous – they have to climb more than 8000 feet to reach services. This knowledge will help us address gaps in the communities' access to healthcare.



CLINICAL RESEARCH IN 2013 & 2014

In partnership with the University of Washington Department of Paediatrics, Division of Neonatology and Seattle Children's Hospital, led by our Clinical Programmes Director, Debbie Lester, Adara has implemented several clinical research programmes in the Kiwoko Hospital neonatal intensive care unit (NICU).

Electronic data collection

Over several years, Adara's clinical team has implemented and assisted the NICU to collect data on every infant admitted. The purpose is to track the demographics, clinical diagnoses, characteristics, treatment and neonatal outcomes for every patient, allowing the clinicians to target improvements in care. This data is extremely valuable and few such sets exist in the developing world. The team plans to implement a similar data collection system in the Kiwoko Hospital maternity ward in 2015.

Peripheral intravenous monitoring

The clinical team has been measuring the number of times peripheral intravenous (IVs) catheters are inserted into neonates in the ward. These IVs are critical for administering fluids, medications and blood transfusions. Babies' veins are smaller and more fragile than adults'. A premature or sick infant may require multiple cannulations ('pokes') during a prolonged stay in the NICU. The clinical team wants to reduce this. The findings from this research will help the team develop an IV training programme on insertion, maintenance and safety checks.



A close-up photograph of a woman with dark skin and curly hair, smiling warmly at a newborn baby she is holding. The woman is wearing a teal-colored top. The baby is wrapped in a white cloth and is looking towards the woman. The background is slightly blurred, showing a teal wall.

MATERNAL INFANT CHILD HEALTH

IN THE VILLAGES OF THE NAKASEKE DISTRICT OF UGANDA WHERE ADARA HAS WORKED SINCE 1998, MANY CHILDREN AND THEIR FAMILIES STRUGGLE WITH THE IMPACT OF EXTREME POVERTY.

Around 44% of the district's population live below the poverty line. The country also has one of the highest birth rates in the world, so maternal and neonatal health is of great concern to the community.

Adara believes the best development projects are led by local people. Our priority in Nakaseke is to improve maternal, infant and child health through capacity building, training and programme design with our local partner, Kiwoko Hospital, serving a catchment area of 500,000 people. Our 17 year partnership with Kiwoko Hospital has been critical to our work since the very beginning.


NEONATAL HEALTH IN THE HOSPITAL



EVERY YEAR IN UGANDA APPROXIMATELY 42,700 NEWBORNS DIE IN THEIR FIRST MONTH OF LIFE, 15,000 OF WHICH DIE ON THEIR FIRST DAY OF LIFE. THIS IS MOSTLY FROM PREVENTABLE CAUSES. ADARA IS WORKING TO CHANGE THIS.

The Kiwoko Hospital Neonatal Intensive Care Unit (NICU) is one of Adara's flagship programmes. Since it was set up in 2000, we have seen a marked improvement in survival of premature or at-risk infants – today almost five times as many of the smallest infants survive than did in 2005. The NICU is now considered a centre of excellence, with many other non-government organisations looking to develop similar programmes.

Since we began our neonatal programmes, Adara has supported regular staff training-and-development workshops, provided both locally and through specialists from our international medical volunteer (IMED) programme. Adara has also worked hand in hand with Kiwoko to develop capacity through targeted programmes in the ward, only introducing new programmes and practices when the staff were ready. Adara also ensures the NICU is well equipped with all the necessary staff, equipment, supplies and medications – the tools it requires to offer best practice care, and has provided funding and support for clinical engineers to make sure all equipment is maintained and working. In this way, we have ensured our approach to newborn health is holistic, working to improve all aspects of service delivery.

 **88%** OF ALL LOW BIRTH WEIGHT (<2.5KG) INFANTS IN THE NICU SURVIVED IN 2013 AND 2014

ERICA'S QUAD SQUAD

Multiple births are extremely common in Uganda, and the NICU consistently cares for twins and triplets. However, even in Uganda it is rare to see quadruplets.

Almost all multiple births are premature, and the earlier the birth the greater the risk of complications for the babies. So when Erica came into the ward earlier this year with her four babies, who were born well before term, the NICU staff knew she would need a lot of support.

Erica had been abandoned by her in-laws, and her husband was in Somalia working as a peacekeeper. She was all alone. Kiwoko Hospital provided her with food to improve her nutrition and with accommodation so she could stay near her babies. The NICU staff provided excellent care to Erica's babies to give them the best chance at life. As the babies were on the ward for a long time, the staff also gave Erica counselling to help prepare her for returning home. After several weeks, Erica and her beautiful babies were discharged, to begin life as a big, busy family.

**Pictures are only a representation of the story, and names have been changed to protect the individuals' identities*



KIWOKO POSITIVE AIRWAY PRESSURE (KPAP)

Continuous Positive Airway Pressure (CPAP) is a treatment that uses continuous mild air pressure to keep an infant's airway open. It is used to treat pre-term infants with immature lung development and babies who are in respiratory distress. In 2011 and 2012, in close collaboration with our partners at the University of Washington, Adara developed and initiated a CPAP programme at Kiwoko Hospital, built specifically for a low-resource setting. Designed by Dr Maneesh Batra from the University of Washington, the device was nicknamed Kiwoko Positive Airway Pressure (KPAP). Adara helped create the training manual and programme to roll it out in the Kiwoko NICU.

KPAP has had a big impact on improving infant mortality, helping many babies breathe. Our data suggests that 50% of babies who would have likely died from respiratory distress survived thanks to KPAP. In 2013 and 2014, Adara focused

on perfecting KPAP delivery with air and oxygen blending, as oxygen-only KPAP can leave babies with damage to their retinas. Blending is complicated in a resource-limited setting. We found a system that worked and tested it at Seattle Children's

Hospital. Once we were happy with the results, we rolled it out at Kiwoko in January 2014. We are working to further develop the blending technology, in partnership with the University of Washington Neonatology Team, Seattle Children's Hospital and PATH.



KIWOKO HOSPITAL NICU SURVIVAL DATA

BIRTHWEIGHT (kg)	Dec 2005 - Sep 2008		Oct 2013 - Dec 2014	
	% Survival	Count	% Survival	Count
<1 kg	11%	2/18	44%	7/16
1-1.4 kg	31%	19/61	81%	81/100
1.5-2.4 kg	73%	159/217	94%	270/287
2.5-4 kg	90%	327/363	91%	415/454
>4 kg	100%	11/11	93%	25/27



13%

INCREASE IN SURVIVAL FOR ALL BABIES IN THE NICU SINCE 2005. LOW BIRTH WEIGHT INFANTS (<2.5KG) ARE 28% MORE LIKELY TO SURVIVE



1,600

BABIES WERE ADMITTED TO THE NICU FOR EXPERT CARE IN 2013 & 2014



72

SETS OF TWINS, 3 SETS OF TRIPLETS AND 1 SET OF QUADRUPLETS RECEIVED CARE IN THE NICU IN 2013 & 2014

MATERNAL HEALTH IN THE HOSPITAL



UGANDA DESPERATELY NEEDS MATERNAL HEALTH SERVICES. ALTHOUGH THE MATERNAL MORTALITY RATE HAS DECLINED BY 36% SINCE 1990, UGANDA STILL HAS ONE OF THE HIGHEST RATES IN THE WORLD. THE COUNTRY IS RANKED 145 OUT OF 180 COUNTRIES GLOBALLY FOR MATERNAL HEALTH.

For the past 17 years, Adara has worked with Kiwoko Hospital with the goal of reducing maternal mortality in the Nakaseke district, and we are seeing great improvements.

Hospital-based birth

More women are choosing to give birth in the hospital. Since Adara supported the design, construction, equipping and staffing of a new maternity ward which opened in 2010, we have seen a 21% increase in annual admissions.


6,173

WOMEN WERE ADMITTED TO THE MATERNITY WARD TO GIVE BIRTH OR FOR OTHER COMPLICATIONS ASSOCIATED WITH PREGNANCY IN 2013 & 2014

 4,572 BABIES WERE DELIVERED IN THE MATERNITY WARD IN 2013 & 2014

Skilled attendants

Midwives or skilled attendants can help avert two thirds of all maternal deaths, provided they are well trained, well equipped and well supported. Adara has worked with Kiwoko Hospital for many years to build capacity in the ward, with IMED teams providing training each year. In 2013–14, this included not only clinical training but training and mentoring on end-of-life care; ethics; leadership and delegation of authority; and the role of the hospital social worker.

Antenatal care (ANC)


ANC is critical for identifying complications in pregnancy. It is also an opportunity to promote the need for a skilled attendant at birth and healthy behaviours such as breastfeeding, postnatal care and family planning. More than 10,000 ANC appointments were conducted at the hospital in 2013 and 2014. Access to ANC has also improved through increased outreach services with the community based healthcare (CBHC) programme.



SAFE MOTHERHOOD IN THE COMMUNITY



UGANDA HAS EXTREMELY HIGH BIRTH RATES - A WOMAN HAS AN AVERAGE OF 7.1 CHILDREN IN HER LIFETIME. WITH SUCH LARGE FAMILIES, IT IS OFTEN IMPOSSIBLE FOR WOMEN TO TRAVEL WITH ALL THEIR CHILDREN TO THE HOSPITAL OR HEALTH CLINIC FOR SERVICES SUCH AS IMMUNISATIONS OR ANTENATAL CARE.


16,000
INFANTS WERE IMMUNISED AGAINST DEADLY DISEASES IN 2013 & 2014

Adara and Kiwoko Hospital address this through the CBHC Safe Motherhood clinics. These help ensure maternal health care before, during and after birth through an integrated community service, including family planning, antenatal care and postnatal care. Each month 22 one-day

clinics are held, and each clinic services two villages at a time. More than 500 clinics were held in 2013 and 2014.

The clinics also address newborn health, weighing babies to measure their growth and providing mothers with health advice on infant follow-up. Babies are immunised, and if the team has any health concerns it can refer mothers and infants to the hospital.

500 
COMMUNITY ANTENATAL CARE CLINICS WERE HELD IN 2013 & 2014

CLOSING THE MOTHER AND BABY CARE LOOP

In 2014, a new phase of the CBHC Safe Motherhood programme was introduced to bring the hospital's maternal and child health expertise to the community and to improve local people's basic health knowledge and skills.

A total of 44 Village Health Trainers (VHTs) were selected from the community and trained to help women in their communities.

They learn to recognise early danger signs in pregnancy; encourage women to attend ANC and to seek a skilled attendant when giving birth; and also teach new mothers danger signs in the newborn.

34 clinicians from health centres in the district were also trained in basic maternal and neonatal health interventions. Pregnancy, delivery and newborn services are offered at many health centres, and they are often the first place women seek care. So it is critical the staff at these clinics have a good understanding of maternal and

newborn health to help save lives and to refer women to the hospital if complex help is needed.

This programme is a way to ensure more women give birth with a skilled birth attendant to increase the chance both she and her baby will survive. It helps build a better understanding of safe motherhood practices in the community; strengthens the ties between communities, local health facilities, and the hospital; and helps more women give birth in a safe environment.

REMOTE AND RURAL COMMUNITY DEVELOPMENT

ADARA'S MOST REMOTE PROGRAMME OF WORK IS IN THE HUMLA DISTRICT OF NORTHWEST NEPAL. HIGH IN THE HIMALAYAS, THE REMOTENESS OF THE REGION CREATES HUGE CHALLENGES FOR ITS PEOPLE.

On any development measure, Humla fares poorly - they have the nation's lowest literacy rates, maternal and infant mortality well above the Nepali average and food shortages each winter when families are sometimes snowed in for months. Life here is very, very challenging.

In these isolated hamlets, home to 50,000 people, Adara focuses interventions on two main streams: community health and education.



EDUCATION IN THE REMOTE HIMALAYAS



HUMLA DISTRICT HAS NEPAL'S LOWEST LITERACY RATES. IN THE PAST, EDUCATION WAS NOT A BIG PRIORITY FOR THE HUMLI COMMUNITY, WHO WERE FOCUSED ON GETTING ENOUGH TO EAT AND IMPROVING HEALTH AND WELLBEING.

According to our latest research, this has changed as more Humlis are having their basic needs met. Today, our research shows that Humlis rate education as a much higher priority.

Adara has a holistic approach to education, working on school improvement, community empowerment, vocational training and non-formal education. By improving education in the district, Adara is eliminating the need for children to be sent

away from their families in order to receive a quality education.

School improvement

Adara works closely with the District Education Office (DEO) in Humla to improve schools through the provision of teaching and learning materials, such as white boards, posters, science equipment, sports materials, musical instruments and books. We have refurbished seven classrooms in target villages to make them more child-friendly, to serve as a model for other schools to replicate. Since the programme began, there has been an overall improvement in school performance, student enthusiasm, discipline and attendance

Teacher support

Due to Humla's remoteness, it is difficult for the government to attract and maintain teachers. Plus it is not unusual for employed teachers to fail to turn up to class. Consequently, teacher to student ratios are extremely low – for students who make it to upper high school there is just one teacher for every 77 students. Adara is working to improve these ratios by funding

the salaries of extra teachers in each of our target villages - training, mentoring and monitoring their attendance.

Educational and vocational scholarships

For many Humli families, the cost of basic school materials is an obstacle to their children attending school. During 2013 and 2014, Adara provided 1,434 school students with stationery, notebooks, warm track suits, school bags and other necessities. Adara also funded nine of Humla's best and brightest to obtain post-school vocational training.

Non-formal education (NFE)

More than 180 children and 140 adults attended non-formal education classes in 2013 and 2014. The children's classes were operated outside school hours for all primary level children in our target villages to help them with their studies, home assignments and the subjects that they find difficult. There is increasing demand for NFE in Humla, especially from women, who, despite their hectic work lives, are interested in improving their literacy.

each year. The school even has two hostels where boys and girls can stay while studying.

One of the great successes of the Yalbang School is the increasing number of girls being enrolled. In a region where just 33% of girls can read and write (compared with 62% of their male counterparts), education for girls is critical. By the end of 2014 girls made up an astounding 62% of enrolments at Yalbang School and 68% of all students who stay at the hostel.. They now have access to good-quality education, regular teachers, child-friendly facilities and safe and comfortable residential accommodation. Yalbang School is now considered a centre of excellence and a model that other schools in the district are learning from.

A MODEL SCHOOL IN HUMLA

In Adara's early days, we had the huge good fortune of connecting to Kunga Tsering, a senior Humli leader seeking to improve opportunities for Humli children. From that fortuitous meeting in 1998, Adara has partnered with the Humla-based non-profit organisation, the Himalayan Children Society (HCS). Together we have worked to improve the infrastructure and quality of education in the area by building, equipping and providing ongoing support to the Yalbang School, a primary and lower secondary school. The quality of the school is such that families don't feel they need to send their children out of the region to get an education. In fact some of the children who were sent away in the past are now returning to attend Yalbang School, and the numbers are growing significantly

HEALTH IN THE REMOTE HIMALAYAS



HUMLA HAS ONE UNDER-EQUIPPED AND UNDER-STAFFED DISTRICT HOSPITAL FOR A POPULATION OF MORE THAN 50,000. A 2013 SURVEY CONDUCTED BY THE ADARA RESEARCH TEAM IDENTIFIED THAT WHEN HUMLIS BECOME ILL, THEY SOMETIMES HAVE TO WAIT FOR A YEAR BEFORE THEY ARE ABLE TO SEEK TREATMENT, SIGNALLING SERIOUS GAPS IN HEALTH SERVICE ACCESS.

Adara is tackling these issues through a holistic approach to healthcare by undertaking a number of interventions - health awareness and disease prevention; improving nutrition, hygiene, and sanitation; and providing access to health services.

Nutrition

Malnutrition is a serious problem in Nepal, and food shortages due to seasonality are common. It is estimated that more than 40% of Nepali children are stunted due to malnutrition. During the harsh Humla winter, green vegetables are traditionally unavailable. Adara improves nutrition by advising farmers on greenhouse construction and repair and supplying key materials; providing vegetable seeds and assisting with tree plantation and orchard development; and supplying solar driers to be used to dry food for the long cold winters. During the period, 129 greenhouses were built by Humli villagers.

Hygiene and sanitation

Waste management is a problem across Nepal, with 2,000 Nepali children dying each year from diarrhoea caused by unsafe water and poor sanitation. In Humla, Adara improves hygiene and sanitation through education, training and assistance in building, installing and managing pit latrines, smokeless metal stoves and drinking water systems. During the period, 71 pit latrines and five drinking water

systems were completed. We also educate both women and men on reproductive health, disease prevention and hygiene and sanitation.

Health post improvement

Adara wants to improve long-term regular access to medical services in Humla. We support local area health posts by supplying medicines and supporting the salaries of two health assistants. We also re-furnished the health posts in our target villages to make them clean and functional. These interventions have helped to ensure Humlis have access to year-round care.

Mobile medical camps

In order to address gaps in health services, Adara runs annual mobile medical camps, which bring Nepali doctors, nurses and specialists into Humla for two months at a time to treat as many people as possible. The camps are stationed at local health posts and provide access to 28 surrounding villages. The clinicians train health post personnel during the camps and leave the medicines that they bring with them when they return to Kathmandu.

Tibetan Medicine Practitioner

Amchi Kelsang Tsering travels from village to village in upper Humla for eight months of the year, treating people and providing free Tibetan medicine to 25 villages. He fills gaps in access if the mobile medical camp is not occurring, the health posts are inadequately resourced, or the person is too sick to travel to the health post. In 2013 and 2014, a total of 2,587 people received care from the Amchi.

6,230

PEOPLE WERE TREATED IN ADARA MOBILE MEDICAL CAMPS IN 2013 & 2014



HEALTH CAMPS BRING HOPE TO HUMLA

Like all expectant parents, 36 year old Sajita was excited and nervous to be having her first baby with her husband Pratosh.

Sajita is Pratosh's second wife – he had lost his first wife during childbirth several years earlier, and was very concerned about history repeating, especially after Sajita had been in labour for more than 24 hours. Because of this long labour, and because Sajita was experiencing terrible pain, Pratosh was very afraid the baby had died inside Sajita and she too would die during labour.

Together, Sajita and Pratosh decided that if the baby did not come out soon, Pratosh would remove it with a sharp iron clip. He wanted to make sure Sajita survived the labour, but this intervention would have meant that the child would not live.

The couple live in Chala, the most remote village in Humla, and possibly in the world. There are no medical facilities and people mostly depend on health support from traditional healers. Thankfully, the Adara mobile medical camp doctor was in the area, and together with our health co-ordinator, they traveled to Sajita's home to check on her.

When they arrived, Sajita was extremely weak and tired. She had not had much to eat or drink. They examined her and could hear the baby's heartbeat! The baby was alive. They counseled Pratosh to wait and remain calm. After several anxious hours, the couple welcomed a beautiful baby boy into the world without any complications for either mother or child.

**Pictures are only a representation of the story, and names have been changed to protect the individuals' identities.*



CREATING OPPORTUNITIES FOR HUMLA'S MOST VULNERABLE

One of the most marginalised and vulnerable groups in Nepal is children born to unmarried mothers. They experience significant stigma and discrimination in their community.

They are unable to obtain birth certificates without the name of their father, and cannot get citizenship certificates when they turn 16. Many of these children do not attend school and they are often relegated to a life of domestic work or sent to be a monk in the monasteries. Adara works with The Himalayan Innovative Society (THIS), to ensure that these children are not left behind and can enjoy the same rights as any other child. We support 53 of these children to attend school in Humla.

53

CHILDREN FROM SINGLE PARENT FAMILIES WERE PROVIDED WITH COUNSELLING AND EDUCATIONAL SUPPORT THROUGH THE WORK OF THE HIMALAYAN INNOVATIVE SOCIETY EACH YEAR



ACCESS TO HEALTH SERVICES FOR KATHMANDU'S POOREST

Over 30% of Nepalis live on less than US\$14 per month, meaning many cannot afford to access healthcare.

From a friendship and connection that we struck up during the most difficult years of the Nepal conflict, Adara has partnered with the Himalayan Medical Foundation (HMF) since 2001 to provide free basic healthcare services to severely disadvantaged people in and around Kathmandu through three health clinics. The clinics provide free health check-ups, laboratory services, prescriptions and dental check-ups. More than 11,000 people receive these services every year.



23,362

PEOPLE IN KATHMANDU RECEIVED FREE MEDICAL TREATMENT THROUGH THE WORK OF THE HIMALAYAN MEDICAL FOUNDATION IN 2013 & 2014

WITH 44% OF NAKASEKE PEOPLE LIVING BELOW THE POVERTY LINE, ADARA BELIEVES OUTREACH HEALTHCARE SERVICES ARE CRITICAL TO IMPROVING THE COMMUNITY'S HEALTH.

Community based healthcare
Adara helps Kiwoko Hospital reach some of the most vulnerable people in the community. This includes people living with disabilities, epilepsy, mental illness and tuberculosis. The community based healthcare programme also focuses on health promotion, hygiene education and sanitation practices.



284

PEOPLE LIVING WITH EPILEPSY ARE ON THE EPILEPSY REGISTER AND ARE PROVIDED WITH LIFESAVING TREATMENT EACH YEAR



1,819

TESTS FOR TUBERCULOSIS (TB) WERE CONDUCTED, TO HELP IDENTIFY AND TREAT THOSE LIVING WITH TB IN 2013 & 2014



160

MALNOURISHED PEOPLE LIVING WITH HIV RECEIVED FORTNIGHTLY FOOD PACKAGES EACH YEAR



1,681

ADULTS & 828 CHILDREN LIVING WITH HIV RECEIVED MEDICINES TO TREAT OPPORTUNISTIC INFECTIONS IN 2013/14



120

ORPHANS AND VULNERABLE CHILDREN RECEIVED SUPPORT FOR THEIR EDUCATION EACH YEAR

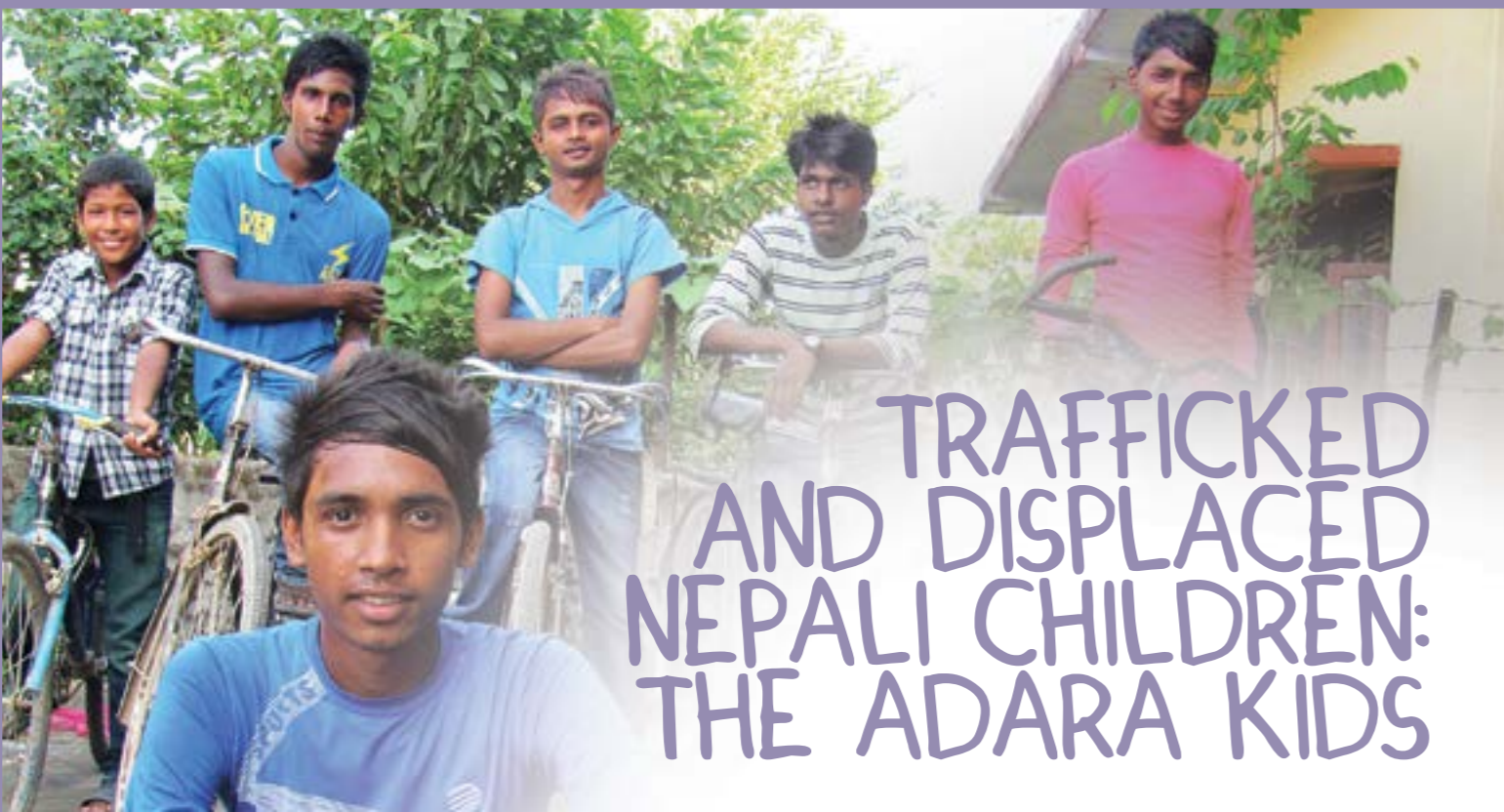
Reaching out to people living with HIV/AIDS

A total of 1.6 million Ugandans live with HIV/AIDS and close to a million children have been orphaned because of this terrible disease. Adara began supporting the HIV/AIDS work at Kiwoko Hospital in 2005, filling gaps that fall outside the ambit of other international donors.

Adara supports the Kiwoko Hospital nutrition programme, funds hospital admission and treatment costs for clients suffering from opportunistic infections and helps orphans and vulnerable children go to school. This support is part of a larger HIV programme which conducts weekly clinics and counsels people living with the disease.

CARE, SUPPORT AND REINTEGRATION OF CHILDREN AT RISK





TRAFFICKED AND DISPLACED NEPALI CHILDREN: THE ADARA KIDS

SINCE 2006, ADARA HAS BEEN CARING FOR 136 TRAFFICKED CHILDREN WHO HAD BEEN TAKEN FROM THEIR HOMES, MAINLY IN HUMLA, AND BROUGHT TO KATHMANDU DURING A PERIOD OF ENORMOUS POLITICAL UNREST IN NEPAL. WE AFFECTIONATELY CALL THESE CHILDREN THE ADARA KIDS.

When we first found the children, we set up 10 homes and hired a big Nepali team. Each home was assigned "home parents" to provide around-the-clock care for the children. Each child was also enrolled in school and given educational support and encouragement by their home parents and tutors.

As the children got older, their needs changed and our programme evolved. Our focus first shifted from emergency care and rehabilitation, to reconnecting the children with their communities and families of origin, and then to preparing them for independent adulthood. The programme continues to evolve, and today we are sharing our knowledge and experience with other child-focused organisations to positively impact more children around the world

Over the years we have witnessed significant and positive changes in these fantastic kids, and we are very proud of them.

Academic success

22 students sat their school leaving certificates (SLC) in 2013 and 2014, passing with flying colours. Another 30 students sat their SLC in March 2015.

Reintegration

In 2013 and 2014, 33 children were reintegrated with their families in Humla, with continuing Adara support. Their transition back home

will improve their family connection and enhance their educational future. Youth who undertake their SLC exams in disadvantaged districts such as Humla can gain access to state subsidies and positive discrimination in education, training and employment. This will be highly beneficial considering Nepal's long-term youth unemployment problem. In addition, they are building a strong bond with their family, culture and environment, which they have missed for so long.

Youth independent living

After the children complete their SLC, they move into independent living. This teaches them about the practicalities of the real world – managing their own finances and living arrangements with the support of an Adara social worker. During this time they either finish the last two years of high school or undertake vocational training courses. At the end of 2014, 29 youth were in the independent living programme.

Graduation

After they finish their courses, the youth graduate from Adara's care with skills to start their adult lives. Already 37 youth have graduated, embarking on a journey to independence. The graduates are doing well – most are either in higher education or working. Some even have families of their own! We are very proud of our graduates, all of whom have assimilated well into their communities and are working hard.



GOING HOME TO HUMLA

Despite feeling loved and settled with Adara, Roshan felt a deep longing to return to his village and his family. He was only five when he was separated from them, but he still had loving memories of growing up in Humla

After locating his parents with nothing but a photo, Adara began the process of sensitive reintegration, including extensive counselling

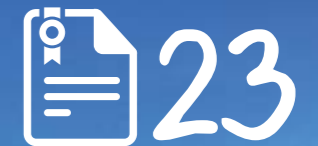
for Roshan and his family. Roshan visited his home village several times with Adara, to maintain family connections. He enjoyed his visits and loved his village and the freedom he found at home.

Today, Roshan is a lively boy of 15 and loves to have fun. He is outgoing, can talk for hours and is always entertaining people. We were thrilled that Roshan was reintegrated with his family in 2014. He loves being home. Adara will continue

to support his education and his living expenses to give him the best opportunities for his future. He has dreams of growing up and travelling abroad for work like his older brother. He wants to support his family and continue his studies.

**Pictures are only a representation of the story, and names have been changed to protect the individuals' identities.*

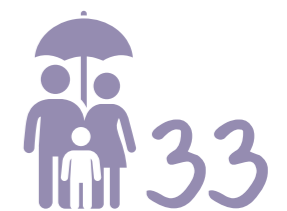


 23

YOUNG PEOPLE GRADUATED FROM ADARA'S CASE MANAGEMENT TO BEGIN THEIR LIVES AS INDEPENDENT ADULTS IN 2013 & 2014

WHAT ARE THEY DOING NOW? (AT DECEMBER 2014)

Number of children in boarding school in Kathmandu	24
Number of children in youth independent living	29
Number of children reintegrated back with their family	46
Number of children graduated	37
Total children	136

 33

CHILDREN WERE REINTEGRATED WITH THEIR FAMILIES, WITH CONTINUING ADARA SUPPORT IN 2013 & 2014

UGANDAN BOYS FROM THE STREETS OF KAMPALA: THE EBENEZER BOYS



WHEN WE BEGAN OUR WORK IN THE NAKASEKE COMMUNITY OF UGANDA, WE SAW A HUGE NEED FOR CARE OF DISPLACED CHILDREN, WITH MANY FORCED ON THE STREETS BECAUSE OF POVERTY OR ORPHANED DUE TO AIDS.

Twelve years ago, we connected to a group of boys in desperate need. We could not turn our backs on them. Since then, Adara has provided care, family connection and educational support to help rehabilitate the 'Ebenezer Boys', and for the past six years we have directly managed their care and education. They have become a key part of the Adara family.

We want to see these boys thrive in society and break the terrible cycle of destitution and poverty of their younger years.

In 2014, because of their ages, we shifted most of the boys into vocational education, with the ultimate goal of graduating them all from the programme in three years. The economy in Uganda is extremely challenging, especially for young adults, with youth unemployment at 62%. Vocational training will give the boys employable skills to help increase their chances of getting a job after graduation.

The boys love their vocational studies and are proud of their new skills. They are studying courses such as music production, car mechanics, electronics and brick-laying. Their future is bright.

IN MEMORY OF BASHIR

In 2014, the Adara family was devastated to farewell one of the Ebenezer Boys – Bashir – after he passed away due to AIDS-related causes.

When we first met Bashir, he had been sleeping on the verandas in the hospital compound for many months, eating what food he could find. He lost his mother to AIDS, and after her death his family unit collapsed.

The Kiwoko Hospital team asked that we consider taking Bashir into the Ebenezer Boys programme. Bashir was about 15 at that time. He was very small and wiry, and painfully shy.

When we asked the other boys if Bashir should join them, they were immediately enthusiastic. He quickly became their brother – a quiet and loved addition to this lively, very happy group. In sharing their happiness, Bashir slowly came out of his shell.

On 28 December 2014, Bashir passed away after a battle with tuberculosis, various infections, and lung problems.

Bashir was a loved member of the Ebenezer Boys and Adara family. His death has left a mark on us all. Rest in peace.

We will not forget you, Bashir.



WOMEN AND CHILDREN AT RISK IN KATHMANDU NEPAL



ADARA SUPPORTS TWO WONDERFUL GRASSROOTS NEPALI ORGANISATIONS WHO ARE WORKING TO PROTECT CHILDREN AND FAMILIES AT RISK IN KATHMANDU.

Hands in Outreach

Adara partners with Hands in Outreach (HIO) – a local non-profit in Kathmandu – to help more than 100 children, mostly girls, living in poverty to go to school. Adara supports HIO's staff and management costs, and helps the girls' families with healthcare costs. With support from HIO and Adara, many girls who would otherwise not be in school have educational opportunities and are excelling at school and going on to study at university.

 113

GIRLS LIVING IN EXTREME POVERTY WERE SUPPORTED TO ATTEND SCHOOL EACH YEAR THROUGH THE WORK OF HANDS IN OUTREACH

Women's Foundation

The Women's Foundation provides pro bono legal support to vulnerable women and children who are victims of domestic violence. A team of experienced legal staff is led by an Adara-supported lawyer. They seek justice and protection for hundreds of women and girls each year, to restore their dignity and realise their human rights to be free from violence.

 679

WOMEN AND CHILDREN WHO WERE VICTIMS OF DOMESTIC VIOLENCE RECEIVED FREE LEGAL SUPPORT THROUGH THE WORK OF THE WOMEN'S FOUNDATION IN 2013 & 2014



KNOWLEDGE SHARING



ADARA BELIEVES ONE OF THE BEST WAYS WE CAN TOUCH MORE PEOPLE'S LIVES IS BY SHARING OUR EXPERTISE AND EXPERIENCES WITH OTHERS. WE ARE TAKING OUR VERY BEST IDEAS AND OUR BIGGEST MISTAKES, DISTILLED FROM 17 YEARS OF WORKING IN THE FIELD, AND SHARING THEM LOCALLY, NATIONALLY AND GLOBALLY TO REACH AS MANY PEOPLE AS POSSIBLE.

The magnitude of the challenge of poverty is too big for any one organisation to face alone. To even scratch the surface, the development sector needs to band together and learn from each other by sharing knowledge and expertise.

We know we don't have all the answers. We hope what we share can help prevent other organisations from making the same mistakes as us – and provide a blueprint for what is possible in our areas of expertise.

HOW WE SHARE OUR KNOWLEDGE

-  BUILDING BEST PRACTICE MODELS THAT CAN BE REPLICATED ELSEWHERE
-  SHARING OUR FINDINGS IN PUBLISHED LITERATURE OR FROM THE STAGE
-  COLLABORATING WITH GOVERNMENT AND OTHER NON-PROFITS
-  CONDUCTING TRAINING PROGRAMMES
-  CREATING MANUALS FOR MEDICAL AND OTHER INTERVENTIONS

YALBANG SCHOOL: A MODEL FOR REMOTE EDUCATION

The Yalbang School is a model school in Humla. Adara works in partnership with the Himalayan Children Society to share their model of school management, education and learning to feeder schools in Humla, aiming to improve education across the district.

Every year a two day workshop is held for surrounding schools. The Yalbang School Management Committee, teachers, the Parent Committee, and the Child Club are all present to talk with participants. In 2014, 40 people attended from eight schools in the district. The main objectives of these workshops is to analyse the current situation of the schools and formulate plans and goals for the future; and to raise awareness about the role and responsibility of school management committees and parents in preparing school improvement plans.

KNOWLEDGE SHARING IN ACTION 2013-2014

In 2013 and 2014, there are four key areas where we were able to share what we know and add value to others' work.

The Adara Group model

One of the purposes of the Adara Group is to change the way people think about the role of business in the world and the power of business/non-profit partnerships. We do this by sharing globally our business-for-purpose model. Over the past two years, the founder of the Adara Group, Audette Exel, and the CEO of Adara Development, Susan Biggs have presented to more than 75 businesses, MBA classes, young leaders, philanthropists and corporations on the Adara model and our successes and mistakes. We try hard to give time to social entrepreneurs and start-ups looking to implement business models with purpose at their core.

Neonatal health

Adara's work in maternal, infant and child health at Kiwoko Hospital is widely respected, and the NICU is now considered a centre of excellence of neonatal health in a low-resource setting.

Many colleagues in the international health arena have visited the unit and our clinical office in Seattle to learn more and understand how we have grown the programme over the past 17 years. Our Clinical Programmes Director, Debbie Lester, together with our partners at Kiwoko Hospital – provide advice and mentoring on department design, equipment procurement, staffing, therapies and devices suitable for newborns, and many other aspects of running a highly technical department in a low-resource setting.

In 2014, Debbie was asked to join the steering committee for the Every Newborn Action Plan which is a UNICEF and WHO initiative aimed at reducing newborn deaths worldwide in order to meet Millennium Development Goal number 4. Debbie was asked to join this group because the neonatal programmes we have implemented are considered to be a model for what is possible.

Non-violent care and reintegration of children at risk

For many years, Adara has had the wonderful experience of working with children at risk in both Uganda and Nepal. Over this time, we have developed extensive knowledge in the care and reintegration of these children through all the ups and downs of their journeys to adulthood.

Over the past two years, our Nepal team has partnered with government and non-government organisations to provide training on best-practice support of children in residential care. Training programmes have included alternative care systems, non-violent child discipline and case management of children at risk. Our Nepal Country Director, Pralhad Dhakal has addressed the child welfare officers from all 75 districts in Nepal about children at risk.

In 2014, Adara joined the steering group of a research project being undertaken by the Nepal government's Central Children's Welfare Board and Save the Children. The aim of the work is to improve the residential living conditions of children living in monasteries.

Based on the findings, Adara will seek to use the knowledge gained over 11 years of residential care to provide advice and assistance to improve these children's lives.

THE ROAD AHEAD

ADARA HAS A BIG VISION FOR THE FUTURE, SET OUT IN OUR NEW THREE-YEAR STRATEGIC PLAN. OVER THE NEXT THREE YEARS, WE WANT TO TAKE WHAT WE HAVE DONE AND MAKE IT DEEPER AND BETTER WITH MORE OF AN IMPACT.

We will continue to devote our energy to serving the communities in Humla and Nakaseke which we have been committed to for the past 17 years by deepening our health and education services. Our research team will continue to work closely with our local teams, integrating more closely into the planning process to ensure our projects are always evidence-based and best practice. And we will share our knowledge as widely as possible so we can reach more people.

MATERNAL, INFANT AND CHILD HEALTH

Adara will continue to build our maternal, infant and child health programme at Kiwoko Hospital, improving training and interventions in the hospital and growing the community based healthcare work. Some of the projects in the pipeline are:

- Development of orientation systems to ensure all nurses in the maternity ward and NICU are comprehensively trained when they begin working in the wards.
- Scenario-based training from PRONTO International in the maternity ward, to upskill staff in how to deal with different obstetric emergencies that often end a woman's life.
- Development of the CBHC safe motherhood programme, with deeper education of village health trainers, local clinicians and an NICU follow up programme.
- A follow-up survey from the baseline to measure how knowledge, attitudes and practice around maternal and neonatal health have changed since the CBHC safe motherhood programme was launched.

Beyond the programmes at Kiwoko, Adara is also focused on sharing our maternal, infant and child health expertise as widely as possible. We will continue to partner with peak bodies such as the Every Newborn Action Plan to make sure we are sharing our expertise with the groups working toward reducing maternal and neonatal mortality globally.



We will also host a two day summit at Kiwoko Hospital, in conjunction with the University of Washington and PATH, inviting clinicians from across Africa who are utilising CPAP to try and improve this technology.

REMOTE AND RURAL COMMUNITY DEVELOPMENT

We will continue our work in remote Nepal with a new three-year Humla work plan. The 2015-2017 plan will focus on nine villages in upper Humla, which includes one new village to our target group.

The new Humla plan streamlines our work to emphasise **community health** (especially for mothers, infants and children) and **education**. Our community health projects will focus on providing health services; health education and awareness; nutrition; hygiene and sanitation. Our education projects will focus on school improvement; community empowerment; outside-school engagement; and vocational education.

CARE, SUPPORT AND REINTEGRATION OF CHILDREN AT RISK

The Ebenezer Boys in Uganda and the Adara Kids in Nepal are growing up fast – all are now teens. Like teens everywhere, they grapple with issues of independence and self-identity, and this is made more complicated by their difficult pasts. Over the next three years we will help steer them through these difficult years and set them on the path to independent adulthood.

By the end of 2018, almost all the children in our care will have graduated from the programmes, having reached adulthood and completed their education or vocational studies. They will always be a part of the Adara family, but these programmes will not continue beyond this point. Instead we will focus on capturing the children's history and sharing with other organisations our knowledge of the care, support and reintegration of children at risk.

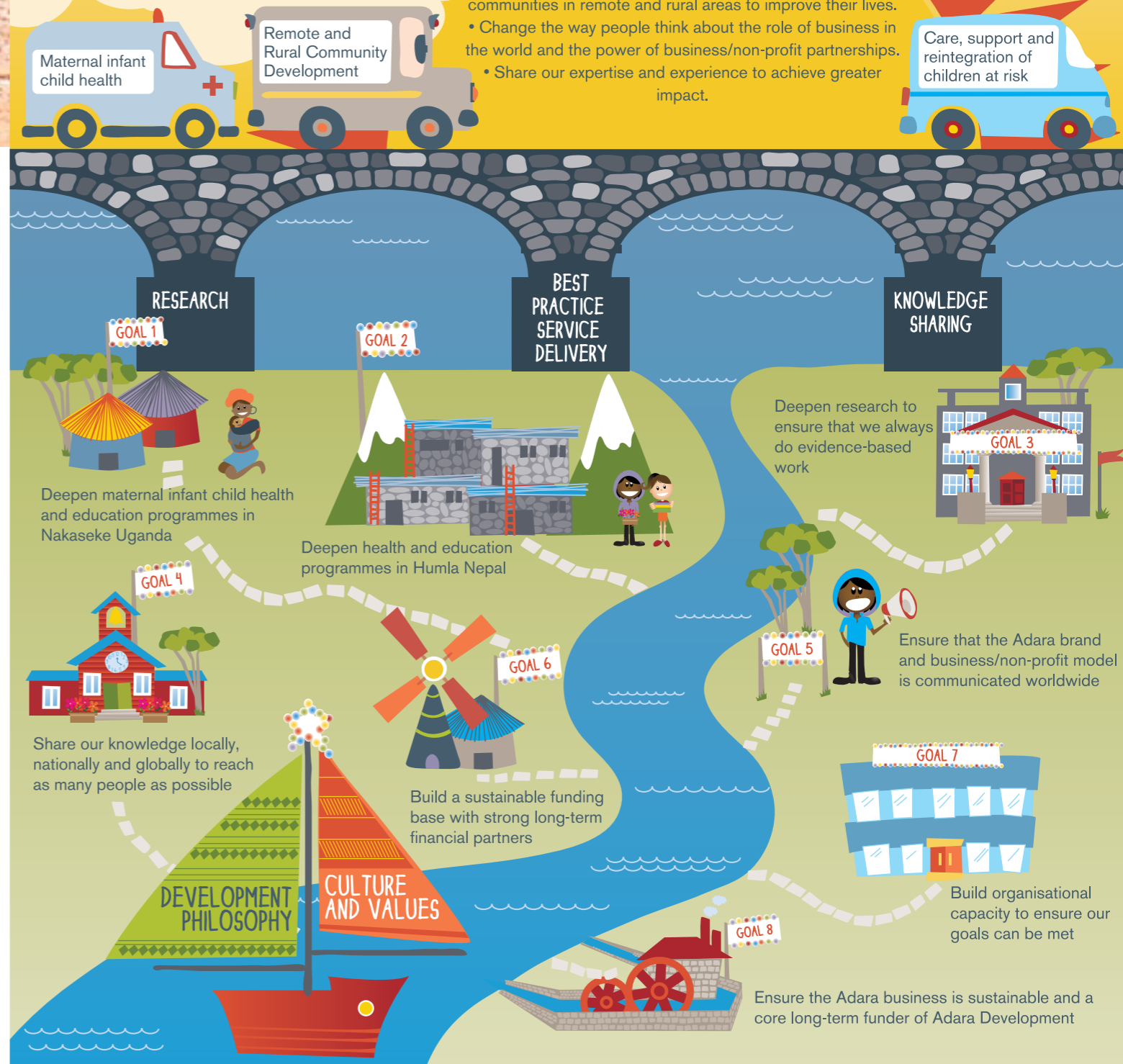
BRIDGING WORLDS | ADARA GROUP STRATEGIC PLAN 2015-2017

OUR VISION

- Every person in Humla Nepal and Nakaseke Uganda will have good quality healthcare and education.
- Adara will be a global leader and model for evidence-based service delivery in our areas of expertise.
- Adara will be a leading voice and model for business/non-profit partnerships.

OUR PURPOSE

- Work side by side with women, children and their communities in remote and rural areas to improve their lives.
- Change the way people think about the role of business in the world and the power of business/non-profit partnerships.
- Share our expertise and experience to achieve greater impact.



ALWAYS, ALWAYS WITH HUMILITY



OUR PARTNERS AND SUPPORTERS

THROUGH THEIR SUPPORT AND GENEROSITY, OUR VOLUNTEERS, SUPPORTERS AND FINANCIAL PARTNERS EMPOWER THE ADARA FAMILY TO DO LIFE-CHANGING, LIFE-SAVING WORK EVERY DAY. WE ARE SO GRATEFUL AND HUMBLLED BY THE HUGE SUPPORT WE CONTINUE TO HAVE FROM ONE SIDE OF THE PLANET TO THE OTHER.

Incredible people from multiple disciplines, religions, nationalities, ethnicities and communities have come together to bridge worlds, and to reach and support people in poverty.

Over the last two years, our supporters helped protect children from becoming trafficked. They sent girls to school in the remote Himalayas. They made sure premature babies received life-saving care. They provided opportunities for women to give birth safely. Simply put, they transformed lives.

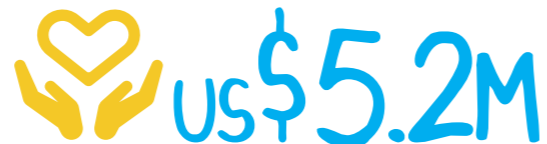
To all of you who have joined us on this journey, we are inspired by your commitment and humbled by your generosity. On behalf of the communities we serve and the Adara family worldwide, we are immensely grateful for your gifts, large and small, and your love and support.

IN 2013 & 2014:



146

INDIVIDUALS, FOUNDATIONS AND COMPANIES DONATED TO ADARA



US\$5.2M

WAS DONATED TO ADARA, BOTH BY ADARA ADVISORS AND OUR OTHER DONORS



17

PEOPLE VOLUNTEERED OR PROVIDED PRO BONO SUPPORT IN OUR SYDNEY GLOBAL SUPPORT OFFICE



6

PEOPLE ASSISTED WITH CLINICAL RESEARCH IN THE SEATTLE OFFICE, AND HUNDREDS OF OTHER VOLUNTEERS WORKED WITH OUR CLINICAL TEAM TO SORT, PACK AND TRANSPORT DESPERATELY NEEDED MEDICAL EQUIPMENT



US\$306,298

WAS RAISED BY STAFF OF OUR INCREDIBLE CORPORATE PARTNER, ASPEN, HELPING FUND LIFE-SAVING WORK AT KIWOKO HOSPITAL



7

STUDENTS AND VOLUNTEERS ASSISTED OUR MONTANA BASED RESEARCH TEAM



11

INTERNATIONAL MEDICAL VOLUNTEERS UNDERTOOK CAPACITY-BUILDING AT KIWOKO HOSPITAL

SPOTLIGHT ON THE MINTER ELLISON AMBASSADOR PROGRAMME

Minter Ellison is one of the largest Australian-based corporate law firms. It is an organisation with a genuine commitment to creating social change through its many pro bono programmes. In 2014, Minter Ellison partnered with Adara to create the Minter Ellison Ambassador programme, which provides the Adara Group with a top-tier lawyer on secondment for six to nine months of each year. The Minter Ellison Ambassador works in our Sydney office alongside Susan Burns, our pro bono General Counsel. They work on both the non-profit and the business sides of Adara, and have the opportunity to travel to project site in either Nepal or Uganda. Michelle Drury and Nick Slack have been our first two Minter Ellison Ambassadors, and they have given our work a huge boost.

Minter Ellison has also provided us with generous pro bono legal advice from a range of specialists at the firm. With so many different entities, our legal and compliance issues are complex. Working with

a top-tier firm such as Minter Ellison has made a big difference to our operations, and it has provided firsthand specialised experience in a business for purpose and not-for-profit for their lawyers. We cannot thank Minter Ellison enough for its support. It truly is an organisation prepared to put substantial resources into doing the right thing for its staff, and for people in need.



FAREWELL TO THE PACKATHON, AND HELLO EQUIPMENT SUSTAINABILITY!

Eleven years ago, Debbie Lester, Adara's Clinical Programmes Director, had an idea that would spark more than a decade of volunteering, bringing together hundreds of people from across Washington state to help Adara deliver life-saving medical supplies and equipment to Kiwoko Hospital to assist in caring for women and babies.

At that time, babies were dying at Kiwoko Hospital from preventable causes. With simple interventions and the necessary supplies, Debbie knew a huge difference could be made. A part of Adara's development philosophy is that we always purchase supplies and equipment locally, to stimulate the local economy. However, at that time critical pediatric supplies were unavailable in Uganda, and the hospital had no means of sourcing them.

Debbie knew that whenever a baby was delivered in the US, any supplies that might be needed, such as a bulb syringe, ambu bag and oxygen cannula, were laid out for each medical procedure. Even if they were unused and unopened, the protocol was to throw these supplies away.

With the support of a dedicated voluntary team of medical staff from 10 Washington state hospitals, Debbie began to diligently collect these needed supplies to ship to Uganda.

Once a year, enthusiastic volunteers came

together for the 'Packathon', to get busy counting and sorting thousands of syringes, packing hundreds of rubber gloves and sorting suction tubes from oxygen tubes. By the end of the two days, Adara would have a 20x40 foot shipping container jam-packed full of supplies and equipment to send to Kiwoko Hospital.

The Packathon helped equip the local staff at Kiwoko Hospital with the tools they needed to save maternal and infant lives for more than a decade.

Our dream has always been to help Kiwoko Hospital be more sustainable and access supplies and equipment locally. After 11 years,

we are thrilled to have reached this stage, and to now be able to access this critical equipment from more local sources.

So in 2014, Adara held its last Packathon, knowing that we can now source all that is needed at Kiwoko Hospital, in Uganda, or in the region. This is truly a dream come true.

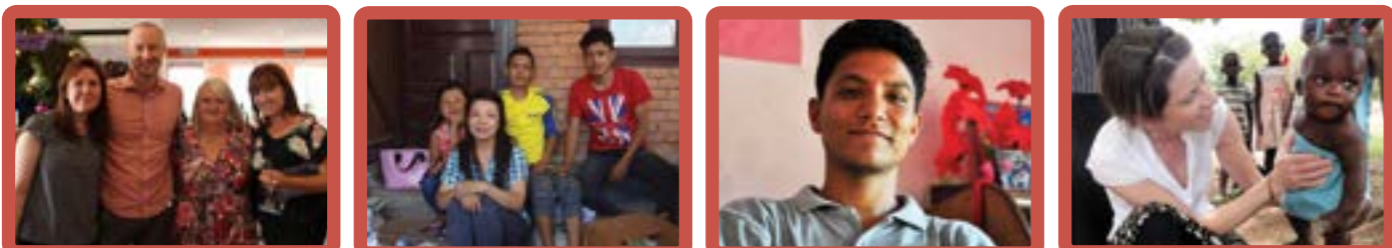
To all the dedicated volunteers and supporters who helped us with this project for more than a decade, we cannot thank you enough. It is because of your generosity and dedication that so much has been achieved. On behalf of Adara and Kiwoko Hospital, we are deeply grateful.





THE ADARA

FAMILY



OUR BOARD



ANDREW DELLA CASA
TRUSTEE OF ADARA DEVELOPMENT (UK)



AUDETTE EXEL
CHAIR OF ALL ADARA DEVELOPMENT ENTITIES, TRUSTEE OF ADARA DEVELOPMENT (BERMUDA) AND ADARA DEVELOPMENT (UK), DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA), ADARA DEVELOPMENT (UGANDA) AND ADARA DEVELOPMENT (USA)



DEREK STAPLEY
DIRECTOR OF ADARA DEVELOPMENT (USA)



EDITH G CONYERS
TRUSTEE OF ADARA DEVELOPMENT (BERMUDA)



JIM RICE
TRUSTEE OF ADARA DEVELOPMENT (UK)



KATE VACHER
TRUSTEE OF ADARA DEVELOPMENT (UK)



KEN FINCH
DIRECTOR OF ADARA DEVELOPMENT (UGANDA)



LAINI LIBERMAN
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)



DR PHILIPPE ROUJA
TRUSTEE OF ADARA DEVELOPMENT (BERMUDA)



RICHARD DEUTSCH
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)



RICHARD HOUGHTON
TRUSTEE OF ADARA DEVELOPMENT (UK)



RICHARD WEST
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)



SUSAN BURNS
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA) AND ADARA DEVELOPMENT (UGANDA)



THOMAS R DICKSON
DIRECTOR OF ADARA DEVELOPMENT (USA)



TOM GLYNN
DIRECTOR OF ADARA DEVELOPMENT (USA)

VICTOR KHOSLA
DIRECTOR OF ADARA DEVELOPMENT (USA)
(RETIRED JAN 2015)

ALISTAIR STRUTHERS
TRUSTEE OF ADARA DEVELOPMENT (UK)
(RETIRED NOVEMBER 2013)

JOHN ATKINSON
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)
(RETIRED AUGUST 2013)



ACCOUNTABILITY

INCOME OVERVIEW FOR 2013 & 2014



US\$ 1.15M
(A\$1.25 MILLION)
CONTRIBUTED FROM
ADARA ADVISORS

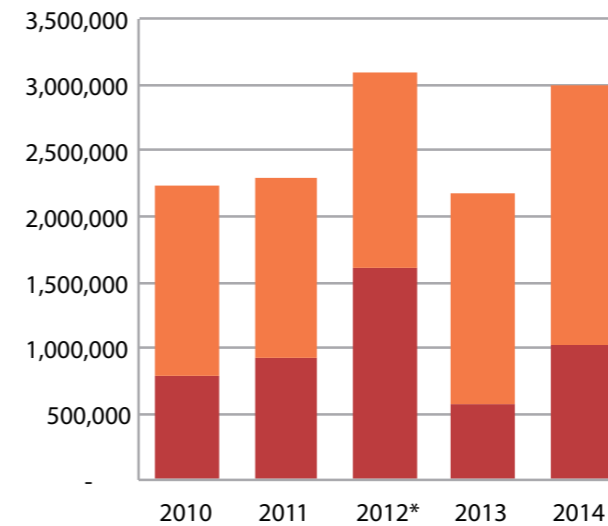


US\$ 4.02M
(A\$4.31 MILLION)
CONTRIBUTED FROM
OTHER DONORS

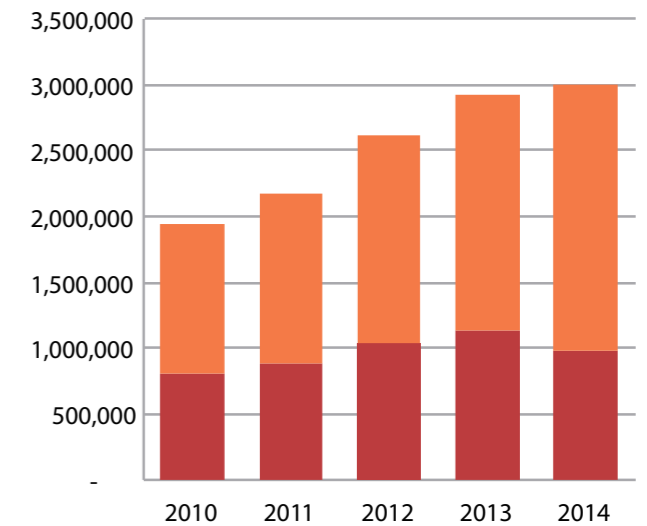
Adara has received an incredible total of US\$22.4 million (A\$26.1 million) in donations since we began in 1998. Of this, more than US\$6.9 million (A\$8.3 million) has been contributed from the Adara business towards Adara Development's administration and infrastructure costs and emergency project costs.

Huge thanks to all Adara financial partners for their belief in the work of Adara and their on-going commitment and support.

DONATIONS TO ADARA DEVELOPMENT (US\$)



EXPENDITURE OF ADARA DEVELOPMENT (US\$)



- Project Support Partners (including research and knowledge sharing)
- Adara Advisors Pty. Limited and Core Support Partners

- Project costs (including research and knowledge sharing)
- Core support costs

*Adara Advisors made a significant prepayment to Adara Development in 2012, to cover core support costs in 2013.

2013 AND 2014 EXPENDITURE

All Adara entities report under international financial reporting standards (IFRS) and are audited annually. All Adara Development entities' financial accounts have been audited by KPMG since we began, except for Adara Development (UK), which is audited in the UK by Somerbys and Adara Development (Uganda) which is audited by Grant Thornton. If you would like a copy of our audited financial accounts, please check our website, or contact us at info@adaragroup.org.

MATERNAL INFANT CHILD HEALTH

US\$ 1,229,278

Clinical Support at Kiwoko Hospital Uganda

- 59 local NICU, ANC and maternity nurses, 1 doctor and 13 ward support staff each year
- Medical equipment, drugs and supplies for the NICU and maternity ward
- Nutrition support for mothers caring for babies in the NICU
- Training and development for NICU and maternity staff
- CBHC programme support for safe motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services
- 7 other local hospital support staff including a finance manager, finance officer, junior finance officer, HR officer, lab technician, electrician and a Maternity NICU Head manager each year

Clinical Advisory USA and Uganda

- Clinical Programme Directors Office
- Activities to collaborate with the clinical team at Kiwoko Hospital to plan and implement strategies to improve maternal, infant and child health outcomes
- Regular and sustained capacity building for Kiwoko Hospital NICU and maternity ward clinicians
- Introduction of new technologies and treatments for patients
- Development and management of international medical volunteers programme, where experts visit the hospital for short periods of time to train and advise local clinicians
- Analysis of NICU data from Kiwoko Hospital
- Telephone and email medical advisory service
- Collection of medical supplies and equipment from 10 US hospitals, the organisation and hosting of the final two years of the Packathon and the shipment of the container to Kiwoko Hospital
- Activities to share globally Adara's knowledge on maternal infant child health

CHILDREN AT RISK

US\$631,544

Adara Kids Nepal

- Care and support of children who were previously trafficked (24 children in boarding school in Kathmandu, 29 children in the youth development programme, 46 children reintegrated with family and 37 children graduated)
- 16 local staff and related office costs each year
- Education, nutrition, health, post-school options, life skills and independent living training
- Reconnection and reintegration with families of origin
- Activities to share knowledge on Adara's experience of non-violent care and reintegration of children at risk

Ebenezer Boys Uganda

- 21 boys in vocational education
- 1 local social worker and related office costs
- Education, nutrition, health and post-school options for the boys
- School holiday workshops on life skills and independent living
- Reconnection with families of origin
- Volunteer programme for the boys to learn how to contribute to their community

Women's Foundation Nepal

- 1 local lawyer who leads a team of lawyers
- 679 cases of abuse supported by legal team

Hands in Outreach Nepal

- 2 local staff and related office costs
- Healthcare assistance for 113 girls so they are healthy enough to attend school and learn
- Living supplies to support families in need

RURAL AND REMOTE COMMUNITY DEVELOPMENT

US\$ 1,218,314

Local Programme Staff Nepal

- 11 local staff members, including Humla programme manager, agriculture assistant, community health coordinator, community education coordinator and a technical consultant

Hygiene and Sanitation - Humla Nepal

- Build and repair of communal micro hydro power systems, gristmills and drinking water systems
- Construction and repair of pit latrines, initiated by villagers

Nutrition - Humla Nepal

- Household level solar driers, greenhouses and smokeless metal stoves
- Food security projects, such as nursery development

Health Post Improvement - Humla Nepal

- Local health post infrastructure, medicines and staff to ensure Humlis have access to year round healthcare

Mobile Healthcare - Humla Nepal

- Plan and implementation of mobile medical camp held annually. 6,230 people were treated in 2013 and 2014.
- Tibetan health practitioner, or 'Amchi', to travel through Humla for eight months at a time providing medicines and healthcare to 2,587 people in Humla villages in 2013 and 2014.

Training and Health Awareness Projects - Humla Nepal

- Regular training and awareness programmes on child malnutrition and infant and maternal mortality with women's groups
- Carpentry and masonry training for local people to help build micro hydro and other health related infrastructure projects

Education Projects - Humla Nepal

- Provision of learning materials for local schools
- Teacher training for 8 teachers
- Development of 7 child friendly classrooms
- Support to students in each target village, providing them with stationery, notebooks, warm track suits, school bags and other necessities
- 9 scholarships for Humla's best and brightest to obtain vocational training
- Non-formal education classes for more than 180 children and 140 adults

Himalayan Children Society - Humla Nepal

- 7 local staff and related office costs
- School supplies, uniforms, textbooks and music class materials for children
- Food and hostel support for children from families living in poverty
- Teacher workshops to improve the quality of education provided in the school
- District workshops to share information about the Yalbang School model

The Himalayan Innovative Society - Humla Nepal

- 4 local staff and related office costs
- FM radio programme to raise awareness about child trafficking and child abuse in Humla
- 53 educational scholarships for children of single parents

Himalayan Medical Foundation - Kathmandu Nepal

- 6 local staff and related office costs
- 3 free health clinics in the outskirts of Kathmandu for people unable to afford care
- Medicine and laboratory materials for 3 clinics – Benchin, Nagi and Pharping

HIV and Diabetes Clinics at Kiwoko Hospital Uganda

- Nutrition, treatment and counselling support for adults and children living with HIV/AIDS
- Education support for orphans and vulnerable children affected by HIV/AIDS
- Weekly diabetes clinic operating at Kiwoko Hospital

Community Outreach Services at Kiwoko Hospital Uganda

- CBHC programme servicing 44 villages and providing support to people living with chronic conditions such as epilepsy, TB and people living with disabilities

RESEARCH, MONITORING AND EVALUATION

US\$339,739

- 2 Montana based PhD Anthropologists
- Research support to Nepal and Uganda
- Mobile medical camps – embedded researchers
- Household re-surveys in Humla
- Maternal health baseline study in Nakaseke Uganda to understand community health needs
- Menstruation programme research and review
- Monitoring and evaluation of all projects

GENERAL MANAGEMENT IN-COUNTRY

US\$315,483

Nepal

- 3 local staff including the Country Director and related office costs in Kathmandu
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring they exercise good governance and maximum impact

Uganda

- 4 local staff including the Programme Manager and related office costs
- Management of project planning, implementation, capacity building and coordination with the partner organisation ensuring good governance and maximum impact

CORE SUPPORT

US\$2,083,153

Core support expenditure during 2013 and 2014 ensured all areas of our project-related work have the necessary resources and help they need to operate effectively. These costs were all paid for directly by Adara Advisors (both by prepayment in 2012 and donations during the period) and a small number of core support partners, ensuring that 100 cents in every dollar of all other financial partners' support went directly to project and project related costs.

- 10 global support staff (plus 3 pro bono staff) and related office costs
- Leadership and development of short and long-term strategy and direction
- Global coordination of activities and policies to ensure project staff have the resources and assistance to be effective as they partner with communities on the ground
- Managing global governance, compliance, legal, human resources, information technology and administration
- Financial compliance including global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction
- Global communications internally and externally
- Fundraising and regular reporting and liaising with existing financial partners worldwide
- Office support for research and clinical programmes, finance, fundraising and communications
- Office of the Chief Executive Officer

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