



ADARA
GROUP
— BRIDGING WORLDS —

50,000 Stories of Impact

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About Adara

The Adara Group has two quite different parts, but one united purpose – to support people in poverty.

The first part is an international development organisation called Adara Development. The second part is two Australia-based corporate advisory businesses, Adara Advisors and Adara Partners.

Adara's businesses are 'for purpose' rather than for profit. Their sole objective is to fund Adara Development's core support, administration and emergency project costs. This allows 100% of all other donations received by Adara Development to go directly to project-related costs. Both Adara businesses are registered BCORPs.

Adara is focussed on improving health and education for women, children and communities living in poverty. We are experts in maternal, neonatal and child health; and remote community development. Our work has two pillars: best-practice service and knowledge sharing. We reach tens of thousands of people living in poverty each year through our service, and countless more through our knowledge sharing work.

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ACFID
MEMBER



50,000 Stories Of Impact - Once Upon A Time...

Once upon a time, Adara was little more than a crazy dream.

As we enter our 19th year, that dream has come to life in ways that we could not have imagined. Contained in these pages are the stories of just some of the 50,000 people Adara reached in 2016 through our service. Our work sharing our learning and knowledge has touched countless more, thanks to our amazing teams worldwide and our partners and supporters from one end of the globe to the other. Each story is representative of the many thousands of people whose lives we have had an impact on, thanks to so many people's hard work, support and generosity. It has been a breathtaking and humbling journey.

Never in our history has Adara been so well positioned to deliver lasting change in the world's poorest communities. We have big plans as we move forward to scale our global health work, and to make a significant contribution to ending preventable newborn and maternal deaths. Our remote community development work continues to touch lives in the most faraway places. We now have a deep understanding of service excellence, which has provided a platform to train, to build capacity, and to share our learnings and mistakes widely. As we make plans for the year ahead, we are taking Adara to the next level, using all the knowledge we have gained through years of deep service to vulnerable communities.

We stand with confidence looking forward. This is due in no small part to the incredible leadership of our CEO Susan Biggs, who has led us from strength to strength over the past seven and a half years. It is with huge gratitude and a heavy heart we bid her farewell. Susan leaves a tremendous legacy at Adara and a strong foundation for us to build upon. We will miss her laughter, her ability to juggle a hundred balls at once, and her wide-ranging management skills and expertise.

We are absolutely delighted that the extraordinary Debbie Lester, who has been with Adara since our earliest days, will be stepping into the CEO role in mid-2017. In her work as Global Health Director, Debbie has led some of our best work, and has touched many lives. Debbie's leadership of our passionate and dedicated team will ensure that Adara amplifies our impact over the next decade to reach many more people in need.

Susan, we honour you and are deeply grateful for your leadership. Debbie, we are excited by your vision and for all that lies ahead. And, as always, I cannot express my gratitude to our teams, our volunteers, and our partners and supporters for making a little dream become a big and beautiful reality.

With gratitude,
Audette Exel
Founder and Chair, Adara Group



Over the past seven and half years at the helm of Adara, I've encountered time and again stories of transformation on a grand scale and on a small scale. This annual report features a sampling of them – snapshots that reveal the larger impact Adara is having around the world – thanks to the support of so many.

As I step down as CEO in 2017, I'm proud to say that Adara has accomplished a great deal. I feel hugely optimistic that in the future, Adara will continue to reach many more people in need. I'm humbled by the commitment our partners have shown us to enable us to do this life-changing work. I look forward to watching Adara go from success to success in the decades ahead.

My last thoughts and gratitude is to the Adara team globally. It has been a privilege to work with each and every one of you. I have loved working as part of the Adara Family.

Susan Biggs,
Outgoing CEO, Adara Development

Our Impact At A Glance - 2016

56

direct staff

111

staff paid through our community partners

100%

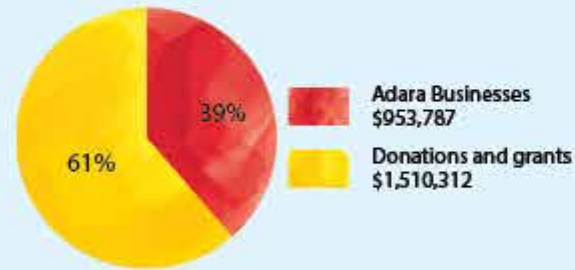
of all core support and administration costs were paid for by the Adara businesses

More than

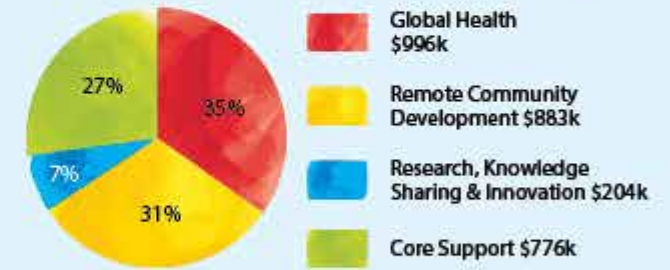
50,000

people living in poverty are reached by our services every year. Many more are reached by our knowledge sharing.

Funds donated in 2016



Expenditure by category in 2016



Maternal Newborn Child Health Highlights 2016

1,090

babies received care in the Kiwoko Hospital neonatal intensive care unit (NICU)

90%

total survival rate in the NICU

29%

improvement in survival in the NICU since 2005 for low-birthweight infants (babies weighing <2.5kg)

7,433

children received lifesaving immunisations in the Nakaseke community

3,417

women received care in the Kiwoko Hospital Maternity Ward

26%

increase in maternity ward admissions since the new ward opened in 2010

Remote Community Development Highlights 2016

50%

increase in student enrolment in Adara-supported schools in Humla since 2011

2,093

patients were treated at the three Adara-supported government health posts in Humla in 2016 – a 168% increase from 2015.

19%

average increase in student attendance in Adara-supported schools in Humla since 2013

100%

of students who have completed their School Leaving Certificate (SLC) at the Yalbang School passed. Only 50% of students across the country pass each year.

Increase in patients treated at three Adara supported government health posts in Humla from 2015 to 2016



Mastery For Purpose - An Update From The Adara Businesses

A little boy runs past with his brother on his back, laughing madly. He is curious to see what these visitors to his small Nepali village are up to. It's early in the morning, but already the village is alive. Further down the hill, a man is already digging in his garden. A woman is shuffling chickens out of the way, and trying to get her three young children to put on their shoes and go to school.

The village, which is built on a steep hill, is little more than rows of temporary dwellings fashioned out of sheets of tin that Adara provided. The aim was to give the community shelter following the earthquake that destroyed every building in 2015.

Guy Fowler looks around, and takes in the whole scene.

"It's very... humbling," he says.

It's an odd connection that he feels to this place – the community of Ghyangfedi in Nepal that Adara has been supporting since the devastating 2015 earthquake. In his normal life, Guy Fowler is one of Australia's leading investment bankers, negotiating deals in the country's most prestigious board rooms and leading some of the nation's biggest financial mandates as the Head of Investment



Banking at UBS, a global financial services firm. But Guy is also a founding Adara Panel member, offering his mastery and time to make a difference for these villagers and thousands more like them.

It is now nearly two years since Adara launched our new business, Adara Partners. After 17 years of running Adara Advisors, a corporate advisory business existing solely for the purpose of creating revenue for Adara's development programmes across the world, our founder Audette Exel had an idea. She thought that Adara might be able to launch a business platform – a panel – to allow the leaders of the financial services industry to give advice at the highest levels of excellence to corporate Australia. All fees generated would benefit people in need in the world's most remote places. The concept represents a significant expansion of our existing business and a completely new model in the financial services sector.

Some of the most respected men and women in corporate Australia joined the panel. They work in pairs to co-lead advisory mandates at the highest levels of Australian corporate and business life. They have one aim: to generate revenue to support people in need. Guy says:

"It was a pretty easy decision to join the Adara Panel. A lot of people in our industry often think about how they can 'give back', and this is the highest and best use of what I have to offer. If I can use my time and generate investment banking type fees that go directly to Adara, that's the biggest contribution I can make. It's a very innovative thing that Audette has done. It's fantastic."

"This is the highest and best use of what I have to offer."

Guy Fowler, Head of Investment Banking, UBS

Since we launched Adara Partners, we have completed multiple mandates, including a complex commercial problem solving mandate for an ASX 20 company and strategic negotiation advice for the Football Federation of Australia's media rights. We are working as an independent advisor on an initial public offering (IPO). We have been appointed to several Federal and NSW Government Panels including the Department of Treasury and the Department of Foreign Affairs and Trade.

We are so proud of what we have achieved so far, and so grateful to those who have made it possible. Deloitte, Minter Ellison and ansarada saw the power of this idea and joined us as significant strategic partners. A small group of leading families lent us social capital, interest-free, to get off the ground. And of course, our amazing Panel Members give their time, passionately and generously, using their mastery advising our corporate clients in order to help women and children across the globe have better lives.

Back in Ghyangfedi, Guy looks around at the land for the new school that will cater to 300 children when it opens in April 2017. Because of his work as an Adara Panel member, he gets to be a part of this exciting project, and many others. "I really wanted to see the work Adara was doing, and this trip has made it very real," he says.

He scans the horizon again. "This work is extraordinary."

The Adara Businesses At A Glance



US\$8.8M (AU\$10.8M)

donated by the Adara businesses to support Adara Development between 1998 and 2016



US\$954K (AU\$1.3M)

donated by the Adara businesses in 2016

The Adara Panel

- Ilana Atlas
- Tim Burroughs
- Catherine Brenner
- Guy Fowler
- David Friedlander
- Graham Goldsmith
- David Gonski AC
- Matthew Grounds
- Peter Hunt AM
- Christian Johnston
- Diccon Loxton
- Peter Mason AM
- Mike Roche
- Dr Nora Scheinkestel
- Steven Skala AO
- Philippa Stone

Our Service Offering



Transaction Advisory Services

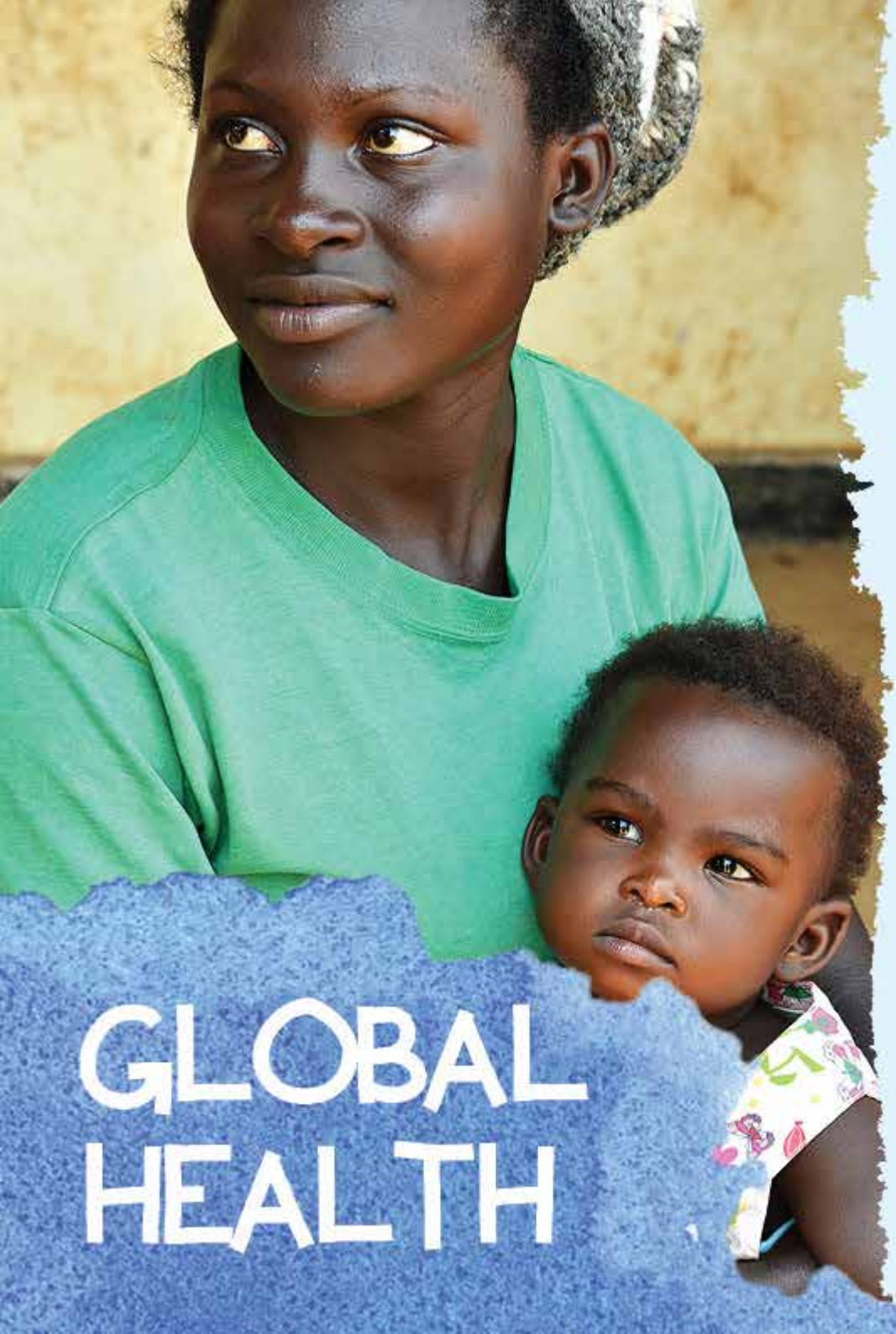
independent opinion and strategic negotiation advice



Commercial Advice

strategic advice, complex commercial problem solving and wise counsel





GLOBAL HEALTH

GLOBAL AND LOCAL CHALLENGES

Since 1998, Adara's Global Health work has been grounded in service. We work with Kiwoko Hospital on community based healthcare (CBHC), maternal health, neonatal intensive care (NICU), HIV and diabetes.

Over the next 10 years, we will increase our reach and our impact by deepening service, maintaining excellence, scaling our programmes and sharing our work locally, nationally and globally.

The overarching aim of Adara's Global Health plan is to contribute to ending preventable deaths of women, children, adolescents and particularly newborns.

800

women around the world die every day from preventable causes relating to pregnancy and childbirth

99%

of these deaths are in developing countries

Women in Uganda have a **1 in 44**

lifetime risk of maternal death (compared with 1 in 9,000 in Australia)

In 2015

2.7M

newborns died during the first 28 days of life, and

98%

of these deaths were in developing countries

Up to

2/3

of newborn deaths can be prevented if effective health measures are provided at birth and during the first week of life

OUR SOLUTIONS

Expanding the coverage of quality newborn interventions throughout Ugandan health facilities.

Training and development programmes

Ensuring Kiwoko Hospital has the equipment, supplies, medicine and infrastructure to deliver best-practice services.

Training clinicians to increase access to good services outside Kiwoko Hospital.

Training Village Health Teams to sensitise their community on how to care for newborns

Community outreach clinics

Collaborating with national and international leaders in newborn health.

Testing and implementing Safe Bubble CPAP to help babies breathe.

Enabling access to high-quality healthcare for chronic conditions such as HIV/AIDS

SNAPSHOT OF OUR IMPACT IN 2016



1,090

babies received care in Kiwoko's NICU



3,417

women received care in Kiwoko's maternity ward



100

sets of twins and three sets of triplets cared for in Kiwoko's NICU



7,433

children received lifesaving immunisations in the Nakaseke community – over 40,000 since 2012



29%

improvement in survival in Kiwoko's NICU for low-birthweight infants since 2005



26%

increase in admissions to Kiwoko's maternity ward since we opened it in 2010



700

people living with HIV received support for treatment costs and hospital admissions – 9,300 people since 2007

Maternal Newborn Child Health

Newborn Care - Delivering Uganda's Future

Marvin and Martin look shyly at their feet, a little timid in front of the visitors who have filled their small living room.

Their sister Mildred is much bolder, and confidently answers our question: "What do you want to be when you grow up?"

"I will be a doctor," she declares, without hesitation. "And so will Marvin. Martin wants to be a pilot!"

Her parents beam at her. The pride they feel for their three young children is so evident. On the coffee table they have strewn photos from the past 12 years – rare and coveted keepsakes in Uganda. As Marvin and Martin become a bit more confident they point out photos of themselves as babies, celebrating birthday parties, starting school, attending weddings and other milestones.

These happy and much-loved kids probably have very little idea just how grateful their parents are to see them grow into such healthy and big-hearted children.

Tragically, before they welcomed Martin, Marvin and Mildred into the world, Ben and Justine experienced a great heartbreak when their first pregnancy ended in miscarriage about halfway through. Justine was pregnant with twins.

When the couple found out a year later that Justine was again pregnant with twins, they were overjoyed. But they also feared the same tragedy might strike again. Thankfully, the staff at Kiwoko Hospital took the family under their wing, carefully monitoring the pregnancy every step of the way.

At 30 weeks' pregnancy, during a regular check-up, the couple received some exciting news from the doctor: they were not expecting twins but triplets. And any day!

Finding out you are having a multiple preterm birth is an overwhelming and sometimes scary experience anywhere in the world, but even more so in a country like Uganda. There, 12,500 children under 5 die each year from direct preterm complications.

"I first felt so much fear," Justine reveals. "But the staff at Kiwoko comforted me, loved me, and made me feel free and supported. Then I felt confident."

Ben and Justine were lucky. They lived in a community that not only had a hospital with dedicated and well-trained staff but also, remarkably, a neonatal intensive care unit (NICU) to provide top care for premature or sick babies.

The newborn health programme at Kiwoko Hospital is one of Adara's flagship programmes. We have taken a holistic approach to neonatal health in the Kiwoko NICU. We combine brilliant local staff with regular staff training and development workshops. This is provided both locally and through specialists from our international medical volunteer (IMED) programme. We have also worked hard to ensure the NICU has the equipment, supplies and medications needed, through a careful procurement process, as well as clinical engineers to make sure all equipment is maintained and working.

Thankfully, due to the excellent services and staff at the hospital, Marvin, Mildred and Martin arrived safely. It was a huge milestone for Adara and Kiwoko, as they were just the second set of triplets to survive at the hospital, a huge feat as giving birth to multiples is considered a high risk for both mother and baby. This successful delivery of multiple babies was the first of thousands. **In 2016 alone, the NICU cared for 100 sets of twins and three sets of triplets.**

The NICU now cares for more than 1,000 babies every year, and rates of survival have only increased. In fact, for low-birthweight babies, **the rate of survival has increased from 61% to 90% since 2005.**

Meeting these amazing kids makes clear the importance of saving every life we can. Martin, Mildred and Marvin are three healthy, vibrant kids, full of dreams and potential. The hope for Uganda's future is bright.



Maternal Health - Safe Mother, Safe Baby

Harriet cradled her newborn, looking at her lovingly. Only 12 hours earlier her baby had arrived into the world – so new she did not yet have a name.

As a mother of six children, Harriet was experienced at this. And even though she was working hard to maintain a serious demeanour, she could not stop smiling at her beautiful baby girl.

“With my first three deliveries, I experienced a lot of complications,” she explains. “I suffered from severe haemorrhaging after the birth of my third child, and my husband and I thought we may not be able to have as big a family as we had planned.”

Harriet is not alone in facing difficulties in childbirth. Giving birth in Uganda is incredibly risky, with women having a 1 in 44 lifetime chance of maternal death (compared with 1 in 9000 for Australia).

Thankfully, Harriet and her husband heard about the maternal health services at Kiwoko Hospital. Her last three babies have been delivered safely under the caring and watchful eyes of Kiwoko’s incredible midwives. Even though she lives 25km away, Harriet and her husband are happy to travel to Kiwoko for their maternal health care because they trust the services.

“My husband is proud of this place,” she says. “He is delighted by the care the midwives show us.”

Harriet also shares with us how much she has learnt from Kiwoko’s midwives. She is practising family planning to space her children – there’s a four-year gap between her newborn and her last child. She also tells us about a cord care demonstration she attended earlier that day which dispelled many myths about caring for your newborn.

“I have learnt so much,” she said.

In 2016, Harriet was one of 3,417 women who chose to come to Kiwoko Hospital to give birth, and the numbers are

growing every year. In fact, since 2010, when Adara supported the design, construction, equipping and staffing of the new maternity ward as well as the training of those staff, admissions have risen by 26%.

Listening to Harriet share her story, Sr Hajara, head of the maternity ward, grins.

“As a nurse and midwife, there is nothing that makes me more satisfied than a mother who has delivered well,” she says. “I am proud of my midwives.”



The Breath Of Life - Continuous Positive Airway Pressure

Her little chest collapsed in, time and time again, as she struggled to breathe enough air into her tiny lungs. You could see the huge struggle in Ruth's body every time she inhaled. This beautiful baby girl was suffering from Respiratory Distress Syndrome (RDS). And without help her little body would eventually give up the fight to stay alive.

More than 65% of newborns suffer from RDS, and it is the most common cause of disease and death in babies born before 34 weeks' gestation. In developed nations, elaborate machines and treatments are available to make sure babies get the support they need to breathe and survive. But too often for babies in low-resource settings, RDS is a death sentence. Facilities do not have the necessary equipment, expertise, or power supplies to provide the treatment these newborns need.

For infants with immature lung development or babies suffering from RDS, Continuous Positive Airway Pressure (CPAP) is a life-saving technology. It gently pushes a mixture of oxygen and air into the baby's lungs, keeping them inflated and decreasing the work of breathing. However, most devices available are expensive and rely on electricity to run.

In some low-resource settings, resourceful clinicians improvise these devices out of tubes, tape, plastic bottles, and other materials at hand. Though these devices sometimes save lives, they often cannot provide the necessary pressure. Or they rely on 100% oxygen to keep the lungs pressurised. For premature babies, delivering 100% oxygen is toxic, and can result in blindness or brain damage. So where possible, it is important to blend the oxygen with air to reduce the oxygen concentration to the patient. However, the blending process can be very complicated, and many low-resource settings do not have the necessary technology, knowledge, equipment, supplies or electricity.

For the past 5 years, Adara has been working closely with Kiwoko Hospital and our partners PATH, the University of Washington and Seattle Children's Hospital on a device to help address these challenges, so newborns can survive and thrive.

PATH developed an inexpensive Safe Bubble CPAP (bCPAP) kit which does not rely on a power source. It includes an ingenious air blender, created with a 3D printer, that draws room air into babies' lungs along with a safe amount of oxygen.

The prototype Safe bCPAP kit has been extensively tested in a laboratory setting at both PATH and Seattle Children's Hospital. But now it needs to be more extensively studied in a low-resource setting. Then it can be commercialised and distributed into the world market so it can save countless lives.

In 2017, Adara and our bCPAP partners are joining forces with Massachusetts General Hospital and Harvard University on this next step of the device's development to conduct a feasibility study. Adara will lead the testing of the device at Kiwoko Hospital, and the Massachusetts General Hospital team will conduct similar testing at a low-resource CPAP-naïve facility in Kenya. At the end of the feasibility testing, any appropriate modifications will be made, and the device will be commercialised and made available for less than US\$20 to facilities across the world.

Luckily for Ruth and her parents, Adara introduced CPAP to Kiwoko Hospital in 2012. Once connected to the device, baby Ruth breathes more easily. Her body calms, as she can inhale without a struggle. The new bCPAP kit developed by PATH with Adara's help will bring hope and life to more babies like Ruth. It will save hundreds of thousands of lives and reduce the chance of blindness for infants across the globe.





Adara Commits To 'United For Oxygen' Clinton Global Initiative

Every year around the world, a lack of access to oxygen contributes to the deaths of more than 120,000 children under 5, and thousands of women in pregnancy and childbirth.

That is why Adara joined more than 13 other organisations to make a commitment – called 'United for Oxygen: Oxygen & Pulse Oximetry in Ethiopia' – through the Clinton Global Initiative (CGI) to support expanded access to oxygen for women and children in Ethiopia.

Adara's contribution to this commitment centres on our work in safe bCPAP, and we will leverage our expertise in training. We will meet often to advise the Ethiopian government on its action plan. Depending on the Ministry of Health's needs Adara may send staff to train Ethiopian clinicians or host training in Uganda.

Innovations To Help Babies Feed

Adara's Senior Advisor in Global Health, Debbie Lester, has vast experience in establishing feeding protocols for sick and vulnerable infants in hospitals in Seattle, Bermuda and Uganda. She is using this experience to work closely with the Breastfeeding Innovations Team, which is an alliance of more than 200 organisations and individuals.

This group is committed to accelerating the development and adoption of the innovations with the greatest potential to increase access to breastmilk for babies, especially the most vulnerable.



Bringing Care To The Community

The big red community based healthcare (CBHC) van trundles along the dirt road, over potholes and through ditches. It passes mothers or older siblings with babies tied to their back who are walking to meet the van a little bit further down the road for the monthly safe-motherhood clinic.

When the van arrives, 20 or so mothers and their children have already assembled. Many more will come before the day is over. This is just one of 22 clinics Kiwoko Hospital's CBHC team will conduct this month, bringing outreach health services to the people of the Kikamulo sub-county. The clinics focus on sexual and reproductive health, antenatal and postnatal care, newborn follow-up and immunisation against deadly diseases for babies and children. Mothers also receive health education on contraception and key health messages on caring for their infants.

Today's clinic is set up on the veranda of a shop, whose owner kindly lends the space to the CBHC team each clinic day. The CBHC midwives set up an ad hoc antenatal room in the back of the shop, where they can examine mothers and provide antenatal counselling. Out the front on the veranda, the baby clinic is set up – a bag is hanging from a set of scales which is attached to a hook on the roof to monitor the babies' growth, and an immunisation centre is set up. In 2016 more than 7,433 children received immunisation through these outreach clinics.

The clinic quickly settles into a smooth routine, largely thanks to the co-ordination of Harriet, the community's village health team (VHT) member. VHTs are a critical part of the Ugandan health system, serving as a community's first point of contact for health services. They are volunteers, trained to share basic health information with their

neighbours and refer people in need to higher levels of healthcare. Adara trains VHTs to improve community understanding of maternal and newborn health. They can then sensitise families to the importance of seeking and attending antenatal care clinics and having a skilled attendant during birth. They also help families recognise danger signs during their pregnancy or with their newborn. We have seen a **27% increase in antenatal appointments** since Adara began training VHTs in maternal and newborn care in 2013.

Harriet has been working as volunteer community health worker for over a decade – working initially as a drug distributor for the government's child health programme and now as a VHT. She is proud of the work she does for her community.

"People no longer call me someone's wife, they call me a health worker," she says. "And that makes me so happy."

Thanks to her advocacy, the outreach clinic always has very high attendance.

Not long after we arrive, Harriet pulls aside Sr Corne, the senior midwife, to tell her about a mother who had delivered her baby in the community just two days earlier. Sr Corne and Harriet return to the van and set off to visit this new mum at home.

When they arrive, a petite woman is sitting on the floor of her hut with a tiny baby boy sleeping soundly on her lap. She is just 19 years of age with her first baby, and she is clearly a little nervous. Sr Corne sits with her and asks about her delivery and whether she has experienced any challenges. Like lots of new mothers, she has found breastfeeding a struggle, so Sr Corne gives her a quick lesson. Within minutes, the baby has latched and is feeding well. You can see the relief on his mother's face. Afterwards Sr Corne does a quick examination of the newborn, giving him a clean bill of health. Then she heads back to the clinic.

"Women used to experience so many troubles of travelling to the hospital," Harriet shares. "But now, they no longer have that challenge because of the health clinic outreach."

Throughout 2016, **67 Kiwoko VHTs** like Harriett conducted follow-up with a total of **480** women and neonates.



Community Based Healthcare For All

Beyond maternal and neonatal services, Adara and Kiwoko Hospital's outreach services also help many other vulnerable people. With 44% of the Nakaseke community living below the poverty line, these healthcare services are essential to improving community health outcomes.

Adara helps Kiwoko Hospital reach people living with disabilities, epilepsy, mental illness and tuberculosis, and focusses on health promotion, hygiene education and sanitation practices across the community.

Expanding Our Reach

Adara and Kiwoko's CBHC clinics reach thousands of women and children from 44 villages each year. Through the programme, we have also trained 80 clinicians from 19 local health clinics to improve the health services that are closer to home for women who live far from Kiwoko Hospital.

Helping Adolescent Girls Stay In School To Save Maternal And Newborn Lives

There is growing recognition of the importance of addressing the sexual and reproductive health of adolescents. Adara supports the Kiwoko CBHC team's Menstrual Hygiene Management programme, which targets adolescent and pre-adolescent girls in five local schools to help them manage menstruation and stay in school. In each school, a senior female teacher is trained to educate girls on adolescent health issues, including personal hygiene and menstruation.

We provide emergency sanitary items to girls and build female pit latrines with wash stalls. Ensuring that girls remain in school is one of the most powerful methods to improve their health outcomes later in life, with a direct correlation between education and maternal and infant mortality. Women with no education are nearly three times more likely to die during pregnancy and childbirth than those who finish secondary school. And a child born to a mother who can read is 50% more likely to survive past the age of 5 than a child born to an illiterate woman.



The Road Ahead

Adara has been tackling all aspects of maternal newborn child health (MNCH) issues for many years. As a result we have become a global leader in newborn health. Our advice and guidance is sought by governments and INGOs implementing newborn programmes worldwide.

With the knowledge and experience we have gained, we will scale the work we have been doing over the past 19 years. We are ready to share what we have learnt to save many more maternal and newborn lives in low-resource settings worldwide.

'Saving Brains' - Early Intervention For At Risk Newborns

Adara has always been eager to conduct follow-up work in the community to assess infants after they leave the NICU. We know that babies born too soon are at greater risk of cerebral palsy and other neurodevelopmental conditions. And although Kiwoko Hospital has an established system of caring for babies with disabilities through the CBHC programme, we believe more can and should be done.

As such, we were delighted in 2017 to be awarded a Grand Challenges Canada grant in collaboration with the London School of Hygiene and Tropical Medicine, and the Medical Research Council and Uganda Virus Research Institute. The grant is for developing and testing a community-based early-intervention programme for infants at risk of disability and their carers. We want to determine whether such a programme can improve functioning and quality of life for these children and their carers.

The early-intervention programme will be facilitated by the parents of children with disabilities, so they feel empowered to maximise their child's development. It will also create support networks to mitigate against the social and emotional isolation that parents of children with disabilities sometimes face.

An estimated 100 million to 150 million children live with disabilities worldwide. If the intervention is shown to be effective, this study could dramatically benefit children across the globe. At the conclusion of the study in 2019, Adara and our collaborators will seek to publish and share the findings. And we will consider how to bring the early-intervention model to scale to improve more lives.

Scaling Our Expertise To Save Newborn Lives

In 2015, Adara joined Every Woman Every Child (EWEC), a global movement spearheaded by the United Nations (UN) to improve health of women, children and adolescents. We committed to sharing our expertise to strengthen maternal, newborn and child health services in Uganda, in order to reduce maternal and neonatal mortality and morbidity across the country.

In 2017, this scale-up programme will begin. We have established a three-year plan to reach more women and infants and to introduce or improve newborn health services in Ugandan health facilities.

Our programme is primarily focussed on training and development. We will establish a highly skilled training team with deep clinical expertise in newborn care, who will conduct customised training based on the pre-assessed needs of each facility. Training will focus on comprehensive emergency and essential newborn care, as well as care for extremely sick newborn babies. To support this, Adara is developing a Newborn Care Training Manual that will provide comprehensive theory and clinical guidance.

As part of the scale-up process, we will perform a needs assessment at each facility that is selected for training. This will allow us to make recommendations on the supplies, equipment, infrastructure, medicines and staff facilities needed for a high-functioning newborn care facility.

We know this programme will be much more powerful and effective with collaboration and partnership. Adara has established a panel of newborn health experts who will determine priorities and policy dimensions associated with scaling up. The panel includes representatives from the National Newborn Steering Committee and the Ugandan Ministry of Health, academics and clinicians. This group can increase momentum toward improving national policies, curriculum and clinical guidelines to strengthen national health services.

Our scale-up programme will begin with a pilot at Nakaseke Hospital in 2017. This hospital is geographically close to Kiwoko, and improvements to the quality of newborn care at Nakaseke could help relieve Kiwoko of some of the pressures of increasing patient numbers. We look forward to sharing updates on the pilot.



Other Health Services

Finding Strength - Living With HIV/AIDS

"AIDS began to wipe out many people in the village. We would be digging graves from sunrise until sunset. I was just skin and bones and no flesh."

As John gestures at his now healthy arms, it is difficult to imagine him wasted away to little more than a skeleton. But in 1996, when John first contracted HIV, there was no treatment and no hope. In those early days, the community called AIDS the 'slim disease' because it made people waste away. Most people would not survive two or three years of the disease.

John was one of the first patients enrolled in the Kiwoko Hospital clinic, and one of the first people in Uganda to be put on antiretroviral drugs (ARVs) which turned his life around.

"I was snatched from the fire," he says. "After being on the drugs, I gained weight. I could live again."

Looking at him, you would never know John has been living with HIV for more than 20 years. Today, he works as an expert client for Kiwoko. He talks to people in his community about how to prevent the spread of HIV, the importance of being tested, and how to live positively if HIV has been diagnosed.

John and his wife Gladys have also benefitted from the hospital's Prevention of Mother to Child Transmission (PMTCT) programme, and their sons John, Joseph, James and Joshua are all HIV-negative and healthy.

John is just one of 2,426 patients supported by the Kiwoko HIV clinic. Adara funds hospital admission and treatment costs for more than 700 adults and 240 children suffering from opportunistic infections. We also work with the clinic to support a nutrition programme for more than 300 adults each year and we help 121 orphans and vulnerable children go to school.





Free Healthcare To Kathmandu's Poorest

Even though she works very long days, 64-year-old widow Ambika has very little spare income after she has provided enough food for herself and her son.

When she was diagnosed with a chronic condition and was told she needed weekly treatments, she did not know how she would survive. Thankfully, a friend told her about the free health services provided by the Himalayan Medical Foundation (HMF).

Adara partners with HMF to provide free basic healthcare services to severely disadvantaged people like Ambika in and around Kathmandu through three health clinics. The clinics provide health check-ups, laboratory services, prescriptions and dental check-ups. More than 12,200 people – 58% of them women – received these services in 2016.

Did you know there were 400,600 cases of diabetes in Uganda in 2015?

In high-resource settings, diabetes is often considered a disease associated with indulgence. However, in many low-resource settings there are many more cases of Type I diabetes, an auto-immune condition for which there is no cure or prevention. Adara supports Kiwoko Hospital's diabetes clinic to provide life-saving medication, counselling and treatment to more than 200 community members who suffer from diabetes.



REMOTE COMMUNITY DEVELOPMENT

GLOBAL AND LOCAL CHALLENGES

Since 1998, Adara's Remote Community Development work has reached the isolated people of Humla, a remote area in Nepal with over 9,000 households and a population of more than 50,000 people.

Humla's remoteness creates huge challenges for its people. Living conditions are very harsh and unlikely to improve without help and capacity-building. We are committed to changing the development landscape for these forgotten communities and others like them through the delivery of health and education services and through sharing our knowledge.

263M

children worldwide aged 6 to 17 don't attend school. Each year in Nepal, 81,526 children don't attend primary school.

10.6%

of people in Ghyangfedi and 27.1% of people in Humla are literate, compared with 57.4% in Nepal overall.

56%

of the global rural population lack health coverage.

60%

of children under 5 in Humla are stunted due to malnutrition

100%

of homes, schools, and health centres were destroyed in the community of Ghyangfedi following the 2015 Nepal Earthquake

OUR SOLUTIONS

Strengthening local health post infrastructure and capacity.

Filling gaps in health service with mobile medical camps and a Tibetan medicine practitioner.

Improving Nutrition.

Improving hygiene and sanitation.

Health education.

Teacher training and provision of extra teachers in schools.

School improvement.

School materials and support for vulnerable children.

Empowerment programmes for parents, school management committees, and child clubs.

Extracurricular activities and competitions.

Helping the best and brightest students to pursue higher education.

Earthquake rebuilding projects, including a school for 300 students in Ghyangfedi

SNAPSHOT OF OUR IMPACT IN 2016



50%

increase in students enrolled in Adara-supported schools in Humla since 2011



19%

average increase in student attendance in Adara-supported schools in Humla since 2013



168%

increase in patients treated at the three Adara-supported government health posts from 2015. 2,093 treated



3,675

people treated in Adara's annual mobile medical camp in 2016



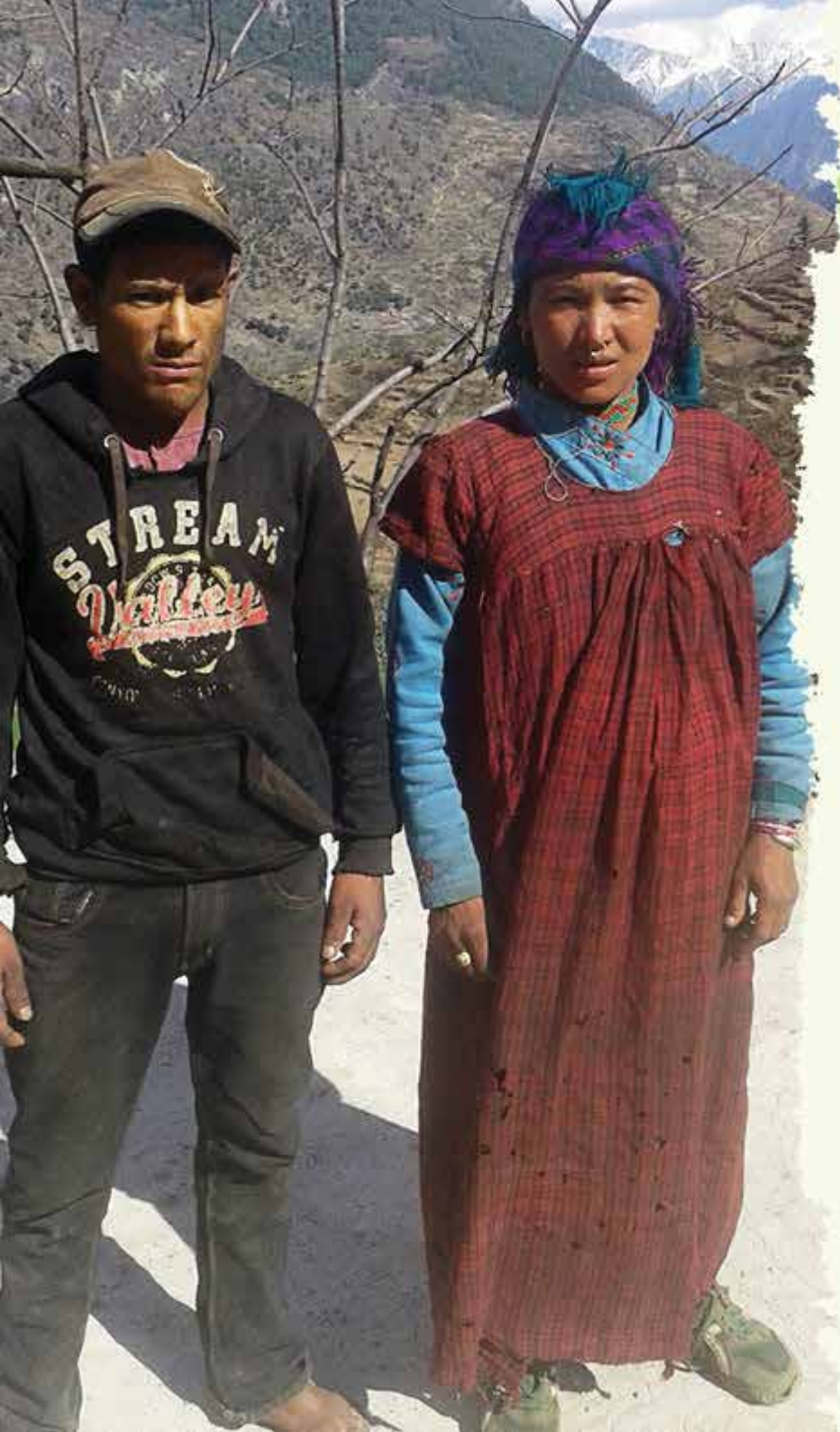
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reported incidents of child-trafficking from Humla in 2016



152

students in Ghyangfedi attended school in the Temporary Learning Centre



Health Programmes Save Lives

The four men were sweating and exhausted. They had been walking for the past hour up and down the Himalayan terrain, their friend Sita laid out on a stretcher between them.

Sita was barely conscious. For the past few months she had been getting progressively sicker, and now she could no longer walk. She had a fever of over 100°F and was severely dehydrated.

Sita's problems had begun six months earlier, when some seemingly harmless wounds on her shoulder, thigh and abdomen developed into severe abscesses.

Sita and her husband had exhausted all their options in the village for treatment. They had visited their local government health post, and while the health worker did the best he could, he did not have the appropriate medicines to treat Sita.

As her wounds continued to swell, Sita felt increasingly weak, in pain and feverish. Desperate for answers, Sita and her husband decided to seek advice and treatment from their local shaman, who told them to offer goats and chickens. Even though Sita and her husband were extremely poor, they sacrificed four goats and six chickens. But her sickness persisted.

"We have two children to feed," Sita tells us. "At that point, we didn't have any money left to seek further treatment."

When word reached their small village of Satha that a mobile medical camp was just an hour's walk away, with Nepali doctors and nurses who would offer treatment for free, they finally had hope.

Adara has organised mobile medical camps in Humla every year since 2011, providing free medical services to thousands of people living in remote villages. The camps 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, where clinicians can upskill staff and leave medicines.

When Sita arrived at the camp, the Adara mobile team was already busy treating the long line of patients. But as soon as they saw Sita, the whole team dropped everything – they knew she needed emergency attention.

"I have never seen a patient with such a huge abscess," says Dr Sagar Paudel, one of the expert clinicians at the camp. "It was very serious and I wondered if we should refer her to better equipped hospitals outside Humla."

But Sita's condition was so bad they decided she could not risk travelling any further. Sita's husband also urged the doctors to treat her at the camp: "I cannot afford to take her even to Simikot [the only hospital in Humla] let alone hospitals outside Humla. Please do something for her."

The doctors sprang into action, giving her an IV drip to rehydrate her body. They then began treatment of the huge abscess in her abdomen. At least 3 litres of fluid was drained out of the abscess. She was then given a dose of antibiotics and was left to rest. The next day she had surgery on the remaining two abscesses and was then kept under close medical observation for four days.

After this expert care, Sita was well enough to walk back to her village. Our team has since followed up with her, and she is doing well.

Whether it's handling complicated delivery cases in Chala or abscess management in Synda, Adara's mobile medical camps have saved the lives of countless people and improved the health of many more.

We are proud of what these camps have achieved, but these health camps are not enough. Adara is also committed to improving long-term regular access to medical services in Humla. That is why we support four local-area health posts by supplying medicines and funding the salaries of two health assistants. We have also refurbished the health posts in our target villages to make them clean and functional. Plus Adara has hired a Tibetan medicine practitioner who walks between villages for eight months of the year giving patients traditional treatments and referring them elsewhere if he cannot help. These interventions have helped ensure Humlis have access to all-year-round care.

Preventing Disease

Optimal health requires a two-pronged approach: prevention and treatment. On the one hand, Adara works to improve health services so that we can treat people as effectively as possible when they do become ill.

On the other hand we want to reduce the likelihood of disease occurring, through prevention programmes. We approach disease prevention in three main ways: health awareness education, nutrition improvement, and hygiene and sanitation.

In 2016, 184 women attended health awareness education programmes on maternal and neonatal health, and 256 villagers took part in waste management and sanitation training. Nutrition was improved through the continuation of Adara's very successful greenhouse programme, which provides villagers year-round access to healthy food. We also distributed 25,560 seeds to 213 households to encourage vegetable cultivation. Hygiene and sanitation was improved through the construction of drinking water systems and pit latrines in our project villages. Open defecation and waste management issues have greatly improved.

Tibetan Medicine

Adara's 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 when the mobile medical camps are not happening or the health posts are inadequate. Previously, his services were mostly used by ethnic Tibetans in Humla. But due to the effectiveness of his treatments, his popularity has grown among other ethnic groups. In 2016, a total of 980 people received care from Amchi Kelsang.

Although Amchi's treatments are very sought after, there has been a steady decrease in the number of people treated each year since 2013, due to improved health in the community. When he first started working in Humla in 2006, people were less aware of their health and hygiene, there were limited health facilities and their living standards were much lower. Over the years, with the improvement in health treatment and facilities available, and better health and hygiene thanks to drinking water, toilets, greenhouses and awareness programs, health has improved. More villagers are educated thanks to better functioning schools. Humli's livelihoods have changed with a road coming from China and more villagers, men in particular, are travelling for trade which means those men tend to seek treatment in China or in other parts outside Humla. The combined effect of these changes has led to a steady decrease in people requiring his services – a happy situation.



Education - Changing The Lives Of Children In Humla

"I really like school," 10-year-old Surta says with a shy smile. "I want to be a doctor one day."

Surta is from Chauganfaya village, a remote village in the Humla district of northwest Nepal, high in the Himalayas. Life in this region is hard, with a harsh climate and limited services and economic opportunities.

Surta's family's main occupation is farming, but due to drought and limited land, this only feeds the family of nine for about two months of the year. To sustain themselves for the rest of the year, they care for cattle, work as porters to carry the cargo of passing trekkers, sell cooking wood and run a small tea shop. And sometimes, the family still needs to take loans from landlords and friends.

"After doing all this work we can barely feed our family," says Kalu, Surta's father. "And forget about good clothing for our children, their healthcare or education."

This is the harsh reality for many Humli people. Historically, education was not a priority, with families needing all their children to work alongside them on the land just to survive. In particular, girls were often denied opportunities to go to school, as they could not be spared from domestic duties. As a result, the district has some of Nepal's lowest literacy rates, particularly for girls.

But this is changing. Over the past few years we have seen a huge shift in community attitudes towards education. More and more Humlis like Surta's family are now sending their children – boys and girls – to school, recognising the value of education.

Adara helps families like these by improving the quality of education in the district, and by providing scholarships in the form of school uniforms, shoes and a bag containing essential school supplies. Often it is the lack of these items that prevents children from going to school. In all, 706 children received these scholarships in 2016.

"Due to Adara's support I have been able to send all my children to school," says Kalu. "Without it, I would not be

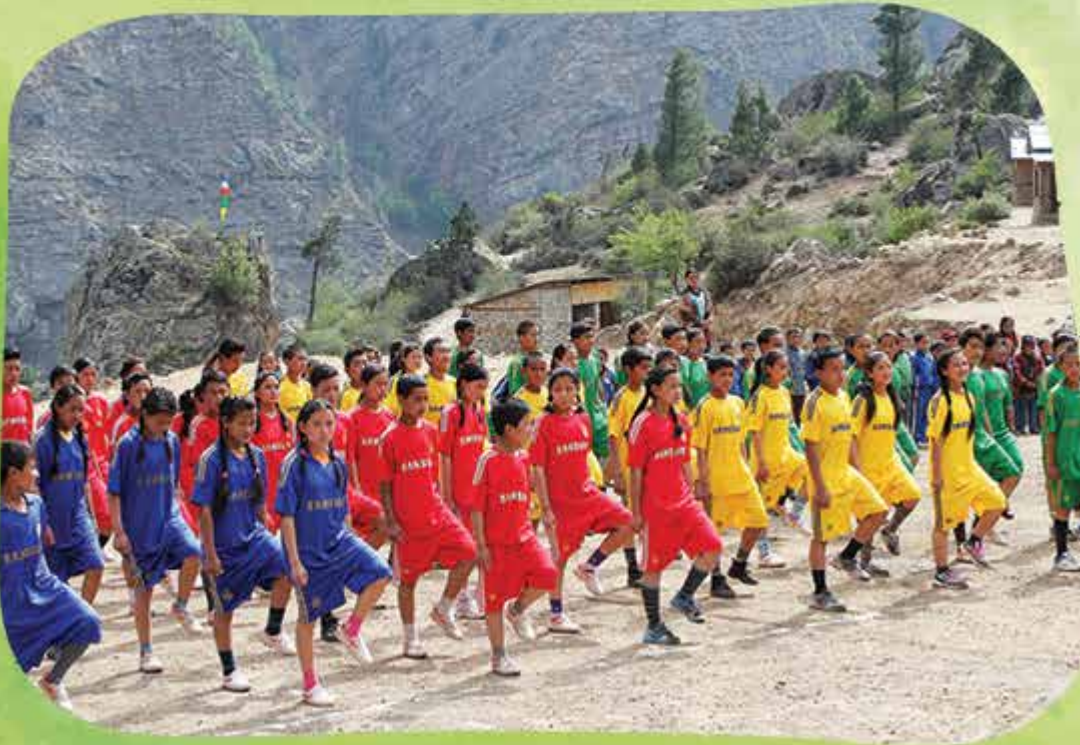
able to afford to educate all of them, even though the school is right next to my house. Some of my children would have to go look after the cattle or work in the field."

Surta is excelling at school. She always achieves first place in her class and is the class captain. She is diligent and hardworking.

"I am really impressed with Surta's performance in school," her principal shares. "She is one of the brightest and most active students and she now has the chance to excel in her life. Unfortunately, not every girl in Humla is lucky like her."

Adara will keep working to improve the quality of education in the region so that more children like Surta have the opportunity to learn and grow.





Yalbang Students Excel

Adara has supported and partnered with Yalbang School for 19 years – it was the first project we ever worked on. It is an amazing government school with 305 students currently enrolled and 231 living in the two on-site hostels. Adara supports the running costs of the hostels, provides scholarships to students in the form of uniforms and text books, and funds the salaries of three teachers. The school is a model in the district, and the academic results speak for themselves. 100% of students who have completed their School Leaving Certificate at the Yalbang School have passed the exam. This is remarkable, as only 50% of students pass each year in the whole country.

Adara's Holistic Approach To Education

Adara approaches all of our work holistically, and our approach to education in Humla is no different. We work to:

Improve facilities: Schools in Humla are usually little more than a room with four walls – many even lack furniture or carpet for children to sit on. We are creating child-friendly classrooms in our target schools in Humla as an incentive for students to attend school. We are also making sure our target schools have the teaching and learning materials they need so they can best serve their 988 students.

Provide opportunities: Many families can't afford school uniforms and books. Without these items, children are prevented from attending school. Adara provides scholarship support to 706 students in the form of school uniforms, shoes and a bag containing essential school supplies so children can attend school without stigma.

Reach the best and the brightest: Adara wants to make sure that promising students in Humla do not miss out on opportunities because of where they were born. These young people are the future leaders of the nation. In 2016, Adara provided scholarships to 13 academically excellent Humlis to pursue higher education.

Improve teaching: Due to Humla's remoteness, it is difficult for the government to attract and retain teachers. Adara funds the salaries of six extra teachers and two support staff for six schools, focussing on gaps in science, maths, and English and Tibetan languages.

Provide extra help for children who need it: With limited teachers in the schools and most parents being illiterate, many children need extra help with their schoolwork. We run 10 before-and-after-school classes every day which are open to all primary and preschool children who want to improve.

By improving education in the district, Adara is also eliminating the need for children to be sent away from their families to receive a quality education. This reduces the risk of exposure to child-trafficking.

Education - A New Hope For Earthquake Ravaged Ghyangfedi Community

It was a normal, sleepy Saturday in spring. People were outside in their gardens, or inside preparing their midday meal. Children were playing together, making the most of a day off school. But in a second, everything changed.

The earth began to shake.

It was so violent that it was difficult to walk or stand. Half crawling half running, people made their way outside as their homes came crashing down around them. The terror was overwhelming. Screams of fear and desperation to find children and loved ones filled the air. Within minutes, the mountains that surrounded their homes also began crashing down as the earthquake created massive landslides.

The earth was falling in on itself.

Nisha and her mother Som Maya were two among hundreds of thousands of Nepalis whose lives were turned

upside down by the dreadful earthquake that struck the country on April 25, 2015. In their local government area alone, where 800 people live, more than 80 people lost their lives – 10% of the population. Their home was completely destroyed, as was every other home in the area.

For days and weeks afterwards, tremors continued to rock the land as the community tried to count the damage and loss, and to find their feet.

“The situation was terrible,” says Som Maya. “We had no house to live in and no food to eat.”

Nisha and Som Maya are from Ghyangfedi, a small community in Nuwakot district, northeast of Kathmandu. Immediately after the earthquake at the request of the Nepal government, Adara delivered emergency food, medical care and even sheets of tin so the community could build temporary shelters before the monsoon season hit.

But our work with Ghyangfedi did not stop with emergency relief. Using the expertise we have gained in delivering remote education programmes in Humla over the past 19 years, Adara is building a new earthquake-resistant school for 300 students. The Shree Ghyangfedi School opened in April 2017, two years after the earthquake struck. It will be a government school, with 13 child-friendly rooms. It will include an early learning centre (ELC) for children aged 18 months to 5 years.

While the construction is under way, Adara has been providing education to the community through a temporary learning centre (TLC). The centre helped 152 children in 2016, of whom 45% were girls like Nisha.



“I love the TLC,” Nisha says. “It is so great to have a place for learning, reading, playing and for having a midday meal!”

Women in Ghyangfedi have historically not had opportunities to pursue education. Girls’ literacy sits at just 10.6% and there is a major problem in the region of girls being trafficked and sold from a young age. But there is hope for the next generation as parents begin to see the enormous value of education.

Som Maya knows just how lucky her daughter is. As a child, she never had the opportunity to attend school.

“We are very excited for the new school, as many children will get the opportunity for a better education,” she says. “Education is so important for children. We do not want them to face hardship and difficulties like us.”

Although Nisha is only 13, she is already planning for her future, with dreams of becoming a teacher and helping her community.

“I wish for a future with a good village, a good school, with people living together in harmony.”



The work Adara is doing with the Ghyangfedi School is just one part of our earthquake response work. Immediately following the earthquake, the Adara team reached more than 10,000 people in need with medical support, food, shelter and other essential services. We are proud to stand with the people of Nepal as the country continues to rebuild.

Children Who Were Once Trafficked Now Shine A Light For Others

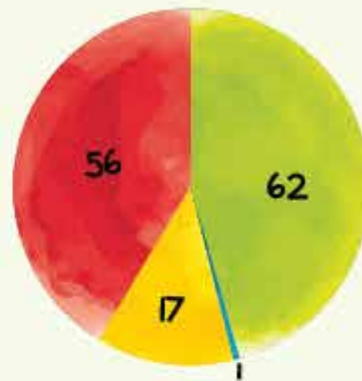
The insurgency in Nepal was a time of great upheaval for many Humli children. Parents, desperate to protect their children from violence and from becoming child soldiers, seized any means possible to get them out of the mountains to safety.

Sadly, most of these children fell into the hands of opportunistic child traffickers. Hundreds of children disappeared from Humla at this time. Many were not seen again as they crossed over the border into India and into the trafficking trade. Others were sent to Kathmandu, but rather than attending nice boarding schools as their parents had been promised, they were left in unhygienic, dirty, violent 'children's homes' and forced to beg on the streets just to survive.

Gagan and his brother Prakash were two of 136 children Adara found living in these appalling conditions in 2006. The home we found them in had 30-40 children all living in one room on one mattress, and every day the children would go out on the streets to beg for food.

Childhood shouldn't be like this. Children deserve the opportunity to be loved and cared for by their parents in a safe environment. That is why when Adara found these boys and the other 136 children, now affectionately known as the 'Adara Kids', we set about building them a safe life in Kathmandu. We also began the journey to find their families and reintegrate the children.

Most of these children are now adults or teenagers well on the journey to independent adulthood. 56 are in the Youth Development Programme, completing their education and living independently. Adara actively supports them by paying all their school fees and providing them with a stipend which they have to manage themselves to pay for their rent, food and other expenses. Our Nepal social worker case manages each youth, they continue to come to Adara functions, and the team regularly drops in on them to ensure they are well and happy.



Adara Kids At The End Of 2016

- Children in the Youth Development Programme
- Children in school in family-based care
- Children in boarding school in Kathmandu
- Graduates



Many have already graduated from our care, equipped with the higher education or vocational skills they need to make it on their own. Five of them already have their own children. We are proud to see them grow into fantastic young adults.

Gagan graduated from the Adara Kids programme in 2016 after completing his A level exams. He has worked diligently to build his skills and his network. He always puts himself out there, participating in youth forums to debate on different issues, competing in public speaking competitions and volunteering his time.

Through commitment and hard work, Gagan gained the role of Managing Director of the Nirvana Leadership Academy, an organisation focussed on training in leadership skills and public speaking. He travels around schools and colleges doing motivational speaking, encouraging the future generation of Nepal to see their potential and to be leaders. Business is flourishing, and Gagan is now financially secure and independent.

We are so proud of all the Adara kids and their achievements. As they grow up, we continue to work closely with them, to help them plan and get equipped for their futures. We are also looking at how we can help more children in need by applying the skills and experience we have developed over the past 10 years.

Supporting Children With Single Mothers

Chirring is 8 years old. When she was born, her father rejected her as his daughter and refused to add his name to her birth certificate, leaving Chirring's mother to raise her on her own. Her mother struggled as a single parent, and now Chirring lives with her grandmother, visiting her mother from time to time. A child without a father is perceived very negatively in Humli society. They often grow up being completely ignored by the community. Single mothers also struggle incredibly hard to gain enough income to care for their children and provide them with basic needs. This results in many of the children missing school and failing to gain an education.

Chirring is one of 62 children from single-parent families for whom Adara and The Himalayan Innovative Society (THIS) provided educational and case management support in 2016. This included school fees, uniforms, stationery, school bags, shoes and support from a social worker.

Chirring's grandmother says THIS's support has been a "relief". Because of the uniform and educational materials received, Chirring can now attend school. Chirring has excelled in her studies and was placed second in the class in the last annual exam.

2017 marks the 10-year anniversary of our partnership with THIS. Since 2007 we have worked alongside THIS to help marginalised Humli children from single-parent families like Chirring to get an education in Humli, and to reduce the incidence of child trafficking from the district through anti-trafficking radio programmes. These radio programmes have the potential to reach 30,000 Humlis who have access to THIS's two stations.



Education For Girls And Women

Adara partners with Hands in Outreach (HIO), a Nepali NGO in Kathmandu, to help more than 140 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 in their studies, and in some cases going on to study at university.

HIO also believes that at the heart of educating children is educating their mothers. Since May 2016, HIO has led a programme titled 'Be Part of Her Dream' which has the target of educating 50 mothers of HIO sponsored children. The classes run 4–5 days a week.



Innovation To Touch Lives Globally

Cutting Edge Research, Monitoring And Evaluation Work Goes All The Way To The UN

Over 19 years, we have seen immense changes, technologically, economically, politically and globally. Recognising the importance of staying abreast of innovation and disruption, in 2016 Adara launched a new department to focus on innovation in the development sector led by Dr Kimber Haddix McKay.

Dr Haddix McKay has been a key part of Adara since the beginning, and has led all our research, monitoring and evaluation work for decades. This work has informed and supported our decision making around service delivery, and vastly enhanced our ability to share our knowledge.

Dr Haddix McKay is well-respected in the sector, and due to her extensive experience in research, monitoring and evaluation, was invited in January 2016 to share with the United Nations and the Every Woman Every Child movement effective methods for tracking, monitoring and reporting progress and success. Her presentation emphasised the significance of understanding the local and historical context of the environment in which you are collecting data and the importance of choosing measurement metrics in collaboration with local partners and implementers.

Activities undertaken by the innovation department in 2016 include connecting Adara with other development groups via membership in the CORE group of global health development practitioners. This led to a collaboration toward the end of 2016 with FHI 360, a non-profit human development organization. In 2016, our Nepal teams came together from Humla and Nuwakot districts to field test and provide feedback on a new 'Essential WASH Actions' toolkit aimed at improving training worldwide in water, sanitation and hygiene (WASH) projects. This effort aligns with efforts worldwide to change behaviour to improve maternal, newborn and child health outcomes.



Justice For Victims Of Family Violence

The Women's Foundation provides legal support to vulnerable women and children who are victims of domestic violence, trafficking and sexual abuse. 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. Since 2012, more than 2,000 women have received justice through their work – 94.5% of cases were successfully settled in favour of the victim.

Sahara Report Findings

In 2016, Adara partnered with the SAHARA Group to conduct research into the status of displaced children from Humla. The research aimed to establish the reasons children had been displaced, whether it was due to insurgency or natural disaster, or in a search for better education, life or earnings. Researchers visited 300 children's homes and interviewed 107 participants. The research showed that the reason for displacement of children from Humla in 60% of cases was the desire of parents for their children to receive a better education. This report showed Adara the importance of the work we are doing in improving education in the region, so children can stay safe and be with their parents.

The Road Ahead

New Humla Plan

2017 marks the final year of Adara's three-year Humla plan. We are proud of all we have achieved over the past three years. Through our programmes, we have reached tens of thousands of Humlis in need.

We are now working on our next three-year plan (2018–20). This plan will deepen our best-practice service delivery to nine villages in upper Humla: Kermi, Yalbang, Yangar, Chala, Chauganfaya, Kholsi, Lama Kholsi, Dharapori and Muchu. These villages range in population from 200 to 600 people. For our new plan, we will be reviewing their needs, capacity and community interest, to establish which projects we will focus on.

The new Humla plan will also concentrate on building models that others can replicate. We will be looking to establish centres of excellence in early learning education, and pilot a commercial greenhouse programme.

As part of our three-year plan, we will include and promote the core principles of child rights; gender awareness and women's empowerment; awareness of caste and other forms of discrimination; disability empowerment and services; and environment protection.

We will ensure every service we deliver is best practice. We will spend a good deal of time researching in the community to ensure we understand specific needs and that we get the best outcomes we can. We will share the knowledge we gain from our projects in Humla with other I/NGOs and the Nepali government so that more people can benefit from our work.

Ghyangfedi School - Standing With Nepal As They Continue Rebuilding

We want to make sure Ghyangfedi School can continue to provide quality education to children well into the future. As a first step, we will support the school up until the end of 2018 by providing five extra teachers, to ensure healthy teacher–student ratios. We will also provide scholarships and educational materials for 300 children, and give every student a nutritious midday meal every day.

To provide IT access to the children and teachers, Adara is advocating with the Nepali government for internet connectivity for Ghyangfedi. We plan to establish an interactive and child-friendly computer lab with relevant software.

We will also organise an exposure and learning visit for teachers and the school management committee to Yalbang School in Humla, where Adara has worked for 19 years to model remote schools and to inform their decision making on what is possible. We will provide training to teachers, the school management committee, and the child club on child rights and civic responsibilities.

Over the next two years, we will be learning and planning for the next phase of the project.



Graduating The Ebenezer Boys

“Sometimes I could not get anything to eat and I could not go to school. Life on the street was very difficult.” So says Michael, one of the 25 Ebenezer Boys Adara has cared for over many years.

The end of a project is always bittersweet. In the case of Adara’s Ebenezer Boys project, we could not be more proud of the 25 young men who were all graduated from our care by the end of 2016. We know they have bright futures, and we are thrilled to have made a contribution to the independent, hardworking and ambitious men they have become.

These amazing young men, whom we have supported and cared for since 2002 will always be part of the Adara Family.

It is hard to believe 15 years have passed since Adara first began to support a partner organisation to care for a group of 50 nervous and shy little boys who had been found living on the streets of Kampala. The boys’ families were struggling with extreme poverty and could not afford to care for them. When we found them, the boys were begging for food just to survive and were not attending school.

In 2009, Adara began to directly manage the care and support of 25 of these boys. We worked hard to provide the best care, family connection and educational support possible to help rehabilitate them.

We ensured all boys were reintegrated back with their families. In most cases, the boys were the children of single mothers, some of whom had HIV, all of whom were living in extreme poverty. Our Uganda field staff nurtured them and taught them many things, including how to look after themselves, to cook and clean, to be good citizens and volunteer for those less fortunate, and to be there for each other.

The older boys kept an eye out for the younger ones, and they developed a sense of community. The boys participated in decision-making about the programme, which increased their independence and taught them to take responsibility. Each



boy was in charge of a particular ‘department’, such as health, education, cleanliness and sport. They also chose a president from among themselves and they took their duties very seriously.

As they got older, we also wanted to make sure the boys could pursue independent lives when they graduated from our care. In Uganda, around 62% of youth are jobless. For this reason, we decided to transition the boys to vocational training a few years ago. We wanted to give them the best possible chance at employment so they could support themselves with pride. And we felt the best way to do this was to arm them with employable skills.

It has been amazing to see their transformation through vocational studies. They are so proud of their skills, which include art and design, motor vehicle mechanics, nursing and mobile phone repairs. Of the boys who have graduated, all have successfully found employment and are working hard to make a living and support their families.

It has been a real privilege to watch the ‘Ebenezer Boys’ grow up over the past 15 years. As the programme comes to an end, all of Adara are proud to see the independent, hard-working and caring young men they have become. Their commitment to helping others, their determination to succeed in their careers, and their love and compassion for their community makes us think their futures are bright.

Power Of Partnerships

Behind every story in this report are hundreds if not thousands of people who have stood by Adara's side to help us to reach people living in poverty all across the world. We are so grateful and humbled by the huge support we continue to receive from one side of the planet to the other.

Every year, our amazing supporters help us to protect children from trafficking, provide opportunities for women to give birth safely, and enable us to amplify our teaching about best-practice neonatal health. Simply put, you help us transform 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 2016...



226

individuals, foundations and companies donated to Adara.



US\$2.5M (A\$3.3M)

was donated to Adara, by both the Adara businesses and our other donors



US\$112K

was raised by the staff of our incredible corporate partner, Aspen, helping to fund life-saving work at Kiwoko Hospital



26

people in five different countries volunteered or interned with Adara



Ansarada Pledge 1%

"Partnering with Adara is about being part of something that's so much bigger than yourself or you could ever imagine. It's like being a sliver of ice standing on top of an iceberg - the impact you see has ripples and life beyond the surface, deeply impacting others and bridging your world to those that matter most."

- Rachel Riley, CFO and Co-founder of ansarada



ansarada is a technology company whose goal is to revolutionise the world of mergers and acquisitions (M&A) by developing innovative online data rooms.

In 2015, ansarada joined the Pledge 1% program, committing 1% of its time, product and equity to the Adara Group. This was in keeping with its company mission to use its collective talents to serve those less fortunate and influence people in M&A to do the same. Pledge 1% is designed to leverage a company's future success to support non-profits.

We have been blown away by their support. Our business, Adara Partners, is using ansarada's virtual data room, allowing us to conduct deals online, in a secure environment, from remote locations. We are so grateful for their support, and encourage other businesses to consider Pledging 1%.



University Of Washington - Helping Adara Have Data Driven Impact

For more than a decade, Adara have had the great fortune of partnering with the University of Washington Division Of Neonatology. Expert clinicians in both paediatrics and neonatology have visited Kiwoko Hospital providing expert training to local clinicians. Through the hard work and dedication of Dr Maneesh Batra, Dr Anna Hedstrom, Dr Ryan McAdams and others in their team, many new techniques and technologies have been introduced to the NICU. This clinical support has been instrumental to saving more babies lives each year.

The team have also helped Adara develop a data collection system in the NICU. It is one of the first datasets of its kind in the world, and each quarter this clinical data is fed back into the NICU to help staff see patterns and to adapt programmes as necessary. We are so grateful for the ongoing support and dedication of the University of Washington. This collaboration has saved tens of thousands of newborn lives.



The Adara Family





Our Governance



Andrew Della Casa
Trustee of Adara
Development (UK)



Audette Exel
Chair of all Adara entities



Dawa Lama Thapa
Director of Adara
Development (Nepal)



Derek Stapley
Director of Adara
Development (USA)



Dhan Bahadur Lama
Director of Adara
Development (Nepal)



Edith G. Conyers
Trustee of Adara
Development (Bermuda)



Iana Atlas
Director of Adara
Development (Australia)
(appointed April 2017)



Jim Rice
Trustee of Adara
Development (UK) (retired
January 2016)



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)



Uddhav Raj Poudya
Director of Adara
Development (Nepal)

Finances And Accountability In 2016

Adara has received an incredible total of US\$27.7 million (A\$33.3 million) since we began in 1998.

Of this, more than US\$8.8 million (A\$10.8 million) has been contributed from the Adara businesses 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.



US\$953,787

(AU\$1,282,273)

contributed by the Adara businesses

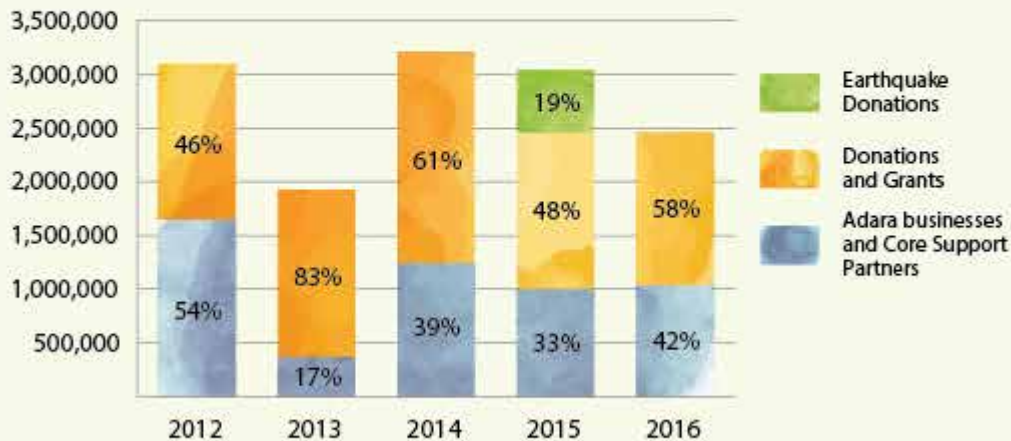


US\$1,510,312

(AU\$2,030,467)

contributed from other donors

Donations to Adara Development (US\$)



Expenditure of Adara Development (US\$)



Adara Development

Summary Combined Statement Of Profit Or Loss And Other Comprehensive Income

For The Year Ended 31 December 2016
Presented In United States Dollars (USD)

	2016	2015
	\$	\$
REVENUE FROM CONTINUING OPERATIONS		
Donations		
Uganda restricted	661,995	777,631
Nepal restricted	336,663	910,805
General unrestricted	428,759	334,306
Core support	1,036,682	1,011,010
Other income	4,651	5,624
Total revenue	2,468,750	3,039,376
EXPENSE		
Maternal infant child health	788,509	742,260
Children at risk	255,178	307,283
Rural and remote community development	408,367	391,199
Emergency response - Nepal earthquake	144,790	180,565
General management in country	136,149	117,153
Research and Knowledge Sharing	204,411	162,055
Core support	921,016	925,131
Total expenses	2,858,420	2,825,646
NET (DEFICIT)/SURPLUS FOR THE YEAR	(389,670)	213,730
Other comprehensive income		
Foreign currency translation gain/(loss)	1,975	(43,750)
Other comprehensive income/(loss) for the year	1,975	(43,750)
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR	(387,695)	169,980

Adara Development Summary Combined Statement Of Financial Position

For The Year Ended 31 December 2016
Presented In United States Dollars (USD)

	2016	2015
	\$	\$
ASSETS		
Current assets		
Cash and cash equivalents	557,766	1,002,579
Donations receivable		
Trade receivables and other current assets	31,824	35,489
Total current assets	589,590	1,038,068
Non-current assets		
Property, plant and equipment	17,657	15,462
Intangible assets	33,638	42,376
Other non-current assets	2,153	3,243
Total non-current assets	53,448	61,081
Total assets	643,038	1,099,149

NOTES

A complete version of the combined financial report is available upon request to Adara Development, free of charge.

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2016 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2016 available at www.adaragroup.org. The Operations Report 2016 does not include the Summary Combined Statement of Cash Flows, Summary Combined Statement of Changes in Equity and Directors' and Trustees' Declaration.

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2016 and related Notes were extracted for the purpose of providing a summary of the financial position and performance of Adara Development.

Reporting entity

The legal entities identified below (collectively referred to as Adara Development or the Group) are not held by a separate parent entity. However, all of the legal entities under the decisions of their respective directors or trustees that have mutually agreed to operate under a common Memorandum of Understanding (MOU). The combined financial statements consists of the following not for profit entities: Adara Development (Australia), Adara Development (Bermuda), Adara Development (UK), Adara Development (Uganda) and Adara Development (USA). For the purpose of presenting to the donors a combined view of the global not for profit activities conducted by the Group, a set of combined financial statements has been prepared which combines all of the assets, liabilities, expenses and contributions of the above named entities into a single set of combined financial statements. This aggregation does not meet the definition of a group as defined by AASB 10 Consolidated Financial Statements.

Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The special purpose financial report has been prepared in accordance with the requirements of the recognition, measurement and disclosure requirements of all applicable Australian Accounting Standards - Reduced Disclosure Requirements ("AASB-RDR") adopted by the Australian Accounting Standards Board ("AASBs") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 27 April 2017.

Basis of measurement

These financial statements have been prepared on a going concern basis and are based on the historical cost basis.

Principles of preparing combined financial statements

The financial statements are prepared by combining or aggregating the entities that comprise Adara Development as set out above. All inter-entity balances and transactions between the combining entities listed above, and any unrealised gains and losses on income and expense arising from inter-entity transactions, are eliminated in preparing the combined financial statements.

Functional and presentation currency

These combined financial statements are presented in US dollars. The functional currency of Adara Development (Bermuda), Adara Development (USA) and Adara Development (UK) is US dollars. The functional currency of Adara Development (Australia) is Australian dollars and is translated to US dollars for the combined financial statements of Adara Development. The functional currency of Adara Development (Uganda) is Ugandan shillings and is translated to US dollars for the combined financial statements of Adara Development.

	2016	2015
	\$	\$
LIABILITIES		
Current liabilities		
Trade and other payables	41,655	136,055
Employee benefits	70,068	89,118
Other liabilities	46,338	405
Total current liabilities	158,061	225,578
Non-current liabilities		
Employee benefits	12,517	13,416
Total non-current liabilities	12,517	13,416
Total liabilities	170,578	238,994
NET ASSETS	472,460	860,155
Accumulated funds		
Accumulated funds	546,109	935,778
Foreign currency translation reserve	(73,649)	(75,623)
Total accumulated funds	472,460	860,155

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, they are available on our website, or by contacting us at info@adaragroup.org.



Independent Auditor's Report

To the Directors and trustees of Adara Development

Report on the audit of the Summary Combined Financial Statements

Opinion

We have audited the **Summary Combined Financial Statements of Adara Development (the Group)** derived from the audited Combined Financial Report of Adara Development for the year ended 31 December 2016 (audited Combined Financial Report).

In our opinion, the accompanying Summary Combined Financial Statements are consistent, in all material respects, with the audited Combined Financial Report, in accordance with the basis of preparation described in the Notes to the Summary Combined Financial Statements.

The **Summary Combined Financial Statements** comprise:

- Summary combined statement of profit or loss and other comprehensive income for the year ended 31 December 2016
- Summary combined statement of financial position as at 31 December 2016
- Notes.

The **Group** comprises Adara Development (Australia), Adara Development (Bermuda), Adara Development (UK), Adara Development (Uganda) and Adara Development (USA).

Summary Combined Financial Statements

The Summary Combined Financial Statements do not contain all of the disclosures required by the applicable Australian Accounting Standards – Reduced Disclosure Requirements adopted by the Australian Accounting Standards Board. Reading the Summary Combined Financial Statements and the auditor's report thereon, therefore, is not a substitute for reading the audited Combined Financial Report and the auditor's report thereon.

The Summary Combined Financial Statements and the audited Combined Financial Report do not reflect the effects of events that occurred subsequent to the date of our report on the audited Combined Financial Report.

The Audited Combined Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited Combined Financial Report in our report dated 27 April 2017.

That report also includes:

- An Emphasis of matter paragraph that draws attention to Note in the audited Combined Financial Report. The basis of preparation in Notes 1 to 3 of the audited Combined Financial Report describes the special purpose and combination basis of preparation. The emphasis of matter section also details that the audited Combined Financial Report has been prepared to meet the request of the Directors and Trustees of the entities within the Group to present a combined view of the global not for profit activities conducted by the Group, and that the report is intended solely for the Directors and Trustees of the entities in the Group and should not be used for any other purpose than that for which it was prepared.



Emphasis of matter – basis of preparation and restriction on use

We draw attention to the Notes to the Summary Combined Financial Statements, which describes the summary basis of preparation. The Summary Combined Financial Statements have been prepared to meet the request of the Directors and Trustees of the entities within the Group to present a summarised combined view of the global not for profit activities conducted by the Group.

As a result, the Summary Combined Financial Statements and this Auditor's Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Our report is intended solely for the Directors and Trustees of the entities in the Group and should not be used by parties other than the Directors and Trustees of the entities in the Group. We disclaim any assumption of responsibility for any reliance on this report, or on the Summary Combined Financial Statements to which it relates, to any person other than the Directors and Trustees of the entities in the Group or for any other purpose than that for which it was prepared.

Our audit report relates to the Summary Combined Financial Statements which will be published on the Australian website (www.adaragroup.org) (the website). Management is responsible for the integrity of the website. We have not been engaged to report on the integrity of the website. We also do not opine on any other information which may have been hyperlinked to/from the Summary Combined Financial Statements or contained within the broader *Adara Group Operations Report 2016*.

Other Information

Other Information is financial and non-financial information in Adara Development's annual reporting which is provided in addition to the Summary Combined Financial Statements and the Auditor's Report. Management is responsible for the Other Information.

Our opinion on the Summary Combined Financial Statements does not cover the Other Information and, accordingly, we do not express any form of assurance conclusion thereon.

In connection with our audit of the Summary Combined Financial Statements our responsibility is to read the Other Information. In doing so, we consider whether the Other Information is materially inconsistent with the Summary Combined Financial Statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

Management's responsibilities for the Summary Combined Financial Statements

Management is responsible for the preparation of the Summary Combined Financial Statements in accordance with the basis of preparation described in the Notes to the Summary Combined Financial Statements.

Auditor's responsibilities for the audit of the Summary Combined Financial Statements

Our responsibility is to express an opinion on whether the Summary Combined Financial Statements are consistent, in all material respects, with the audited Combined Financial Report based on our procedures, which were conducted in accordance with *Australian Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements*.

KPMG

Sydney

24 May 2017

2016 Expenditure

MATERNAL INFANT CHILD HEALTH

US\$788,509

Clinical Support at Kiwoko Hospital Uganda

- Supported over 60 local NICU, ANC and maternity nurses
- Medical equipment, drugs and medical 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
- 9 other local hospital support staff including a finance manager, finance officer, junior finance officer, HR officer, lab technician, electrician and a NICU manager each year
- Construction of a one floor building to accommodate nurses staying in the hospital overnight

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 health education, and support to people living with chronic conditions such as epilepsy, TB and people living with disabilities

Clinical Advisory USA and Uganda

- Senior Advisor in Global health works to collaborate with the clinical team at Kiwoko Hospital to plan and implement strategies to improve maternal, infant and child health outcomes through regular and sustained capacity building
- 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

CHILDREN AT RISK

US\$255,178

Adara Kids Nepal

- Care and support of children who were previously trafficked (1 child in boarding school in Kathmandu, 56 children in the youth development programme, 17 children in family/community-based care or and 62 children repatriated or graduated)
- 9 local staff and related office costs each year
- Education, nutrition, health, post-school options, life skills and independent living training

CHILDREN AT RISK CONTINUED

- Reconnection and reintegration with families of origin
- Work to share knowledge on Adara's experience of non-violent care and reintegration of children at risk

Ebenezer Boys Uganda

- 25 boys in vocational education, all of whom graduate by May 2017
- 1 local social worker and related office costs
- Education, nutrition, health and post-school options for the boys; independent living workshops; reconnection with families of origin and volunteer programmes for the boys to learn to contribute to the community.

Women's Foundation Nepal

- 1 local lawyer who leads a team of lawyers to get justice for victims of family violence
- 508 cases were resolved through free legal assistance

Hands in Outreach Nepal

- Computer labs at two schools and one at a children's centre.
- 143 children are getting continue support from Hands In Outreach Nepal towards their education and 9 teenagers are in college
- Adara supported healthcare for those in need, including orthodontic treatment for 9 girls
- Living supplies to support 80 families in need

RURAL AND REMOTE COMMUNITY DEVELOPMENT

US\$408,367

Local Programme Staff Nepal

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

Hygiene and sanitation

- Build and repair of communal micro hydro power systems, gristmills and drinking water systems
- Constructed 12 new pit latrines and held 2 trainings on the importance of hygiene and sanitation, and waste management

Nutrition

- Household level solar driers, greenhouses, and seeds were distributed
- Food security projects, such as nursery development

Health post improvement

- 2,093 patients were treated at the three Adara-supported government health posts in Humla. Adara improves local health post infrastructure, medicines and staff to ensure Humlis have access to year round healthcare

RURAL AND REMOTE COMMUNITY DEVELOPMENT CONTINUED**Mobile healthcare to the community**

- Plan and implementation of mobile medical camp treating over 3,673 people
- Tibetan health practitioner, or 'Amchi', to travel through Humla for eight months at a time providing medicines and health care to 980 people in Humla villages

Training and health awareness programmes

- Regular training and awareness programmes on child malnutrition and infant and maternal mortality with women's groups. 256 people were trained in 2016.
- Worked on securing the drinking water systems to reduce contamination and cleaned and protected intake tanks, reservoir taps, and pipe lines

Humla – Remote Education Projects Nepal

- Provision of learning materials for local schools
- 706 kids received scholarship support
- 8 child-friendly classrooms were supported
- Support to students in each target village, providing them with stationery, notebooks, warm track suits, school bags and other necessities
- 10 before and after school classes supporting 234 students

Himalayan Children Society Nepal

- 7 local staff and related office costs
- 305 students attended final exams
- 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

Himalayan Medical Foundation Nepal

- 7 local staff and related office costs
- 12,209 men, women, and children received treatment during the year
- Medicine and laboratory materials for the 3 clinics – Benchin, Nagi and Pharping

The Himalayan Innovative Society Nepal

- 2 FM radio programme to raise awareness about child trafficking and child abuse in Humla
- 62 children of single mothers received case management support

EMERGENCY RESPONSE - NEPAL EARTHQUAKE**US\$144,790****Nepal Earthquake**

- Created a temporary learning centre for 152 children needing school
- Started the construction an early learning centre for children aged 18 months to 5 years which is expected to open in 2017

GENERAL MANAGEMENT IN COUNTRY**US\$136,149****Nepal**

- 2 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 all partners exercise good governance and maximum impact

Uganda

- 3 local staff including the Country Director (plus 1 pro bono staff) and related office costs
- Management of project planning, implementation, capacity building and coordination with partner organisation ensuring good governance and maximum impact

RESEARCH AND KNOWLEDGE SHARING**US\$204,411**

- 4 Staff including Senior Advisor for Innovation and Best Practice (Montana-based), Global Health Project Manager (Seattle-based), Impact Director (Sydney-based), and Monitoring and Evaluation Officer (Uganda-based).
- Research support to Nepal and Uganda
- Building new Global Health Partnerships and sharing our knowledge
- Monitoring and evaluation of all projects

CORE SUPPORT**US\$921,016**

Core support expenditure during 2016 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 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.

- 12 global support staff (plus 2 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 projects 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



We Value Your Feedback

We welcome your feedback about us. You can provide feedback or lodge a complaint or compliment by contacting us at info@adaragroup.org or by contacting one of our offices below.

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