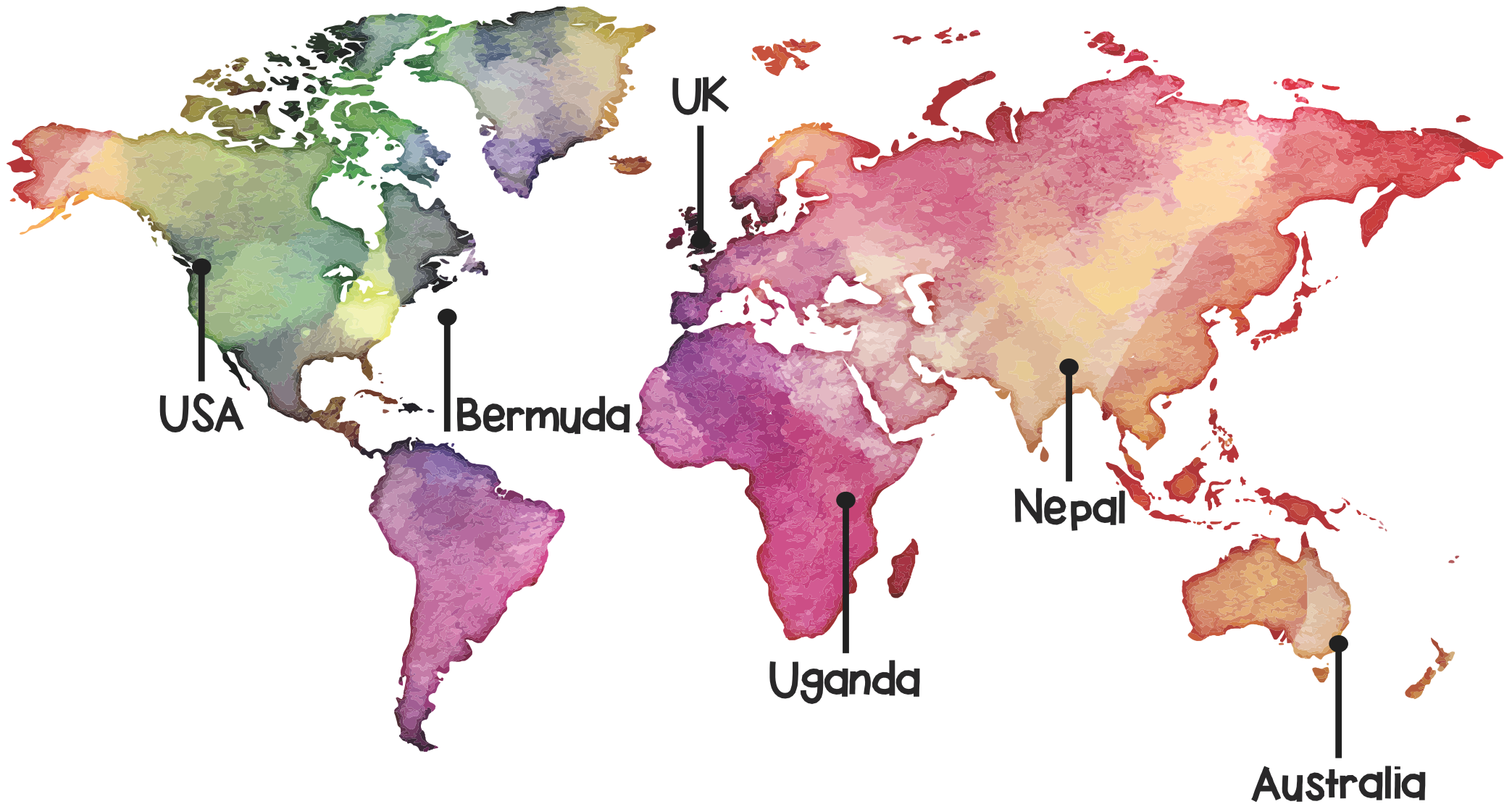




The
Art of
the **Possible**

ADARA
GROUP
Operations Report
2018



ACFID
MEMBER



EVERY WOMAN
EVERY CHILD
FOR HEALTHY AND EMPOWERED WOMEN,
CHILDREN AND ADOLESCENTS

SUSTAINABLE
DEVELOPMENT GOALS



This report, including all costs of design, printing and postage has been paid for in full by the Adara businesses.
No donor funding was used for the production of this report.

About the Adara Group

The Adara Group believes that each and every person should have access to quality health, education and other essential services, no matter where they live.

The first part of the Adara Group is an international development organisation called Adara Development that has expertise in maternal, newborn and child health, and remote community development. Adara Development has been working in Nepal and Uganda for more than 20 years.

The second part of the Adara Group consists of two businesses, Adara Partners and Adara Advisors, which are 'for purpose' rather than for profit. Their sole objective is to fund Adara Development's administration and emergency project costs. This allows 100% of donations received by Adara Development to go directly to project-related costs.

Adara directly reaches more than 50,000 people living in poverty each year and countless more through their knowledge sharing work.

Contact Us

Adara Development (Australia)
Adara Development (UK)
Adara Advisors Pty Limited
Adara Partners (Australia) Pty Limited
Level 1, 21A Elliott St
Balmain NSW 2041
Australia
PO Box 887
Rozelle NSW 2039
Australia
T: +61 2 9395 2800
F: +61 2 9555 5988

Adara Development (Nepal)
Muchu VDC – 1, Yalbang
Humla, Nepal
Phone: +977 9948 70257

Contact offices:
Simikot, Humla: +977 87 680195
Nepalgunj, Ranjha Airport:
+977 81 565002

Kathmandu:
PO Box 8974 CPC-222
Budhanilakantha
Kathmandu, Nepal
T +9771 4375204/ 4370122
F +9771 4650164

Table of Contents

The next chapter - The Art of the Possible	4
Our Work in 2018	5
The Adara businesses	6
Maternal, newborn & child health	8
Remote community development	20
The power of partnership	31
Best practice delivery and knowledge sharing	32
The Adara family	34
Our governance	36
Finances and accountability	37

Adara Development (USA)
300 Admiral Way, Suite 106
Edmonds, WA 98020
USA
T: +1 425 967 5115
F: +1 425 967 5439

Adara Development (Uganda)
PO Box 116
Luwero
Nakaseke District
Uganda
T: +256 772 643 234

Adara Development (Bermuda)
Ideation House
94 Pitts Bay Road
Pembroke
Bermuda HM 08
T: +1 441 472 3270

Website:
www.adaragroup.org
www.adarapartners.org
www.facebook.com/AdaraGroup
www.twitter.com/AdaraGroup
www.linkedin.com/company/adara-group

Email: info@adaragroup.org

The next chapter - The Art of the Possible

And so 2018, our 20th year, came to an end. Our 'Year of Gratitude.'

Our report this year has a consistent theme – of deep service expertise, knowledge sharing and creating models that others can harness and build on, to make our world a kinder, safer, more inclusive place.

In 2018 I had the incredible privilege of getting to every project, even our most remote, to say thank you to each member of the Adara family. It was also a year of reflection as we faced our mistakes as well as our successes, and as we looked back on the winding journey that has got us here. And it was a year of joy – as we all stood back for a moment to see the scope and the huge impact of our work, at the same time as we began to dream and manifest our future.

And perhaps most importantly, 2018 was a year of asking ourselves some big questions. What can we do from here? How do we touch the most lives? And the biggest question of them all: why does Adara matter?

Our answer? Because every single life we touch through quality service is important. Because every person we can share knowledge with – including sharing our mistakes – can help others. Because our 'business for purpose' model, operating at the highest levels of the financial services sector, will sustain and support those in need for many years to come.

Maybe most importantly, because Adara shows through more than twenty years of lived experience what is possible when people stand together to make change – The Art of the Possible.

If ever that was needed, our beautiful world needs it now.

Come join us.

Audette Exel AO

On behalf of all the Adara family

June 2019



Global Leadership Team



Daniel Kabugo
Uganda Country
Director



Heidi Nakamura
Global Health Director



**Kimber Haddix
McKay**
Senior Advisor - Innovation &
Best Practice



Melanie Champion
Adara Group COO



Madeline Vaughan
Senior Programmes
Manager



Pralhad Kumar Dhakal
RCD and Nepal Country Director



Susan Burns
Adara Group General
Counsel

Our Work in 2018

50,000+ people reached each year through service delivery and countless others through knowledge sharing



58

direct staff



150+

staff were funded by Adara through our community partners



5

secondees from Deloitte, MinterEllison and EY



100%

of all core support, administration and emergency project costs paid for by the Adara businesses

Maternal, newborn and child health



1,223

newborns cared for in the NICU



9,367

lifesaving immunisations were given



6%-9%

Increase in survival for low-birthweight babies (weighing <2.5kg) between 2005 and 2018



3,901

women received care in the Adara-Kiwoko Hospital maternity ward

Remote community development



52%

of students in the nine Adara-supported schools are girls



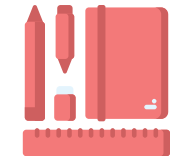
3,735

patients treated at five Adara-supported health posts in Humla



1,000+

people in Humla given health training in reproductive health, hygiene, sanitation and waste management



1,047

Humli and Ghyangfedi children received support including school supplies and uniforms

Corporate advice with a difference - the Adara businesses

Even 20 years later, we still remember those loud voices: “What on earth do you do? Do you run a business or a charity? Business exists to provide return to shareholders. This is a crazy idea! It will never succeed.”

It sometimes seems like just a moment, but it has been more than two decades of running corporate advice businesses for the sole purpose of funding our development work. The loudest voices are now those of encouragement, those of change, those of innovation and out-of-construct thinking. The zeitgeist shift around the role of business and purpose in corporate life has been enormous – perhaps even more so in Australia in 2018.

In 2015 we launched our newest business, Adara Partners. After 15 years of running Adara Advisors, our first ‘for purpose’ business, our founder, Audette Exel AO conceived a new model. She envisioned a panel which would facilitate the most senior members of the Australian financial services sector working as volunteers for Adara to lead corporate advice work, entirely outside of their home firms. All fees from their work and these engagements would fund Adara’s work with people living in poverty.

Some of Australia’s most respected men and women in the financial services landscape believed in the potential of this model and joined as Adara Partners Panel Members. Under this innovative structure, clients have access to the expertise of a minimum of two Panel Members who jointly lead engagements, supported by Adara’s corporate advisory team. Adara Partners provides wise counsel, independent financial and strategic advice, and complex commercial problem-solving services to both public and private companies.

In 2018, Adara Partners successfully undertook multiple engagements, including for leading private companies and for ASX100 companies. We have more work to do and more to learn. Our hope is that Adara Partners will generate millions of dollars every year to support people in need and will showcase a model that can be established in all the world’s greatest financial services centres.

“The concept of Adara Partners and the Adara Panel represents real leadership in the financial services sector with experienced corporate advisors using their skills to directly benefit the less fortunate.”

- David Gonski AC, founding Adara Panel Member

The Adara Partners Panel



Ilana
Atlas



Catherine
Brenner



Tim
Burroughs



Guy
Fowler



David
Friedlander



Graham
Goldsmith



David
Gonski AC



Matthew
Grounds



Christian
Johnston



Diccon
Loxton



Peter
Mason AM



Mike
Roche



Philippa
Stone

We are grateful for the incredible generosity of our wonderful Panel Members who provide their time and expertise pro bono to Adara Partners. At the most senior levels of corporate Australia, and across the financial services sector, leaders have stepped forward to work with Adara and to move our vision forward. It has been a joy and a privilege for our teams to work with them, and for Adara to contribute to and be part of a huge shift in the business landscape.

Adara Partners is just beginning – the path ahead is exciting.

Business for purpose: the Adara Group model

The Sustainable Development Goals

The United Nations' 17 Sustainable Development Goals (SDGs) are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. They address the global challenges we face and have emerged from conversations about common aspirations for the future of our planet.

The UN acknowledges that a successful and sustainable development agenda requires partnerships between governments, the private sector and civil society. This is expressed in Goal 17 of the SDGs: focusing on partnerships to achieve goals. The Adara Group's business-for-purpose model is built upon a partnership between a non-profit and two corporate advisory businesses. Our commitment to SDG 17 is embodied in our tagline "Bridging Worlds".

Adara businesses honoured as best for the world

In 2018 the Adara Group businesses earned a place on the B Corp™ 2018 Best for the World community honourees list. This list acknowledges companies from around the world that set a gold standard for community impact. Evaluation involves assessing a company's relationship with suppliers, commitment to diversity, involvement in the community, charitable giving and efforts to solve social issues.



Certified B Corporations® meet the highest verified standards of social and environmental performance, public transparency and accountability. We are proud to stand with more than 2,700 companies from 150 industries and in 64 countries with one unifying goal – to use business as a force for good.

The Adara Group businesses at a glance

US\$11M
(A\$13.8M)

donated to support Adara
Development between
1998 and 2018



US\$1.1M
(A\$1.4M)

donated in 2018

Adara Group joins United Nations Global Compact

In 2018 the Adara Group joined the United Nations Global Compact (UNGC). The UNGC is the world's largest corporate sustainability initiative. It is a practical framework for action and a platform for demonstrating corporate commitment and leadership. By joining this compact, Adara stands with more than 13,500 companies from 161 countries that have committed to making the UNGC and its principles, as well as the UN Sustainable Development Goals, an integral part of their strategy.



These principles focus on human rights, labour, the environment and anti-corruption. We already implement these principles in several ways. For example, through our work in maternal, newborn and child health, and remote community development, we promote many of the internationally declared human rights including education, life, equality and an adequate living standard no matter where a person lives. Throughout 2019 we will develop strategies to identify how we can further implement these principles. At the end of the year we will release a report addressing our progress.

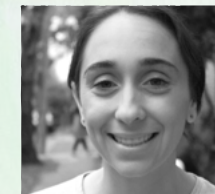
The Adara Partners secondee programme

"It has been wonderful working with the Adara Panel – some of Australia's leading business people – and learning from and working with Audette, a creative broad-minded entrepreneur with a social and business focus."

– Annekathrin Kohler, 2018 EY Ambassador

Adara is fortunate to be the beneficiary of a generous secondee programme with some of Australia's leading professional services firms. This programme sees senior staff joining the Adara Partners team for 6–12 months, working alongside the CEO, Corporate Advisory Director and Adara Panel Members.

Included in our core advisory team is a senior lawyer seconded from MinterEllison and corporate finance professionals seconded from Deloitte and EY. Our secondees are an integral part of the Adara team, enabling us to provide comprehensive support for the expert work of our Panel Members.



MinterEllison



EY



Deloitte

MATERNAL, NEWBORN AND CHILD HEALTH

The aim of our maternal, newborn and child health (MNCH) work is to reduce preventable maternal, newborn and child deaths, and improve the health and wellbeing of communities in low-resource settings.

Adara's MNCH work has primarily focused on strengthening services in Central Uganda by co-managing and supporting holistic programmes that ensure women and children have access to critical health services alongside the amazing Kiwoko Hospital. After 20 years of work, we now stand as experts in the care of at-risk babies, particularly low-birthweight and premature babies, and their mothers.

Through our knowledge sharing work in 2018, our teams took their learnings to support others, speaking at conferences and facilitating visits for clinicians in global health to Kiwoko Hospital to see its neonatal intensive care unit which is a centre of excellence in newborn care. We also laid the groundwork with our partners and the Ugandan Ministry of Health to further scale newborn healthcare to save more precious lives.

The United Nations' Sustainable Development Goals



The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries.

Adara's work in maternal, newborn and child health can be viewed within the context of SDG3: ensuring healthy lives and promoting wellbeing. SDG3 outlines specific targets for the health of mothers and their newborns, including that the world should aim by 2030 to have ended the preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Every Woman Every Child



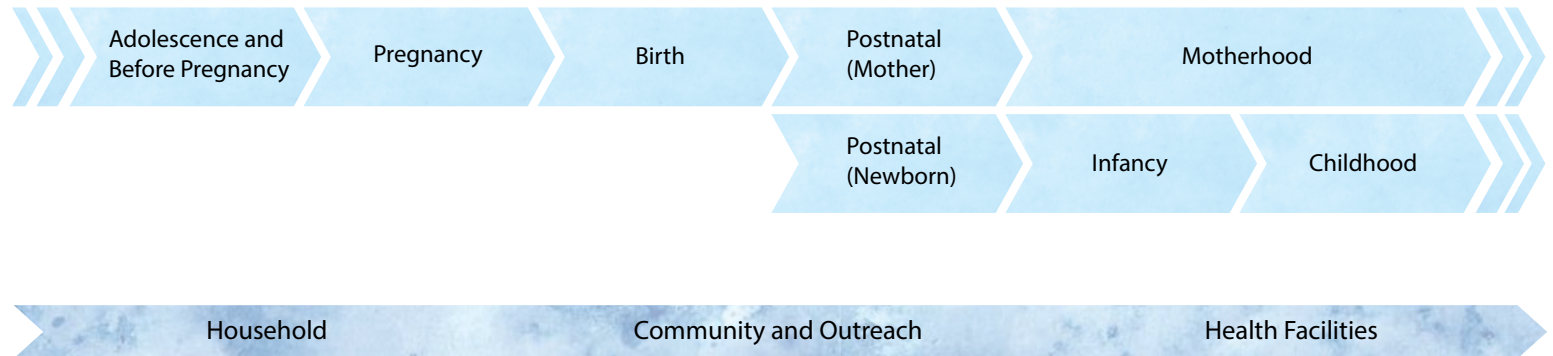
In 2015, Adara made a commitment to Every Woman Every Child (EWEC), a global movement launched by the United Nations to ensure that women, children and adolescents are at the heart of sustainable development. Through its powerful multi-stakeholder movement for health, EWEC aims to mobilise government and civil society to address the major health challenges facing women, children and adolescents, and to work towards ending all preventable deaths in these groups within a generation. Adara has committed to strengthening maternal, newborn and child health services in Central Uganda to reduce maternal and neonatal mortality and morbidity, in partnership with Kiwoko Hospital.



Our approach: working across the continuum of care

“If there is anything we have learnt through our 20 years of working in maternal, newborn and child health, it is that the needs of a mother and her children are inseparably linked in life. We cannot provide services to one without considering the other.”

– Madeline Vaughan, Senior Programmes Manager, Adara Development



Our work in maternal, newborn and child health (MNCH) provides comprehensive and integrated care to mothers, newborns and children across the “continuum of care.” The continuum of care assumes that the health and wellbeing of women, newborns and children are closely linked and should be managed in a unified way throughout adolescence, pregnancy, childbirth, postnatal and newborn periods, and into childhood, building upon their natural interactions throughout the lifecycle.

The Adara-Kiwoko partnership is providing women and children with services across the whole continuum of care – from antenatal care, a safe facility to give birth, a place to receive quality newborn care, and a follow-up programme for children and their mothers after leaving hospital. This gives them the best chance at happy, healthy and productive futures, helping them to survive and then thrive.



The journey begins: pre-pregnancy



Many women and girls in the Nakaseke district of Uganda first encounter services offered by Kiwoko Hospital through their community based healthcare (CBHC) programme.

Community care is vital for the health of girls and women living in remote villages and helps to bridge the divide between communities and the formal healthcare system. In Uganda the average maternal age at first birth is 18 and the average fertility rate per woman is 5.4 children. Women often marry young, have limited access to health services, and little power to make decisions about the number and spacing of their children.

Limited access to transport and financial constraints can make it difficult for women to travel to hospitals for antenatal or postnatal care. Visits from community health teams provide a range of services and advice to women and families, including education for women on family planning and contraception.

For those women who are able to come to Kiwoko Hospital, family planning counselling and contraception are also provided through the antenatal department.

New life: pregnancy



“I decided to become a midwife to help mothers,” says Winnie, one of Kiwoko Hospital’s community midwives. “Before I trained as a midwife, I was seeing young mothers suffering with their babies. Some were giving birth in the villages with no help.”

Winnie has worked as a midwife at Kiwoko Hospital for more than 20 years. Some of this time was spent working in the hospital’s maternity ward, but most has been working as part of the community based healthcare (CBHC) programme.

Each month, Winnie and her team conduct 22 safe-motherhood clinics. Each clinic serves two villages, bringing health services to the more than 30,000 people who live in the programme area.

The clinics take place at a different location in each village: in fields, schools or empty buildings. This time, equipment and supplies are being set up in the shade of a large mango tree. An ad hoc antenatal room is assembled nearby, allowing Winnie to examine the large group of pregnant women who have joined the session. In 2018, more than 2,000 people attended these meetings, with many returning several times throughout the year.

The safe-motherhood clinics are a vital service for pregnant women, providing them with important information about pregnancy and healthy lifestyles that benefit mothers and babies. Studies show that by attending antenatal care, maternal

and neonatal mortality can be significantly reduced. Since Adara started supporting safe-motherhood clinics in 2012, there has been a 31% increase in women attending antenatal appointments at Kiwoko Hospital, which means many more women are receiving quality care and advice during pregnancy.

Adara and Kiwoko also train village health team (VHT) members, volunteers who are trained to share basic health information with the community and refer people to formal care if necessary. Their training focuses on maternal and newborn health. They mobilise the community for safe-motherhood clinics, spend time informing women of the importance of having a skilled attendant at birth and encourage women to receive antenatal care at Kiwoko Hospital’s antenatal department.

During 2018, 100 VHT members worked throughout the community. To ensure VHTs are providing the most up-to-date and relevant information, Kiwoko Hospital hosts monthly meetings facilitated by Kiwoko midwives and the Director of the CBHC programme, where VHTs discuss challenges, achievements and lessons learned.

“Mothers used to deliver from villages and not attend antenatal clinics,” says Winnie. “They visited traditional birth attendants for deliveries. But now they are getting the right information from the VHTs. Now it has all changed.”

31%

increase in women attending antenatal appointments since 2012



Welcome to the world: delivery



The look on her face says it all: Sally is happy beyond belief.

After a smooth birth and quick labour, Sally is lying on one of the beds in Kiwoko Hospital, watching as a midwife lifts Joseph, her beautiful new son, out of a crib. The nurse brings him to Sally – it's time for his first breastfeed and Sally is feeling a little nervous.

The nurse explains the best way to breastfeed and advises on the most effective positions. Sally watches intently

and replicates the nurse's movements, her face filling with relief and wonder when her son starts feeding.

Looking down in adoration at Joseph, Sally finds it hard to believe that this time yesterday she had been worried about childbirth and fearful of the painful labour ahead.

Sally's fears are shared by many women in Uganda, where childbirth can be a daunting and dangerous experience. Women in Uganda have a 1 in 47 lifetime risk of dying in childbirth.

Making motherhood safer has been a focus of Adara's work for more than 20 years. Through our partnership with Kiwoko Hospital, our team supported the design, construction, equipping and staffing of a new maternity ward in 2010. We continue to help resource the ward and provide training to its staff.

In 2018, 3,901 women were admitted for care at Kiwoko Hospital. This represents a 44% increase in maternity admissions since the opening of the new ward in 2010, which means many more women are now giving birth safely.

Adara and Kiwoko are on a journey to ensure that Kiwoko provides the best quality care and is recognised as an excellent facility in Uganda. In 2018 we did our three-year review of our last needs assessment to see how the unit has addressed service, facility and equipment needs. We found that significant improvements have been made. The staff are deeply dedicated and provide good care to their patients.

The review also found that the rapid increase in admissions to the ward has presented some challenges. For example, there is a greater demand for equipment, such as monitors and resuscitation bags. To address this, we worked with the hospital to improve procurement of essential supplies. We also agreed on the need for additional training on difficult deliveries and high-need patients. This training will be delivered later in 2019.

"Mothers and families are so grateful for successful deliveries and healthy babies," says Heidi Nakamura, Adara's Global Health Director. "We are inspired and filled with awe for the great work that is being done by the staff of Kiwoko Hospital."

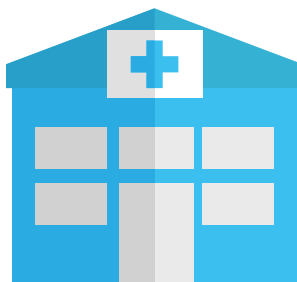
Kiwoko staff leading the way with neonatal resuscitation training

In October our Global Health Director, Heidi Nakamura, along with some of our international medical volunteer team, conducted neonatal resuscitation training with 14 passionate and skilled midwives and nurses from Kiwoko Hospital.

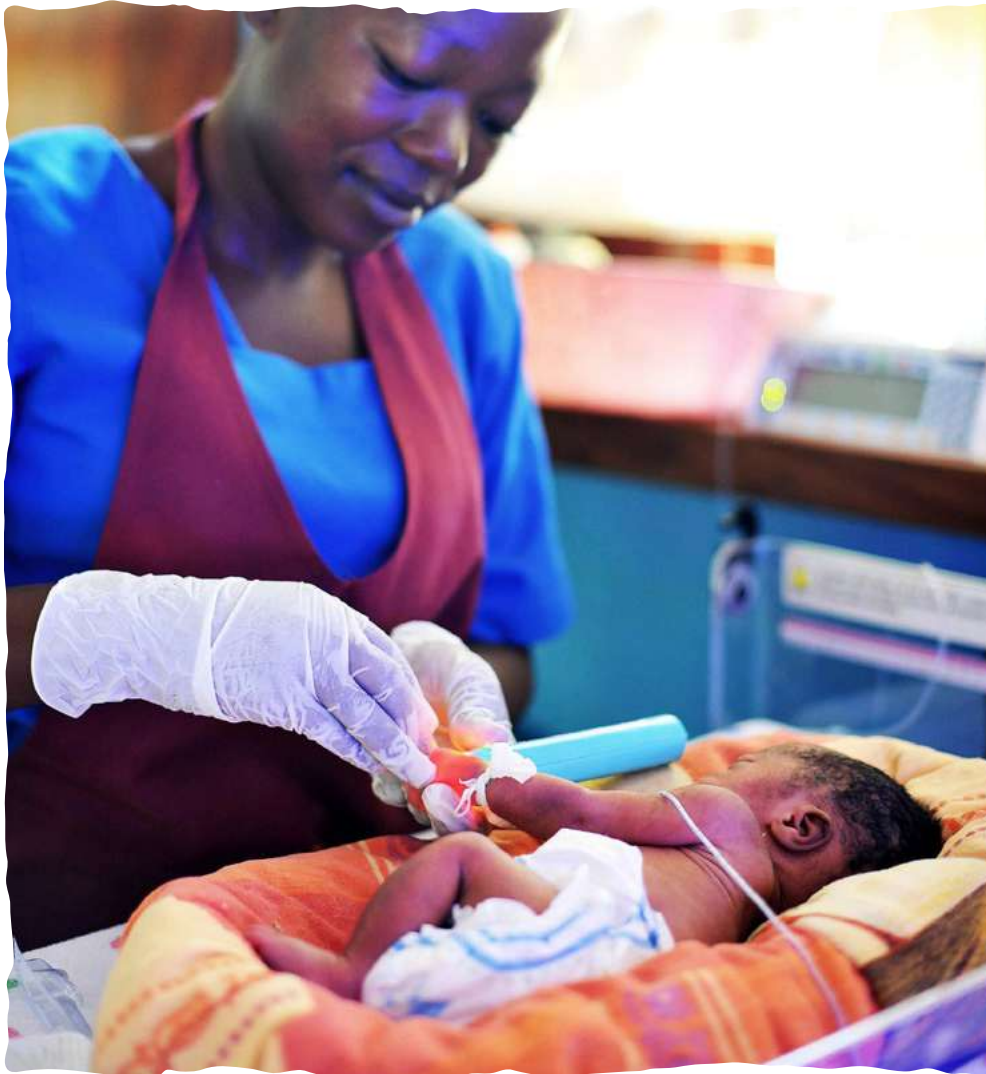
We used a 'train the trainer' model, which means that trained nurses and midwives will carry out future teaching themselves, ensuring the sustainability of the programme. By the end of 2018, the trainers started teaching their own classes to other Kiwoko staff.

44 %

increase in maternity ward
admissions since 2010



Quality care for small and sick newborns: Kiwoko Hospital neonatal intensive care unit



“I was very worried because in our culture, people say that babies of that size don’t survive,” says Susan, as she looks down in awe at the tiny baby cradled in her arms.

The baby’s name is Rose and when she was born she weighed only 0.75kg. Babies the size of Rose struggle to survive anywhere, but in Uganda it is rare for them live for more than a few hours.

Babies born extremely premature (before 28 weeks) have a 90% chance of survival in developed countries. For low-income countries, chance of survival sits at just 10%. Susan was fortunate to have access to a facility that could save her daughter’s life.

Susan was less than 30 weeks pregnant with Rose when she suddenly went into labour at home. Shortly afterwards, she welcomed her little girl into the world – but Susan knew the worst wasn’t over yet. Rose was born extremely premature and was facing severe complications as a result.

Susan immediately contacted her sister who had studied as a nurse at Kiwoko Hospital. Her sister told her that the baby had the best chance of surviving in the hands of Kiwoko’s expert staff in its neonatal intensive care unit. With the help of her family, three hours later, Susan and Rose arrived at Kiwoko Hospital.

On arrival, the staff started to monitor Rose’s vital signs. She was placed in a

radiant warmer to moderate her body temperature. The nurses helped Susan express breastmilk to feed to her baby through a nasogastric tube. Gradually, Rose began to improve and grow.

Adara has worked side by side with Kiwoko since 1999 in our work with at-risk babies, designing and delivering nurse and midwife training, as well as equipping and resourcing Kiwoko Hospital for high-quality care in its NICU.

We reached a milestone in 2018 when the Ugandan Ministry of Health recognised the Kiwoko NICU as a centre of excellence for the entire country.

In the Kiwoko NICU, survival for low-birthweight infants (those weighing less than 2.5kg) increased from 61% to 91% between 2005 and 2018. More than 1,200 newborns received care in the NICU in 2018.

Susan says she and Rose were incredibly lucky to live near Kiwoko Hospital and have access to its NICU. In the time Rose spent in the NICU, she gained more than 1kg and was eventually discharged at 1.77kg. Susan brings Rose back to hospital for regular check-ups.

“I am grateful to the Kiwoko NICU because I didn’t have any hope for my baby to survive,” she says. “But when I came to Kiwoko Hospital my hope was rejuvenated because of the care the baby was given.”

1,223

babies received care in the NICU



The breath of life: bubble CPAP

Continuous positive airway pressure (CPAP) is a treatment that uses gentle air pressure to keep an infant's lungs open. It is used to help newborns who are suffering from respiratory distress syndrome (RDS), one of the most common problems premature babies experience and the leading cause of death for babies born before 34 weeks' gestation.

In developed countries, elaborate machines and treatments are available to ensure babies get the support they need to breathe and survive. But for babies in low-resource settings, RDS is often a death sentence as most facilities do not have the necessary equipment, training or power supply to provide such treatment. The problem is enormous – for the millions of children born prematurely in the developing world, it is estimated that the death rate from RDS is 10 times higher than in high-resource countries.

With more than two decades of experience working hand in hand with Kiwoko Hospital to save at-risk newborns, reducing mortality from RDS and creating a technology that works in low-resource settings has been a significant focus for us.

Adara has worked closely with Kiwoko Hospital, PATH, the University of Washington and Seattle Children's Hospital to design and trial a low-cost bubble continuous positive airway pressure (bCPAP) kit and an oxygen blender. Together we have developed an inexpensive Safe bCPAP kit that can be operated without a power source. To further address safety, it includes the use of fixed-rate blenders that blend room air with an oxygen source, allowing for reduced levels of oxygen to be administered to the newborn when needed. This is a truly unique and important device that could save tens of thousands of lives in low-resource settings.

After establishing the study design and receiving ethics approvals, Adara and our partners will begin a feasibility study for the use of the Safe bCPAP kit at Kiwoko Hospital. Delays in grant proceedings means the study is planned to begin in 2020. After testing, Adara and our partners will do all we can to ensure that this low-cost device is made available to newborn facilities across the developing world, with the potential to reduce countless preventable newborn deaths.



Sharing our knowledge to save more newborn lives



“I remember when I first saw the NICU at Kiwoko Hospital,” says Diana, a nurse at Nakaseke Hospital. “I hope that one day the unit here at Nakaseke will become just like that one.” She smiles at the group of nurses moving around her, tending to babies and moving equipment.

Diana works in Nakaseke Hospital’s special care baby unit (SCBU). Nakaseke Hospital is a government hospital located 17km from Kiwoko Hospital. It is large but under-resourced, and the only government facility for a catchment area of 1.7 million people.

While not as sophisticated as a NICU, a SCBU is a hospital unit designed for babies who are not critically ill but need more care than healthy newborns. In 2018, the World Health Organisation identified that up to 30 million newborns globally require some level of in-patient care each year. They also found that the majority can be managed with special inpatient care, like that provided by the Nakaseke SCBU.

Our work with Nakaseke is part of Adara’s commitment to knowledge sharing and our determination to use our learnings

to reach more women and newborns in need. To reduce newborn mortality and morbidity, in accordance with the standards set by the United Nations’ Sustainable Development Goals, we focus on working with partners to increase newborn care capacity by providing training, mentoring and guidance. The first step in this work is to pilot a newborn training project in partnership with Nakaseke Hospital. We are assisting Nakaseke to develop a small SCBU, providing advice on the infrastructure, equipment, supplies and staffing necessary for a successful unit. Through this programme, Nakaseke nurses also receive hands-on training alongside expert NICU nurses at Kiwoko Hospital, as well as classroom teaching and ongoing mentoring at their home facility.

In 2018, the SCBU evolved from an almost empty room with very little equipment to a unit that has provided care to more than 400 newborns.

Over the next two years, we will evaluate the project and our knowledge sharing model to assess what worked and where we can do better. Based on our learnings, Adara will build our work with other newborn health partners, including working closely with the Ugandan Ministry of Health, to save many more newborn lives.

More than **400**

newborns received care in the Nakaseke special care baby unit



Newborn follow-up: hospital to home



At the community based healthcare safe-motherhood clinic, a grandmother arrives with a tiny emaciated baby.

She is exhausted after walking several kilometres to the clinic, and the baby is very weak. He is so small the midwife assumes he is only a few months old. She is shocked to learn he is one year old. This boy, Fred, weighs just 4kg. Worried that he could die, the team instantly refers him for support at Kiwoko Hospital.

Fred had been discharged from Kiwoko's NICU. Once he left, he struggled to gain weight. His mother, overwhelmed and ashamed that she didn't know how to care for him, abandoned him to his grandmother's care. The family were

very poor and could not afford the transportation costs to return to the hospital for follow-up.

Fred had fallen through the cracks. It can be a huge challenge to access follow-up care for newborns in remote communities. Although Kiwoko Hospital recommends babies discharged from the NICU return for follow-up, only around 32% are returning for the first visit and just 8% return for the fourth visit. Poverty and distance take their toll.

We know many disabilities or developmental delays can be prevented or mitigated with supportive care. As more newborns are surviving due to increased access to services such as the Kiwoko NICU, there is greater need for vigilant follow-up care to help them not just survive, but thrive. It has been our

dream for many years to provide newborns and their families with support after they leave hospital.

In 2018 Adara received a grant from Saving Brains, Grand Challenges Canada, to develop and pilot a discharge and follow-up programme to support high-risk infants such as Fred. We are calling the programme Hospital to Home (H2H). The H2H programme has two components to maximise babies' chances of a healthy life: strengthening hospital discharge procedures and a six-month follow-up programme for babies discharged from the Kiwoko NICU.

Prior to discharge, H2H provides all parents with education in lactation, breastfeeding, newborn development and essential newborn-care, preparing them to successfully care for their infant at home. Staff in the NICU receive specialised clinical training in neurodevelopmentally supportive care, lactation and breastfeeding support. We expect to see better growth and developmental outcomes in babies before they leave the NICU. A designated Discharge Coordinator will help with training, assessment and facilitation of the discharge process throughout the NICU stay.

The second part of the programme bridges the facility-community divide by providing the baby and their family with support after going home. The programme utilises a network of 100 Adara trained volunteer village health team (VHT) members to provide in-home follow-up across three districts.

Once newborns are discharged, at-home visits will take place according to a

schedule determined by an assessment of each infant's needs. The first at-home visit will occur within the first week of birth and will continue until six months of age. The VHT members will assess infants' weight and the presence of any danger signs; provide breastfeeding support, health education; and refer babies to higher levels of care as necessary.

When the study concludes in September 2020, we will identify whether there is the potential to expand H2H to newborn units in other low-resource settings. We will also evaluate early evidence of the programme's impact on infant growth, exclusive breastfeeding rates, the child's development and caregiver-child bonding.

Thankfully, the story of Fred has a happy ending. One year later, at the same clinic, you would not have recognised the smiling boy bouncing on his grandmother's knee as the same child. It is our hope that H2H will help reduce and even prevent the hardships that children such as Fred and their families face.

H2H is supported by Saving Brains. Saving Brains is a partnership of Grand Challenges Canada, Aga Khan Foundation Canada, the Bernard van Leer Foundation, the Bill & Melinda Gates Foundation, The ELMA Foundation, Grand Challenges Ethiopia, the Maria Cecilia Souto Vidigal Foundation, the Palix Foundation, the UBS Optimus Foundation and World Vision Canada.



ABAaNA early-intervention



Throughout 2018, Adara and our collaboration partner the MRC/UVRI & London School of Hygiene and Tropical Medicine Uganda Research Unit began trialling an early-intervention programme for infants at high risk of developmental disability and their caregivers.

The study is funded by Saving Brains, Grand Challenges Canada. It is known as the ABAaNA Early Intervention Programme – abaana also means ‘children’ in Lugandan, the dominant local language. The study explores the feasibility of conducting this programme and compares the outcomes from two groups of children: those who received the ABAaNA programme and those who did not.

It is challenging for parents in the developed world to find the best resources for children living with a disability. However, when a child lives in a low-resource setting such as Nakaseke, lack of facilities and advice, social isolation and stigmatisation can severely impact children and their families.

ABAaNA is a community-based training programme delivered in small groups to children, aged 6-11 months old, living with a disability and their caregivers. It aims to provide a holistic and cost-effective solution to caring for affected children and improve their health, wellbeing, growth and functioning. The training is focused on empowering caregivers and the wider family by increasing understanding of their child’s needs and boosting their confidence.

The study involves 126 children. In 2018, the team finished recruiting infants for the study, provided the ABAaNA programme to half of the infants, and conducted follow-up assessments to measure their growth and development. Follow-up assessments will continue through 2019. ABAaNA was also included in a new online resource called Ubuntu (ubuntu-hub.org) that will act as a research and educational hub for three community-based programmes designed to support children with disabilities and their families.

At the conclusion of the study in 2019, the research team will analyse results to evaluate the impact of the programme. If proven successful, Adara and our partners will assess how we can use this model and share learnings to benefit children with developmental disability in low-resource settings around the world.

126

**infants recruited into
the ABAaNA programme**



Support for people living with HIV and their families

“My mother was very sick and would always tell me that she may not be around much longer.”

Eighteen-year-old Mark has experienced more hardship than many people face in a lifetime. From a young age he has been the primary carer for his HIV-positive mother, Sarah. He has helped her to access care, treatment and support services through Kiwoko Hospital's HIV clinic.

Mark's caring responsibilities made it difficult for him to regularly attend school. Sarah was too ill to work and was unable to meet the financial commitments for Mark's education.

As a result, from the age of 15 Mark was unable to attend school. In this time, Sarah's health deteriorated. Eventually Sarah was admitted to Kiwoko Hospital for treatment and Mark spent weeks by her side.

During this time, Kiwoko staff learnt that Mark had not been going to school for more than two years. He was referred to Kiwoko's HIV/AIDS department, who

welcomed him into the education support programme to give him the chance to continue his secondary education.

Adara has partnered with Kiwoko Hospital to support clients with HIV/AIDS since 1999. Through counselling, health education, medication, nutrition, and inpatient and outpatient hospital treatment, we have helped tens of thousands of people living with this terrible disease. Our partnership also supports the education of orphans and vulnerable children, giving them the opportunity to attend school without stigma or fear of unpaid school fees. In 2018, Adara increased our support to the Kiwoko HIV team and their life saving work by funding the salaries of 24 of their key staff.

Because of this support, Mark went back to school in early 2018. He is a conscientious student and at the end of the year he sat the exams for the Uganda Certificate of Education. His mother is now also doing much better – her health has improved as a result of Kiwoko Hospital's antiretroviral treatment.

One person at a time, one family at a time the scourge of HIV/AIDS can be defeated.

2,537
**people living with HIV/AIDS
provided with nutrition support**



THE ROAD AHEAD

Adara and the Ugandan Ministry of Health

The National Newborn Steering Committee was launched by the Ugandan Ministry of Health (MoH) in 2006 with the goal of increasing newborn survival in the country.

Adara is committed to consulting with and learning from key actors in newborn health, including the MoH. Our relationship with these key players in newborn health moved to a new level in 2018 as Kiwoko and Adara were regularly invited to take part in discussion and planning sessions for the scaling of newborn care in Uganda.

The National Newborn Steering Committee recognise that the Kiwoko neonatal intensive care unit (NICU) showcases the delivery of excellent newborn care in a rural setting. Together, Adara and Kiwoko Hospital are working alongside the MoH to provide support, guidance and advice as they develop more neonatal units across the country. In 2018 we laid the foundations for this work, welcoming 40 administrators, doctors, nurses and midwives to the hospital for training on management of small babies, infection control, breastfeeding, admission processes, and to witness what is possible in newborn care.

Following an exposure visit in December, Gulu Regional Referral Hospital in northern Uganda was so inspired by the work at Kiwoko that it has started a small NICU, supported by six nurses and a doctor. Our Global Health Manager, Sister Christine Otai, is also providing ongoing mentoring to the Gulu teams over the messaging application WhatsApp. Technology is making knowledge sharing and medical support possible in ways we could not have foreseen, even a few years ago.

Our Global Health team in Seattle, together with Kiwoko Hospital and our Ugandan team, have spent thousands of hours creating NICU Guidelines of Care appropriate to Kiwoko and other low-resource settings. We have now shared these with the MoH to support delivery of standardised and high-quality care to newborns throughout the country. These Guidelines of Care include comprehensive instructions for common neonatal procedures. They will provide newborn nurses with guidance in delivering quality patient care.

As more Ugandan hospitals begin to deliver specialised care to newborns, we will do our best to support and equip them with theoretical knowledge and practical skills to save more newborn lives, which we have learnt over the last two decades

REMOTE COMMUNITY DEVELOPMENT

The Adara Group's remote community development work supports people in some of the world's most isolated communities and focuses on providing access to quality healthcare and education. Adara's work now reaches three key areas: the district of Humla in the Himalayas, the remote region of Ghyangfedi and the capital, Kathmandu.

Our work began 21 years ago in the upper Humla region, in the Nepali Himalayas on the border with Tibet. The region's isolation is its defining feature. It is stunningly beautiful, but because of its inaccessibility its over 50,000 residents often go without basic services. When our teams first visited Humla, it took 25 days to walk from the remotest village to the nearest Nepali road.

In addition to our work in Humla, since 2015 we have also worked closely with the community in Ghyangfedi, Nuwakot, a remote area devastated by the Nepal earthquake. In Kathmandu, we provide holistic and financial support for young people from remote areas to pursue vocational and higher education. We also work collaboratively with several 'champion' partners who provide health, education and support services to disadvantaged people, especially women and children.

The United Nations' Sustainable Development Goals



Adara's work in remote community development can be viewed within the context of SDG3: ensuring healthy lives and promoting wellbeing. SDG3 includes targets for universal health coverage, reduction in deaths and preventable disease, and combating water-borne and other communicable diseases.

Education is a fundamental human right and a tool that enables people to free themselves from poverty and inequality. SDG4 includes targets for quality education including that all girls and boys have access to quality early childhood, primary and secondary education. It also aims to eliminate gender disparities in education.

Our approach: working hand in hand with the community

"The Adara team feel rewarded every day knowing that we work with the most deserving women, children and communities, living in some of the most remote villages in Nepal."

– Pralhad Dhakal, Remote Community Development and Nepal Country Director.

Adara believes it is possible to deliver excellent health and education services in some of the most remote communities in the world. In Nepal, we take every opportunity to collaborate with the government to share our learnings and show what is achievable in isolated locations. Our approach to development is to consult widely and ensure that everything we do reflects needs identified by the local community.

Our health and education projects are holistic in that our project design considers social, emotional, cultural and economic influences on communities. In health service delivery, we focus on both prevention and treatment. Our approach to education aims to improve facilities, provide scholarships for disadvantaged children, ensure gender equity, improve the quality of teaching and create educational environments that are conducive to children's learning.



Yalbang school



“My name is Yeshi. I study in Grade Two. I love Yalbang school!”

“My name is Tenzin. I study in Class One. I love to play!”

Yeshi and Tenzin stop to talk for a moment before running off to continue playing football. They disappear into a sea of blue uniforms, darting figures and happy cheers.

Despite the high altitude and being perched below the beautiful, imposing Himalayas, in many ways, Yalbang School is a school like any other. Children are playing with their friends at lunchtime, making the most of their time out of the classroom. Some are catching up on homework before their next class.

It's hard to believe that this school, which now has 302 students (54% girls), was once just a small room with very few students.

302

**students attend
Yalbang School**



When we first started working in Humla in 1998, the region had some of the country's lowest literacy rates and children had limited access to education. Yalbang is now a leading Nepali Government school and in 2017 was named the fifth best in the country. Its growth has been supported every step of the way by deep partnerships with the local community.

Adara works hand in hand with Humla-based organisation, the Himalayan Children's Society (HCS), to support a residential hostel so families living far from the school don't need to send their children out of the region to get an education. Adara and HCS have also worked to improve the quality of education

at Yalbang School by providing learning materials, supporting the employment of teachers in primary and lower secondary school, strengthening child safeguarding policies and providing scholarships.

Despite many years of success, 2018 saw the loss of a precious school student, which brought child safeguarding challenges into sharp focus. This has resulted in a deeper commitment from our teams on work in this area. We were reminded that working with vulnerable client groups is a process of continuous improvement and that the needs of every child must stand at the heart of all we do.

Working with Humli schools to build capacity

The quality of education and facilities at Yalbang School has led to an unexpected increase in the number of children from remote villages walking long distances to Yalbang School. To enable children to attend quality school closer to home, in 2011 Adara started working on the improvement of educational facilities at seven other local government schools. This work is led by our Education Coordinator, Kanjok Lama.

This programme focuses on the employment of trained teachers and school helpers. It provides training to strengthen school management committees from the local community, builds new classrooms, helps make existing ones more child-friendly and provides school learning materials, children's uniforms and basic student supplies. We also ensure students are educated about children's rights, health and safety, and are empowered to participate in their school communities.

To fill gaps in teacher shortages, we supported the employment of six teachers and two support staff in 2018. In four of the villages, we provided before and after school classes for primary and pre-school-aged children.

Adara facilitates teachers' professional development by supporting training on topics such as sound teaching methods, participatory modes of education and lesson planning. In 2018, training was provided to 17 teachers.

Ghyangfedi school: a beacon of hope



Seventeen-year-old Jangmo remembers the day she saw construction begin for the Shree Ghyangfedi School. It was a cloudy day and despite the grey sky overhead, her heart was full of hope.

As a young child, Jangmo dreamt of becoming a teacher. She was a bright student but her education was cut short when her local school stopped offering classes beyond Grade 3. Jangmo asked her parents to let her continue her education elsewhere, but they were unimpressed by the condition of nearby schools.

360

students attend the Shree Ghyangfedi School



For six years Jangmo didn't go to school. Then, when the tragic 2015 earthquake struck, she feared her dream of becoming a teacher had slipped away forever.

It was just before midday on a normal, sleepy Saturday when the earthquake started. Homes and schools crumbled, roads were damaged beyond repair and thousands of residents were left without shelter. Nearly 9,000 people were killed across Nepal.

In Ghyangfedi, a small community in the Nuwakot district, northeast of Kathmandu, 10% of the population was killed. All schools were flattened, including the central Shree Ghyangfedi School that educated 32 students. Every building in the district was either severely damaged or destroyed.

Immediately after the first quake, the Adara team worked around the clock to provide crisis support to affected regions. We began running mobile medical camps, provided shelter and nutrition support, and child protection advice to a traumatised country. At the request of the government of Nepal, Adara began supporting the Ghyangfedi community with immediate disaster relief that reached more than 10,000 people in need.

Within months, the work moved to the next phase: longer term redevelopment. Ghyangfedi is beset with poverty and child trafficking, and its inaccessibility gives it many of the characteristics of remote Humla. Our teams spent time working with the community to decide on the most impactful intervention we could make and together we formed plans to build a

new earthquake-resistant school, with the education of girls at its centre.

In June 2017, the Shree Ghyangfedi School re-opened its doors. Among the group of excited students eagerly awaiting its reopening was Jangmo. She was nervous to be back at school and studying in Grade 7. But above all, she was eager to learn.

Since its opening, the Ghyangfedi School has celebrated some significant achievements. As a result of an increased national focus on girls' education and the quality of facilities, the Shree Ghyangfedi School now has more than 360 students - 48% of whom are girls.

Our vision for the work in Ghyangfedi is that girls are empowered to bring positive changes to their community and can battle the risks they face. Including more girls in education reduces the risk of girl trafficking from the area. Families see a future for their daughters, the community is educated about human rights and school attendance rolls make it easier for teachers to monitor the presence of girls in the community. There have been no recorded incidents of child trafficking in the area since the Shree Ghyangfedi School opened in 2017.

Jangmo has been back at school for more than a year now. In 2018 she finished Grade 7 and secured second place in her class. The Shree Ghyangfedi School represents a beacon of hope for Jangmo and a second chance at her dream of becoming a teacher.

Adara Kids youth programme: building brighter futures together

Pema stands before a class of young children, motioning to a blackboard and teaching them the basics of the English language. She smiles at the cheerful faces sitting in front of her and reflects on the events in her life that led to her being in this classroom at Yalbang School.

Pema became part of the Adara family nearly 15 years ago. She was one of the 136 children Adara found living in horrendous conditions in Kathmandu in 2004, after being trafficked during conflict in Nepal. These children are known as the 'Adara Kids.' They form the base of all our work in child protection. That knowledge has led us to touch the lives of many kids at-risk.

Pema came from a small village in Humla – her parents had paid money to people who promised to take her from Humla to safety and education in the capital.

It was a devastating mistake. For many months and for some years, the children lived in overcrowded basements and homes, with up to 50 children per room and a single mattress between them. There was little food and they were forced to go onto the streets to beg. Their situation was

appalling – they were far from home, with nobody to help.

After working with the police and Social Welfare Council, Adara was granted custody of the children. Our immediate priority was to make sure they were safe, well-fed and loved. We established 10 residential homes and hired teams of social workers, educators and cooks to provide 24-hour care. As conflict raged in Humla, we began our work to stabilise and support these unknown victims, and to find their families.

The team at The Himalayan Innovative Society were critical partners in this, trekking from village to village, armed with stories and photographs. Within two years we found the families of all the Adara Kids. However, the conflict was still raging and it was not safe for the children to return to Humla. Once it was safe, we carefully started to reconnect the Adara Kids with their families.

As they grew tighter with their families of origin, we began to prepare them for independent adulthood. Adara remains part of their extended family, supporting them through vocational education and providing them with a stipend that they manage themselves to pay for their rent, food and other expenses. Many of the Adara Kids have now graduated from our care, equipped with the skills to lead happy

and productive lives on their own. They are determined to support their communities and each is a change-maker in their own right.

Pema graduated from secondary school in 2014 and pursued higher education in accounting. After completing her course, she made the decision to go back to the place that most felt like home: Humla.

To get started, Pema worked for a non-government organisation in Simikot. She

was grateful for this experience and then decided to pursue a position at Yalbang School, where she was offered the role of primary-school English teacher.

Pema is happy to be back in Humla with her family and to be teaching at a school so connected to Adara, which she also considers a part of her family. She feels proud to be giving back to her community and contributing to the bright futures of other young Humlis.

Adara Kids finish secondary school

In June 2018 Adara celebrated a significant achievement, as the last of the Adara Kids finished secondary school and sat their final exams – and all of them passed. This is a remarkable achievement considering that typically only 50% of students across Nepal pass this exam. Six Adara Kids – three girls and three boys – sat the exam. One secured an A+, one an A, three a B+ and one a B. We are so proud of this group of resilient young people and will continue to work with them as they each move through our Youth programme to adulthood. We know that they will change their families, their communities and their country for the better.



The Adara youth programme continues

Through our work with the Adara Kids for more than 15 years, we have developed deep expertise in supporting the education and wellbeing of at-risk and disadvantaged youth. As the Adara Kids complete their secondary education and later graduate from our care, we have broadened our work to continue to support young people from remote locations.

Adara offers scholarships to talented Humli or Ghyangfedi students to attend vocational training, technical training or higher education in Kathmandu. In 2018, we supported 37 young people pursuing degrees in health, nursing, science, teaching, engineering and agriculture. Scholarship preference is given to girls and students who may be disadvantaged by factors such as disability, caste, coming from a low-income family or having been raised by a single mother. Skilled adults who can bring innovative change and development to their home districts are a critical part of the engine of change for communities in need.



136

children were rescued
from trafficking



Menstrual hygiene management



Menstrual hygiene management education is part of Adara's holistic approach to health and education in Nepal. This involves making sure the schools that we partner with have 'period-friendly' toileting facilities as well as health education for boys and girls to teach them about menstruation, menstrual hygiene and managing periods.

"Since this programme, we have noticed that girls now don't hesitate to discuss their problems," says Menuka Rai, Adara's Health Manager. "They are actively sharing their views, doubts and ideas too."

In November last year, Adara led a menstrual hygiene session for girls at Ghyangfedi School. We brought girls together to discuss their access to sanitary pads and how they can make their own reusable pads. We encouraged them to ask school staff for sanitary pads when they need them.

Women's Foundation Nepal



Another long-term 'champion' local partner for Adara is the Women's Foundation Nepal.

Their mission is to work towards a violence-free society by helping women and children in Nepal who are victims of violence, abuse and poverty. Through partnership with Adara, The Women's Foundation Nepal is provided with a lawyer who leads a team of experienced legal staff to seek justice and protection for hundreds of women and girls each year. In 2018, 388 cases were resolved and of the cases taken to court, 100% were settled in favour of the victims.

Hands in Outreach

As well as implementing projects directly, Adara works with a small number of 'champion' local Nepali NGOs to improve health and education outcomes for vulnerable community groups.

One of these organisations is Hands in Outreach (HIO) which Adara has partnered with since our beginnings. HIO has a

wide-ranging impact, including helping more than 160 children living in poverty every year – mostly girls – to go to school. Adara supports the girls' families with health and dental check-ups, periodic food distribution and emergency support.

In 2018, more than 135 health checks took place and 11 girls received orthodontic treatment. Altogether, more than 200 families received direct assistance, through food packages or medical support.

The Himalayan Innovative Society

Nisha is 9 years old and lives in Simikot, Humla's district headquarters. Her parents divorced recently, and her father has since remarried, leaving Nisha and her mother without a reliable income. After the divorce, Nisha and her mother started a new life together. Her mother now runs a small restaurant, but the meagre wage she earns isn't enough to enrol Nisha in school.

Luckily, Nisha's mother heard about The Himalayan Innovative Society (THIS), one of the grassroots Humli organisations Adara works with to support marginalised children from single-parent families to receive an education. After becoming part of THIS's programme, Nisha was enrolled in school. She now has the opportunity to receive a quality education.

THIS has worked with Adara for more than 15 years and they were a key partner in our work with children who had been trafficked. They continue to work to reduce the incidence of child trafficking from the Humla district through two anti-trafficking radio programmes. These programmes air throughout the year and reach the 30,000 people in Humla who have a radio at home.

"I feel children getting support from this programme are blessed with a new life," says Nisha's mother.



Up to **30,000** 
**people are reached by THIS's anti-
trafficking radio programme**



Holistic approach to health



It has been a long, hard trip from Humla to Kathmandu and Laxmi is exhausted. Laxmi's son is with her and leads the way, ushering his mother through the doors of a hospital. When they arrive at the reception, he breathes a sigh of relief.

For many years, Laxmi has suffered from adenomyosis, a condition that affects the uterus and can result in painful side effects including heavy periods, severe menstrual cramps and abdominal pressure. Laxmi has sought treatment for the pain many times and has become well acquainted with the health services offered by Adara in Humla.

She has attended Adara-run medical camps which provided free healthcare to people living in remote villages. She has walked hours to the nearest health post to receive treatment from a community health worker.

Laxmi accepted long ago that she would likely live with pain for the rest of her life. But today Adara has provided emergency medical assistance so she can travel to Kathmandu for surgery that will hopefully put a stop to the pain for good.

Historically, Humla has had serious gaps in health service access. In one of our initial surveys of the area, we found that many villagers had gone their whole life without seeing a doctor. The region has one underequipped and understaffed hospital for a population of more than 50,000. Many areas do not have government health posts and people must walk for hours or even days to seek treatment.

To improve health in Humla, Adara takes a two-pronged approach that focuses on both prevention and treatment. To reduce the likelihood of disease occurring, we run prevention programmes with three main focuses: health education, nutrition improvement, and hygiene and sanitation. This includes the provision and support of health infrastructure, including hydro and solar power, indoor lighting, smokeless metal stoves, pit latrines, drinking water systems, greenhouses and solar driers. Health awareness is another focus, including ongoing health-related training with schools and community groups.

We also want to make sure that if Humlis do become ill they can access quality services. To achieve this, we partner with local health posts to ensure they are well-functioning, with trained, committed staff who have the necessary medicines and equipment to serve the community. In 2018, 3,735 people were treated at five Adara-supported health posts and more than 1,000 people, including children, were given health training in subjects such as reproductive health, hygiene, sanitation and waste management.

Adara also provides emergency medical assistance to poor and disadvantaged Humli people who are severely sick or injured and need to be referred to better equipped hospitals outside of Humla.

Back in the hospital, it's the end of the day and Laxmi is recovering from surgery. Once she has recovered, she and her son will begin their journey back home. A better life, free of pain and illness awaits.

3,735

people were treated at five Adara-supported remote health posts



Tibetan medicine



Amchis are Tibetan medicine practitioners, trained to use the herbs and natural products of Tibet and the Himalayas for healing. Amchi Kelsang is Adara's Tibetan medicine practitioner, who provides free medical help to villages in upper Humla. He is based in Yalbang, but when weather permits he travels by foot to 25 villages deep in the Himalayas.

Last year, a 65-year-old woman sustained head injuries and broken ribs after falling from a roof in the village of Chala. Without Amchi's help, she would have had few other options. At an elevation of 3,690 metres and many days' trekking from the only airport in Humla, Chala is built on a steep slope. It is the most remote village supported by Adara.

Amchi Kelsang regularly visited the injured woman for a month while she recuperated. Her injuries have now healed and she has made a full recovery.

This close care is typical of the Amchi's painstaking approach. He provides a critical service in treatment and prevention of illness and disease. His visits are deeply valued. They are also culturally and linguistically appropriate, as 16% of the Humli community are of ethnic Tibetan descent. In 2018, 984 people were treated by Amchi Kelsang.

984

people were treated through
Tibetan Medicine Project



Bringing power to 1,200 people: micro hydro projects

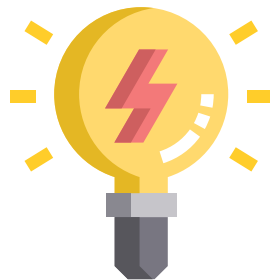
According to the World Energy Council, 1.1 billion people across the globe live without access to electricity. Most of these people live in remote and isolated areas. Lack of electricity directly impacts health, educational standards and the safety of communities.

Micro-hydro power, which produces electricity using the natural flow of water, can be one of the most simple, consistent and sustainable forms of energy for communities living in remote locations. Solar power was a key part of our service delivery in the earliest days, and for the past eight years, Adara has partnered on micro hydro projects in four Humli villages, bringing power to more than 2,400 people. However, there are still at least 1,200 people in the villages Adara works with who live without electricity.

In 2018, in partnership with the Village Development Committees in three communities, local NGOs and the Alternative Energy Promotion Centre, we supported the construction of a new micro hydro power plant. When completed in July 2019, the project will produce 30 kilowatts of electricity using the natural flow of water from a small river running by a nearby village.

The new power source will allow the three villages of Kholshi, Lama Kholshi and Khagalgaon to cook, heat and light their homes and other facilities without burning firewood.

More than **3,600**
people with access to
sustainable power



Himalayan Medical Foundation

“My head hurts and spins around and I lose all my senses for a while. Eventually I realise, I have not moved,” says 63-year-old Shweta, as she describes the dizziness she regularly experiences.

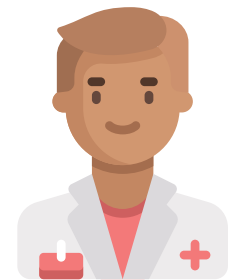
Shweta has felt unwell for a long time but has been unable to seek treatment as she and her husband have very little spare income. Thankfully, a friend told her about the free health services provided by the Himalayan Medical Foundation (HMF) and Shweta was diagnosed with low blood pressure, low haemoglobin and

malnutrition. HMF was able to provide Shweta with the treatment she needed to get back on her feet.

Adara partners with HMF to provide free basic healthcare to severely disadvantaged people in Kathmandu through three clinics in different locations. The clinics provide health check-ups, medications and dental checks. In 2018, The HMF team gave over 11,000 free medical consultations to some of the most vulnerable and poor members of the community. The HMF team also work alongside Adara in other health programmes in Nepal and in response to emergencies such as the Nepal earthquake in 2015 and flooding in Kathmandu in 2017.



11,000
free medical consultations took
place through HMF



THE ROAD AHEAD

Ghyangfedi primary schools

As with our work in Humla, the success of the Shree Ghyangfedi School and the poor quality of other village primary schools has meant that many young students choose to walk several hours a day to the school. Young students make these journeys year-round, sometimes when it is dark and snowing. This is an unexpected consequence of our work, leading us to expand our scope to outlying villages.

Adara wants to safeguard the quality of service delivery at Ghyangfedi School and the wellbeing of children in the community, and to ensure that all local children have access to quality education.

Adara alumni

Over the years, Adara has supported more than 200 young people from Humla and Ghyangfedi to access vocational, technical and higher education. This has included disadvantaged youth, as well as the Adara Kids. They are now an impressive group of change-makers who are planning for the future and building careers. They are intelligent and driven, and they want to uplift their country.

In 2019, in addition to our work at Shree Ghyangfedi school, we will work to improve the quality of education in seven small government primary schools in Ghyangfedi and make their facilities functional. Functional primary schools will allow young students to access education closer to home and then later attend the Adara-supported Shree Ghyangfedi School for their secondary education.

We are encouraging them to help each other. In 2019, we will launch an Adara Alumni group that will be led by these young people. It will help them stay connected, create a platform for them to debate how they can make change and give them a professional network they can call on as their careers progress.



THE POWER OF PARTNERSHIP

Gratitude

2018 was themed and celebrated as a 'Year of Gratitude' for the Adara family and we recognise that our work would not have been possible without the support of so many.

There have been thousands of people and many organisations from around the world who have stood by Adara's side to make our work possible. With their support, we have played our part in working towards the United Nations' Sustainable Development Goals. Thanks to our supporters, every year we save thousands of newborn lives, help thousands of women give birth safely, provide children in remote locations with access to quality education and protect them from trafficking.

People from one end of the world to the other stand with us to support our vision for a world where every person has access to quality health, education and other essential services. It is because of this incredible global network that we impact the lives of more than 50,000 people living in poverty each year and countless others through knowledge sharing.

Adara teams are deeply committed to do their best work, often in incredibly difficult circumstances, to help those in need. It is impossible to imagine Adara without those passionate team members at the very centre.

And of course, we are especially grateful for the opportunity to work alongside and to learn from resilient people living in some of the world's most remote locations. They inspire us every day and they drive us to do more and better work.

Thank you from the bottom of our hearts

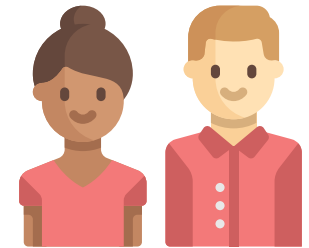
US\$3M (A\$4M)

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



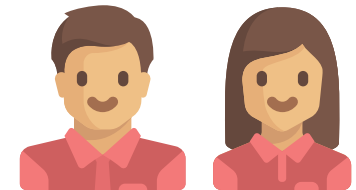
Nearly 500

individuals, foundations and companies donated to Adara



25 people in 5

different countries volunteered or interned with the Adara Group



OUR COMMITMENT TO BEST PRACTICE SERVICE DELIVERY AND KNOWLEDGE SHARING

Best practice service delivery

We are committed to developing policies, procedures and standards that ensure we implement high-quality and holistic projects based on research and that improve health and education outcomes. In 2018, we did this in three ways.

Monitoring and evaluation team

In 2018, Adara built and deepened our monitoring and evaluation (M&E) team, led by Dr Mohan Paudel. Dr Paudel has a PhD in Public Health and significant experience in maternal, newborn and child health as well as remote community development. Dr Paudel is leading our M&E activities in Nepal and Uganda, working alongside our Research, Monitoring and Evaluation Officers: Shweta Singh in Nepal and Beatrice Niyonshaba in Uganda.

Led by our M&E team, Adara has begun to strengthen our M&E, starting with a theory of change (ToC) process for all our programmes. A ToC defines long-term goals and then maps backwards to identify necessary preconditions to achieve these goals. By starting with the change rather

than the activities, we can ask why we do certain things and consider if we should be doing others instead.



Dr Mohan Paudel and Beatrice Niyonshaba



Dr Kimber Haddix McKay, Senior Advisor, Innovation & Best Practice

Innovation and best practice

Dr Kimber Haddix McKay is Adara's Senior Advisor, Innovation and Best Practice, leading us to ensure that we are always considering the best and most impactful ways to deliver service and share knowledge.

In 2018, Dr McKay led the development of Adara University, an online training programme for the global Adara team. This programme serves as an orientation for new staff and a refresher for current staff. It details Adara's principles, history, culture and approach to development.

In collaboration with other development experts and the wider Adara team, Dr McKay explored responsible strategies for exiting international development projects and developing impactful strengthening initiatives for health systems. She also responded to specific research needs as they arose, particularly in helping staff understand the latest literature regarding village health teams or designing and executing 'train the trainer' workshops.

Child safeguarding

Adara takes very seriously its responsibility to make sure our staff, operations and programmes do no harm to children who come into contact with our work. A commitment to safeguarding children is at the heart of all we do. We can never be too vigilant and our work must continuously improve.

Throughout 2018, Adara carried out a review of our child protection policies, training and systems across all our offices and identified any gaps. To strengthen our child safeguarding, we reviewed

best practice across the sector and used this to develop a comprehensive child safeguarding toolkit, which includes minimum standards across:

- HR and training processes
- travel to project sites
- creating child-safe environments
- child safeguarding reporting
- risk management
- safe use of children's photos, videos and stories
- working with our local partners to implement child safeguarding policies.

Knowledge sharing

The Adara team are united in our belief that service delivery must stand at the centre of all we do and that the best way for us to touch more lives is to deepen that service and to share our knowledge – including our mistakes – widely. Throughout 2018 we shared our knowledge in many ways, focusing on three areas.

Showcasing the Adara Group model

One of our strategic goals is to help others realise the potential of businesses to create change for people in need. We have more than twenty years of experience of the struggle and joys of running businesses with the sole purpose of supporting those in need. We share our experience and our model with others as best we can, to support the global 'business for purpose' movement.

During the year, senior members of the Adara team presented our Adara Group 'bridging worlds' model and international development work to many businesses, conferences, philanthropists and leaders. We also participated in podcasts and interviews, with the goal of showcasing what is possible when the business and development sectors link hands.

Sharing our knowledge in remote community development

We take every opportunity to share our knowledge and collaborate with governments and other non-profits. In 2018, our Nepal Country Director, Pralhad Dhakal, presented Adara's approach to remote community development to many groups in Nepal, including the Association of International NGOs and the Social Welfare Council. He also spoke to the local

government in the Nuwakot district about the development of a model school in Yalbang. Our goal was to encourage the government to develop a similar model in Ghyangfedi. Pralhad also facilitated a workshop for students from Kathmandu University about development in remote communities and shared information about Adara's work.

Sharing our expertise in newborn health

Adara's work in maternal, newborn and child health with Kiwoko Hospital is widely respected and globally recognised. The Kiwoko NICU is recognised by the Ugandan Ministry of Health as a centre of excellence. Throughout 2018, doctors, nurses and midwives from 11 facilities, as well as representatives from other non-profits, visited Kiwoko Hospital to learn about the hospital's services. A team of Kiwoko midwives also visited Nyakibal Hospital in South Uganda to provide guidance on newborn care.

In December, our Global Health Director, Heidi Nakamura, was invited to speak on a panel at the Global Washington conference. She spoke about the development of the Kiwoko NICU as well as the importance of collaborating with local communities to design solutions that make a lasting impact. Dr James Nyonyintono, Kiwoko's Clinical Programmes Manager, also presented at a conference at Makerere University in September about the evolution of the NICU and lessons learnt along the way.



Global Health Director, Heidi Nakamura

THE ADARA FAMILY





OUR GOVERNANCE



Andrea McCormick
Director of Adara
Development (Australia)



Andrew Della Casa
Trustee of Adara
Development (UK)



Audette Exel AO
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)



Iiana Atlas
Director of Adara
Development (Australia)



Kate Vacher
Trustee of Adara
Development (UK)



Ken Finch
Director of Adara
Development (Uganda)



Laina 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)



Uddhav Raj Poudyal
Director of Adara
Development (Nepal)

FINANCES & ACCOUNTABILITY

Adara Development has received a total of US\$33.6 million (A\$41.1 million) since we began in 1998. Of this, more than US\$11 million (A\$13.8 million) has been contributed from the Adara businesses towards Adara Development's administration, infrastructure and emergency project costs.

Huge thanks to all of Adara's financial partners for their belief in the Adara Group's work and for their ongoing commitment and support.

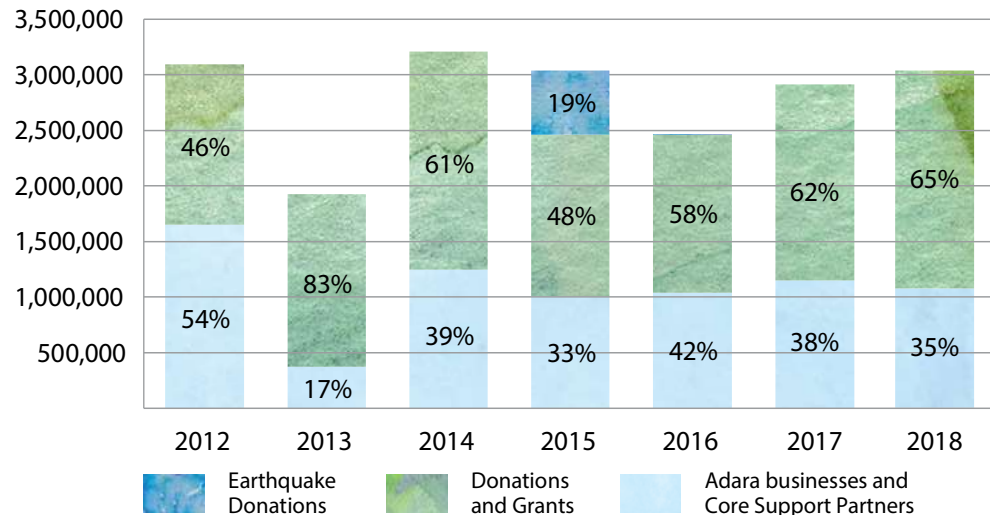


US \$22,598,143
A \$27,342,608
 contributed from
 other donors

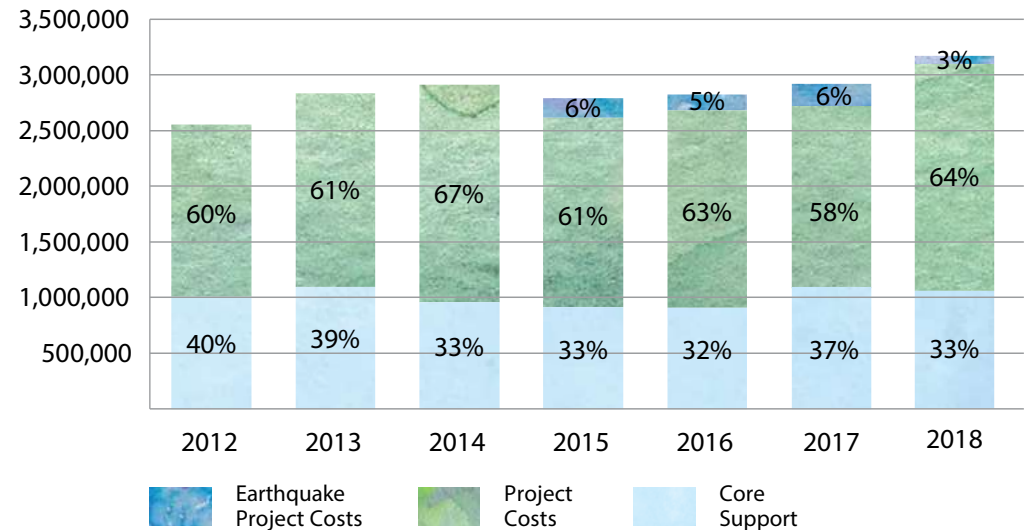


US \$11,048,857
A \$13,759,760
 contributed by the
 Adara businesses

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 2018
Presented In United States Dollars (USD)

	2018	2017
	\$	\$
REVENUE FROM CONTINUING OPERATIONS		
Donations		
Core Support	1,078,613	1,196,471
General restricted	805,857	896,864
Maternal Newborn Child Health	475,963	508,925
Remote Community Development	560,645	303,145
Grants		
Maternal Newborn Child Health	14,528	3,137
Other Income	107,191	4,383
Total revenue	3,042,797	2,912,925
EXPENSES		
Programme costs		
Maternal Newborn Child Health	1,117,178	813,646
Remote Community Development	872,121	930,351
Innovation, Learning & Evaluation	123,997	120,467
Total Programme costs	2,113,296	1,864,464
Core Support	1,045,741	1,073,626
Total expenses	3,159,037	2,938,090
NET (DEFICIT)/SURPLUS FOR THE YEAR	(116,240)	(25,165)
Other comprehensive income		
Foreign currency translation gain / (loss)	(18,458)	19,117
Other comprehensive income/(loss) for the year	(18,458)	19,117
TOTAL COMPREHENSIVE LOSS FOR THE YEAR	(134,698)	(6,048)

Adara Development summary combined statement of financial position

For The Year Ended 31 December 2018
Presented In United States Dollars (USD)

	2018	2017
	\$	\$
ASSETS		
Current assets		
Cash and cash equivalents	571,931	526,914
Trade receivables and other current assets	49,629	44,751
Total current assets	621,560	571,665
Non-current assets		
Property, plant and equipment	59,122	11,240
Intangible assets	11,585	21,791
Other non-current assets	750	750
Total non-current assets	71,457	33,781
Total assets	693,017	605,446

	2018	2017
	\$	\$
LIABILITIES		
Current liabilities		
Trade and other payables	76,376	46,180
Deferred Revenue	140,142	
Employee benefits	114,525	86,598
Total current liabilities	331,043	132,778
Non-current liabilities		
Employee benefits	10,613	6,256
Total non-current liabilities	10,613	6,256
Total liabilities	341,656	139,034
NET ASSETS	351,361	466,412

NOTES

The financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website www.acfid.asn.au

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 2018 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2018 available at www.adaragroup.org. The Operations Report 2018 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 2018 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 financials 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 30 April 2019.

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.

Accumulated funds

Accumulated funds	424,351	520,944
Foreign currency translation reserve	(72,990)	(54,532)
Total accumulated funds	351,361	466,412

All Adara Development entities are audited annually under International Financial Reporting Standards (IFRS) or Australian Auditing Standards. Since inception, Adara Development (Australia), Adara Development (USA) and Adara Development (Bermuda), have been audited by KPMG. Adara Development (UK) and Adara Development (Uganda) are audited by Somerbys and Markhouse Partners, respectively. 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

Opinion

We have audited the **Summary Combined Financial Report** of Adara Development (*the Group*).

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

The **Summary Combined Financial Report** comprises:

- Summary Combined statement of financial position as at 31 December 2018
- Combined statement of profit or loss and other comprehensive income for the year then ended
- Notes

The **Group** consists of 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 application Australian Accounting Standards – Reduced Disclosure Requirements adopted by the Australian Accounting Standard 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 30 April 2019. That report also include:

An Emphasis of matter paragraph that draws attention to Note in the audited Combined Financial Report. The basis of preparation in Note 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 for which it was prepared.

Emphasis of matter – basis of preparation and restriction on use

We draw attention to Notes to the Summary Combined Financial Report, which describes the summary basis of preparation. The Summary Combined Financial Report has 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 Report 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 Report to which it relates, to any person other than the Directors and Trustees of the entities within the Group or for any other purpose than that for which it was prepared.

Our audit report relates to the Summary Combined Financial Report 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 Report or contained within the broader *Adara Group Operations Report 2018*.

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 Report and the Auditor's Report. The Directors and the Trustees are responsible for the Other Information.

Our opinion on the Summary Combined Financial Report 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 Report, 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 Report 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.

Responsibilities of Management and Those Charged with Governance for the Summary Combined Financial Report

Management is responsible for the preparation of the Summary Combined Financial Report 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 Combined Financial Report

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

KPMG

Sydney
20 May 2019

KPMG, an Australian partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.

Liability limited by a scheme approved under Professional Standards Legislation.

2018 Expenditure

MATERNAL, NEWBORN AND CHILD HEALTH

US\$1,117,178

Clinical Support at Kiwoko Hospital Uganda

- 81 local staff including 2 surgeons, 67 NICU, ANC and maternity nurses along with 12 cleaners
- 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
- 8 local hospital support staff including finance and HR staff, a lab technician and medical officers

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
- 24 staff, including HIV counsellors and registered nurses

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, tuberculosis and people living with disabilities
- CBHC programme support for safe motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services
- 18 staff within the CBHC programme including a CBHC programme manager, nurses, field workers, records assistants and a security guard

Early Intervention for High Risk Newborns

- Collaborative research study to help evaluate whether an intervention programme can improve the quality of life for babies at risk of disability

Programme support

- 8 staff including 4 programme management staff based internationally, 4 local staff and related local office costs
- Management of project planning, implementation, capacity building and coordination with partner organisation ensuring good governance and maximum impact
- Our global maternal, newborn and child health (MNCH) team works to collaborate with the clinical team at Kiwoko Hospital to plan and implement strategies to improve MNCH outcomes through regular and sustained capacity building
- 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

REMOTE COMMUNITY DEVELOPMENT

US\$872,121

Adara Kids

- Care and support of children who were previously trafficked (28 in our independent living programme either undertaking vocational training courses or completing Plus Two).
- Education, nutrition, health, post-school options, life skills and independent living training

Humla

Nutrition

- Advised farmers on greenhouse construction and repair, provided vegetable seeds and supplied solar driers to be used to dry food for winter
- Repaired 28 greenhouses
- Distributed seeds to 240 farmers

Training and health awareness programmes

- Regular training and awareness programmes on child malnutrition and infant and maternal mortality with women's groups. 405 people were trained in 2018.
- 190 people from five target villages were trained on hygiene, sanitation and waste management

Remote Education Projects

- Provision of learning materials for local schools
- 714 kids received scholarship support (stationery, notebooks, warm tracksuits, school bags and other necessities)
- Seven daily before and after school classes in six of our nine target villages, with more than 139 kids attending
- Salaries of 6 teachers and 2 school helpers

Tibetan Medical Practitioner

- Tibetan health practitioner, or 'Amchi', to travel through Humla providing medicines and healthcare to 984 people in Humla villages
- Scholarship for local Humli student studying traditional Himalayan and Tibetan medicine including college fees, monthly stipend and travel costs whilst accompanying the Amchi

Ghyangfedi

- Provision of school furniture and supplies
- Provision of education support including stationery, learning materials, school uniforms and girls education scholarships
- Midday meals provided daily to 360 students at the Shree Ghyangfedi School
- Health post medicine support
- Salaries of 4 teachers

Hands in Outreach

- 165 children are receiving continued support from Hands In Outreach Nepal for their education.
- Adara supported healthcare and dental care for 135 children in need

Himalayan Children's Society

- 13 local staff and related office costs
- 225 received student accommodation (school hostel) during the year
- 120 children receiving Adara scholarships (food support, uniforms, notebooks, textbooks)

Himalayan Medical Foundation

- 6 local staff and related office costs
- More than 11,000 men, women and children received treatment during the year
- Medicine and laboratory materials for 3 clinics – Benchin, Nagi and Pharping

The Himalayan Innovative Society

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

The Women's Foundation

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

Programme support

- 3 staff including a programme manager based internationally and 2 local staff including the Country Director, Finance Officer and related local office costs
- 22 local programme staff including the Programme Managers and support team across education, health, finance, logistics, agriculture, social welfare and local office costs in Nepal
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring all partners exercise good governance and maximum impact

INNOVATION, LEARNING & EVALUATION

US\$123,997

- 4 Staff including Senior Advisor Innovation and Best Practice, Monitoring and Evaluation Manager (Sydney), and Monitoring and Evaluation Officers in Uganda and Nepal
- Research support to Nepal and Uganda
- Monitoring and evaluation of all projects

CORE SUPPORT

US\$1,045,741

- Core support expenditure during 2018 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 the Adara businesses 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.
- 16 global support staff (plus 2 pro bono staff) including the COO, and finance, legal, partnerships and communications team members together with 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



We value your feedback

We welcome your feedback. You can provide feedback or lodge a complaint or compliment by contacting us at info@adaragroup.org or by contacting one of our offices listed at the front of this report.

Designed by Joshua Binns
www.joshuabinns.co

Printed by Bright Print Group
www.brightprintgroup.com.au



The Adara Group consists of trusts, charitable entities and companies.

Adara Development (Australia) is incorporated as a company limited by guarantee in Australia (ABN 78 131 310 355) and also has a licence to operate in Nepal as an international non-government organisation. It is registered as a charity in Australia, and Australian taxpayers can make Australian tax-deductible donations through Adara Development (Australia).

Adara Development (Bermuda) is a registered charitable trust in Bermuda (No. 508).

Adara Development (Uganda) is registered and incorporated as a foreign non-government organisation (foreign NGO, No. S5914/9780).

Adara Development (UK) is a registered charitable trust in the United Kingdom (No. 1098152). UK

taxpayers can make UK tax-deductible donations through Adara Development (UK).

Adara Development (USA) is a registered charity in 37 states and has 501(c)3 status to receive tax-deductible donations.

Adara Development (Nepal) is a registered non-government organisation in Nepal (OCR: 128879/071/072. Social Welfare Council: 40476).

Adara Advisors Pty Limited (ACN 119 655 499) is registered in Victoria, Australia, and operates under Australian Financial Services Licence 415611. Adara Advisors is a registered B Corp.

Adara Partners (Australia) Pty Limited (ACN 601 898 006) is registered in Victoria, Australia, and is an authorised representative of Adara Advisors Pty Limited. Adara Partners is a registered B Corp.



Entities in the Adara Group are not authorised to solicit funding from any jurisdictions other than those they are registered in. Please contact us if you require more information about which jurisdictions these are.

For more information, please see www.adaragroup.org and www.adarapartners.org.

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

Photographs © Adara Group, 2011–19, are courtesy of our amazing staff, supporters and volunteers, unless otherwise credited.

Adara Development (Australia) is a member of the Australian Council for International Development (ACFID), the peak Council for Australian not-for-profit aid and development organisations. We are a signatory to the ACFID Code of Conduct, which

is a voluntary, self-regulatory sector code of good practice. As a signatory we are committed to and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity.

Complaints relating to alleged breaches of the code can be lodged with the ACFID Code of Conduct Committee at code@acfid.asn.au. Information about how to make a complaint can be found at www.acfid.asn.au.

This report is printed on Precision, a PEFC-certified stock, made from elemental chlorine-free bleached pulp sourced from sustainably managed forests and non-controversial sources. It is manufactured by an ISO14001-certified mill using renewable energy sources.

