



# Respond. Rebuild. Reimagine.

Operations Report 2020

हामा बेली  
हामो हुजगत  
Our sister  
our presence





In 2018 Adara joined the UN Global Compact and committed to making its human rights, labour, environmental and anti-corruption principles part of our strategy.



# About the Adara Group

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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 worked in Nepal and Uganda since 1998.

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.

In 2020, we directly reached more than 70,000 people living in poverty and countless more through knowledge sharing.

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## Our Values



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

# Respond. Rebuild. Reimagine.

Three words that capture the Adara journey in 2020 – and the path that lies ahead. As with the rest of the world, at the start of 2020 we could never have imagined the turmoil, upheaval and heartbreak the year would bring. As we reflect on the last 12 months, we are proud that we remained standing, that we kept our teams safe, and that we delivered service to tens of thousands more people than we have before. Amidst chaos and uncertainty, we have seen the unwavering dedication of our teams, partners and supporters across the globe, and we are deeply grateful for that.

2020 was a year that exposed the devastating inequalities of our world, while at the same time showcasing the determination of countless people working to change that. We believe that every person has the right to quality health, education and other essential services, no matter where they live. Thanks to the generosity of our supporters – as well as the Adara businesses – in 2020 we were totally focused on doing our best work in the toughest times.

Within weeks of the COVID-19 pandemic hitting, we created an entirely new plan for the year and jumped into action – finding new and powerful ways to deliver service and share learnings with others, even in lockdowns and within the constraints that COVID created. We leveraged our expertise in maternal, newborn and child health, remote community development, and business for purpose to support communities living in poverty in some of the world's remotest places. We continued to build on our work in knowledge sharing, to amplify our impact and to ensure we touch as many lives as we can.

From pioneering radio education programmes during lockdowns, to sourcing personal protective equipment amidst global shortages, our teams showed us how nimble they can be and how quickly they can alter course when the situation changes.

As we write this report, the crisis is far from over. There is still much more work that needs to be done. We are seeing countries in the developing world – including Nepal and Uganda – facing a deadly second wave of the pandemic. This pandemic has shown us that we are all connected – and that the crisis will not be over for any of us until it is over for all of us. Adara is determined to reach out and help our neighbours in the developing world to face this terrible crisis.

Three frames are guiding our strategy as we embark on our 2021 journey: Respond. Rebuild. Reimagine. Our strategy will see us continue to respond to COVID-19, rebuild in areas where the pandemic created setbacks for the communities we work with, and reimagine our work to ensure we are match fit for the context we now find ourselves in. 2021 began with Madeline Vaughan taking the reins as the Chief Executive Officer of Adara Development globally. Maddy is leading Adara and our teams, taking our work to the next level, and ensuring that we touch many more lives in the years to come.

This report is written with our heartfelt gratitude to our teams around the world, our partners and supporters, and the incredible communities that we have the privilege to work with every day.

**Audette Exel and Madeline Vaughan**  
On behalf of Adara's Global Leadership Team, June 2021

# Global Leadership Team



**Audette Exel**  
Chair and CEO  
(stepped down as CEO  
31 December 2020)



**Daniel Kabugo**  
Uganda Country Director



**Heidi Nakamura**  
Global Health Director



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



**Madeline Vaughan**  
Chief Executive Officer  
(effective 1 January 2021)



**Melanie Champion**  
Chief Operating Officer



**Pralhad Dhakal**  
Nepal Country Director



**Susan Burns**  
General Counsel



# 2020 at a Glance

 **70,000+**  
people reached through service delivery and countless others through knowledge sharing

 **60**  
Adara staff directly employed

 **164**  
staff funded by Adara through our community partners


 **109**  
volunteers globally, including 100 community health workers

 **5**  
secondees from Deloitte, EY and MinterEllison

 **100%**  
of core support, administration and emergency project costs paid for by the Adara businesses

## Maternal, Newborn And Child Health Highlights

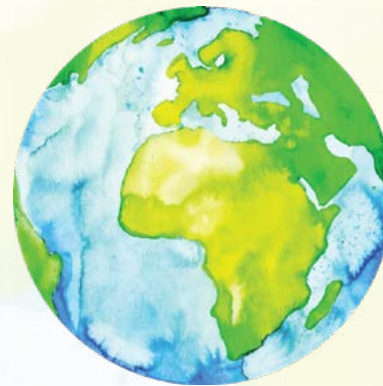
Working to reduce preventable maternal, newborn and child deaths, and supporting health workers and facilities in their response to COVID-19.

 Close to **300,000**  
units of personal protective equipment (PPE) provided to health workers at Kiwoko Hospital, Nakaseke Hospital and Adara staff in Uganda

 **396**  
frontline health workers supported with training and guidelines on COVID-19 signs, symptoms and prevention measures, as well as quarantine safety


 **1,189**  
newborns cared for in the Kiwoko Hospital neonatal intensive care unit (NICU)

 **782**  
high-risk babies discharged from the Kiwoko NICU into our Hospital to Home programme, where they received follow-up care from a team of 100 trained volunteers



 **99.9%**  
survival for women admitted to the Kiwoko Hospital maternity ward


 **403**  
newborns admitted to the Nakaseke Hospital special care baby unit - a 10% increase on 2019 numbers

 **2,900**  
people living with HIV/AIDS supported through counselling, health education, nutrition, and inpatient and outpatient hospital treatment


 **7,212**  
immunisations delivered to children


## Remote Community Development Highlights

Supporting people living in some of the world's remotest communities through quality health and education services, and ensuring continuity of essential services during the COVID-19 pandemic.


 Approximately **17,000**  
children reached through our distance radio education programme in Humla

 **1,698**  
children provided with home learning kits including textbooks and stationery

 **100%**  
of eligible students in 16 Adara-supported schools passed their Secondary Education Examination

 Approximately **13,000**  
cloths masks and units of PPE distributed to health workers, students and teachers of Adara-supported schools, and surrounding communities

 **39**  
COVID-19 training sessions with hundreds of attendees held for communities across Humla and Ghyangfedi

 **6,650**  
appointments held for patients at four Adara-supported health posts in Humla - a 34% increase on 2019 numbers

 **452**  
people across 9 villages in Humla received greenhouse and nutrition training, equipping them with the skills to sustain themselves through periods of food insecurity

 **190**  
families provided with emergency relief and two months of essential supplies after being displaced by landslides



# Business for purpose

## Celebrating five years of Adara Partners and 22 years of business for purpose

June 2020 marked another milestone for Adara – the 5-year anniversary of our second for-purpose business, Adara Partners ([www.adarapartners.org](http://www.adarapartners.org)). And what an impactful and busy five years they have been.

Adara Partners is a boutique corporate advisory firm, providing advice to leading Australia companies. Our advisory services are provided by a Panel of 15 of the most well-known advisors in Australia, working in pairs. Panel Members work for Adara without recompense to support our work with people living in extreme poverty. Their advice, working together, is not otherwise available in the Australian financial services markets.

Adara Partners is a truly collaborative venture that is powerful and important to the financial services industry and to our world more broadly. It is a wide-ranging collaboration across the sector and is a complement to much of the philanthropic work done by the great banks and bankers. It is a unique model that has applicability to many major markets. Panel Members work in pairs across their competitive boundaries in a way that represents the best of our industry.

Adara Panel Members, its clients, its strategic partners, its expert volunteers and its supporters represent some of the biggest and best of Australian business life. As at the end of December 2020, Adara Partners has generated nearly \$11 million in fees to support Adara's international development work. The firm has been widely embraced in corporate Australia.

Adara Partners builds on 15 years of learnings from Adara Advisors, our first for-purpose corporate advice business. After seeing the growth and success of that business, Adara's founder Audette Exel AO, envisioned a new model that would widen our service offering to clients and increase the power of our business for purpose model. And so Adara Partners was born.

Adara Partners acts as a trusted advisor to boards, senior management and significant shareholders of public companies. Adara provides:

- Independent advice
- Second opinions
- Complex commercial problem solving
- Capital raising advice

The impact and importance of Adara Partners was especially significant in 2020 due to COVID-19 and the related economic crisis. During this time of huge upheaval, we were grateful to be able to rely on the financial support of Adara Partners as our incredible Panel went to work advising some of Australia's most important companies during the year.

We believe our innovative business for purpose model has wider applicability. Our vision is that Adara Partners will generate millions of dollars each year to support our work with people in need, while also showcasing a model that will be replicated in all the world's greatest financial services centres.

## The Adara Partners Panel



Ilana  
Atlas AO



Catherine  
Brenner



Andrew  
Best



Tim  
Burroughs



Guy  
Fowler



David  
Friedlander



Graham  
Goldsmith AO



David  
Gonski AC



Matthew  
Grounds AM



Christian  
Johnston



Diccon  
Loxton



Tony  
Osmond



Mike  
Roche



Cynthia  
Scott



Philippa  
Stone



# The Adara Group businesses at a glance

US\$12.8m  
(A\$16.3m)

donated to support Adara Development between 1998 and 2020



US\$479,388  
(A\$694,340)

donated in 2020

## Adara Partners in action: deals in 2020

Adara Partners was engaged by a number of key clients in 2020, including:

**SYD**  
Sydney's Airport

Sydney Airport

Advice on \$2b capital raising

**ADARA**  
PARTNERS



Commonwealth Bank of Australia

Commercial advice

**ADARA**  
PARTNERS

**paulramsay**  
FOUNDATION  
PARTNERSHIPS FOR POTENTIAL

Paul Ramsay Foundation

Commercial advice

**ADARA**  
PARTNERS

# Strategic partners and supporters

*Working with Adara has been one of the most rewarding things that I have done in my professional career. Adara's combination of business and purpose is really unique and is something that I hope more and more social enterprises adopt. Adara works for the good of others and I've never worked with more motivated people.*

**Lauren Topper**  
MinterEllison

Adara Partners is proudly supported by a number of market-leading firms. Our ambassador programme brings high performing individuals from Deloitte, EY and MinterEllison on a secondment basis

to Adara Partners for 6-12 months. Through our pledge 1% partnership with Ansarada, we utilise their market-leading virtual data rooms and management information platform.

**ansarada** Barrenjoey<sup>o</sup> **Deloitte.** **EY** MinterEllison







**Maternal,  
Newborn and  
Child Health**



# The Global Context

The COVID-19 pandemic is no doubt affecting all people across the globe, but the fallout will prove most devastating for communities living in low-resource settings who are too often left behind.

We believe in a world where every woman gives birth safely, every newborn receives the right care at the right time, and every child survives and thrives. As the COVID-19 pandemic threatens to reverse hard-won gains in maternal, newborn and child health (MNCH), our work to build this world is critical.

To bring our vision to life, our 2020 work in MNCH focused on ensuring continuity in quality MNCH services, preventing the spread of COVID-19, supporting health facilities in their response to COVID-19, protecting health workers and undertaking public health campaigns.

90%

of countries have reported disruptions to essential health services due to COVID-19, with low- and middle-income countries the hardest hit

70%

reported disruptions to routine immunisation outreach services

68%

reported disruptions to family planning

61%

reported disruptions to facility-based services

53%

reported disruptions in antenatal care

80m

children could be at risk of diseases such as diphtheria, measles and polio due to disruptions in routine vaccinations

2x

projected increase in deaths from HIV, tuberculosis and malaria if health treatment and prevention services remain interrupted during 2021.



It is vital that organisations, governments and communities redouble their efforts to ensure no woman or child is left behind because of the pandemic. We are committed to advancing progress towards the United Nations Sustainable Development Goals (SDGs) to do this. In our MNCH work, we strive to help achieve targets for SDG3: ensuring good health and promoting wellbeing.



# Meet Grace and Gift

We're on a mission to ensure every newborn survives and thrives.

Grace Mbabazi was only seven months pregnant when she went into labour. It was night and she was at home with her husband Peter. The couple, knowing it was safest to give birth at a facility, began preparing to go to a nearby health centre.

As the intensity of Grace's labour increased, she knew it was too late to reach the health centre. Before she could make it to the facility and as she was outside trying to find transport, Grace welcomed a baby girl into the world. She was tiny. Grace was overcome by fear. Was it safe to give birth so suddenly? Why was her baby so small? Would she survive?

Grace knew she needed help – and quickly. After finding a motorbike, Grace wrapped her little girl in blankets and clothes before she and Peter headed for the facility. When they arrived at the health centre, Grace looked down to find the bundle in her arms was empty. On the bumpy Ugandan roads, her baby had fallen from her arms.

"We have dropped the baby!" Grace cried to her husband.

Peter replied that he heard something as they approached the health centre's entrance.

Grace hurried, searching for the baby. She found her cold but alive, in the grass by the entrance. Grace rushed her to a midwife, who immediately referred her to the Kiwoko Hospital neonatal intensive care unit (NICU).

There, staff examined the baby before placing her in an incubator to keep her warm. She spent three weeks in the NICU, growing bigger and stronger under the watchful eyes of Kiwoko's expert staff. In the meantime, Grace had the opportunity to receive training from the unit's nurses

on what to expect on taking her newborn home.

As Grace watched her baby grow, she marvelled at her resilience and strength. The perfect name for this strong little girl came to her: Gift.

Gift was discharged from the NICU at three weeks of age. But the support she and her mother received from Kiwoko and Adara didn't stop there. Because Gift was part of Adara's Hospital to Home (H2H) programme, she was assigned an H2H community health worker. This dedicated volunteer community health worker will visit Gift until she is six months old, to monitor her growth and development and to ensure she is thriving. The community health worker also ensures Grace has all the information she needs to support Gift at home.

"All mothers should be taught how to handle babies," Grace says now, reflecting on the birth of Gift many months before. "Because I did not wrap her well, my baby almost died."

Grace says she is grateful for the care Gift received in the Kiwoko NICU and praises the support of her H2H community health worker. She knows that big things lie ahead for her little one, who has truly proven to be a miracle and a gift to her entire family.



# Our Approach: AdaraNewborn

At Adara, we are committed to supporting women, newborns and children at health facilities, in the community and at home. Over the past 23 years, we have undertaken much of this work in partnership with Kiwoko Hospital, a 200-plus bed hospital in the Nakaseke district of Central Uganda. In the years to come, we have ambitious plans to expand this work to additional facilities across Uganda to save more newborn lives.

We do this by:

## Building maternal and newborn health expertise

- Upskilling and encouraging health workers, with a focus on mastering the basics of newborn care and enhancing care for high-risk pregnancies and childbirth.
- Developing and implementing an in-service nursing training curriculum on the care of sick or small newborns.
- Didactic hands-on training with both physicians and nurses.
- Ongoing clinical mentorship from newborn health experts.
- Developing protocols and guidelines to standardise care in the NICU.

## Strengthening facilities for quality care

- Ensuring availability of adequate numbers of trained staff, infrastructure, equipment, medication and supplies.
- Enhancing procurement processes for equipment and supplies.
- Developing hospital biomedical support for equipment maintenance and repair.
- Developing systems, including for referral.
- Supporting facilities to implement inpatient newborn care.

## Using data to improve outcomes

- Implementing newborn data-management systems and feedback loops.
- Creating benchmarking processes to monitor progress.
- Establishing a culture of quality improvement.
- Sharing knowledge to build newborn health expertise more broadly.

## Bridging community with facility

- Taking services to hard-to-reach communities.
- Establishing and supporting outreach clinics offering antenatal care, postnatal care, family planning and immunisation services.
- Training community health workers to conduct home follow-up of high-risk infants to ensure they survive and thrive.

## Engaging stakeholders

- Connecting and collaborating with partners, including government, health facilities and civil society organisations.
- Engaging communities.
- Implementing family-centred care by ensuring families are included in the care, planning and decision making for their infant.
- Changing attitudes among health workers and the community regarding the survivability of small and sick newborns.

# Leveraging our expertise in maternal, newborn and child health to respond to COVID-19



We are leveraging our holistic maternal, newborn and child health experience to not only overcome the effects of the virus but also build capacity in the systems and staff that sit at the heart of an effective response.

A strong, resilient and fair health system is the most valuable defence against COVID-19.

Our COVID-19 response in 2020 centred on four pillars:



## Protecting health workers

Close to

**300,000**

units of personal protective equipment (PPE) provided to health workers at Kiwoko Hospital, Nakaseke Hospital and Adara staff in Uganda.

**396**

frontline health workers provided with training on COVID-19 signs, symptoms and prevention measures, as well as quarantine safety guidelines.

**200**

community health workers provided with PPE, sanitiser and soap.



## Maintaining quality maternal, newborn and child health services

Redesigned community outreach programmes to ensure women and children continued to have access to antenatal and postnatal care, and family planning and immunisation services.

Maintained and adapted our Hospital to Home programme so vulnerable newborns continued to receive support after discharge from the Kiwoko Hospital NICU. In 2020, 94% of eligible babies discharged from the NICU received at least one follow-up visit from a community health worker, despite the pandemic.

**1,189**

babies admitted to the NICU in 2020.

**3,436**

women received care in the maternity ward in 2020, and 2,429 babies were born in the unit.



## Supporting facilities to respond to COVID-19

**14**

sets of guidelines provided to Kiwoko Hospital and Nakaseke Hospital in maternity and neonatal units on care during COVID-19.

Provided regular COVID-19-specific research findings to hospital leadership and staff.

Helped create safe spaces at Kiwoko Hospital for COVID-19 treatment and prevention, including accommodation sites and a respiratory unit.

**3,500**

masks distributed to families with newborns in the NICU and families in our Hospital to Home programme.



## Undertaking public health campaigns

**1,182**

text messages sent to community health workers on COVID-19 signs, symptoms and prevention measures.

**200**

community health workers as well as relevant District Health Officers provided with local language training materials, to equip them with the knowledge to educate their communities.

*"We heard today COVID-19 is now being reported in the Democratic Republic of Congo and in Kenya, so we worry it will come to Uganda next. Many people in the community are saying: 'We are all going to die.' But most of us are saying: 'Maybe we will get sick, but first we will work. We will serve others as long as we can.'"*

**Daniel Kabugo**



Adara Uganda Country Director in March 2020



## Securing personal protective equipment to keep health workers safe

***“I was worried about our teams when we first saw COVID start to emerge. How would we be able to keep them safe? When we started to get PPE, I began to feel hope. We could keep working, we would be safe, and we could continue to serve the community.”***

**Sister Cornety Nakiganda**  
Community Midwife

From the moment we saw COVID-19 begin to impact our work, we knew that keeping our teams and partners

safe would be our number one priority. Therefore, securing quality PPE became central to our COVID-19 response plan. Yet just when we needed it most, it seemed harder than ever to source due to shortages in global supply chains.

Luckily, thanks to the generosity of some Adara supporters – including Peter Osborne, Michelle Garnaut, Zitra International, Anhui Ryzur Medical Equipment Manufacturing and the Center for Disaster Philanthropy – we were able to hand over hundreds of thousands of units of PPE to Kiwoko Hospital, Nakaseke Hospital and the Adara Uganda team throughout 2020. This PPE has now been put to good use, protecting frontline health workers exactly when they need it most, allowing them to continue to provide essential care.



## Ensuring continuity in maternal care

**As the COVID-19 pandemic raged across the globe, women at Kiwoko Hospital continued to welcome new life into the world. Childbirth does not stop in a crisis; nor do we.**

Throughout 2020, we continued to work with Kiwoko Hospital to support the hospital's comprehensive maternal health programme. We did this by establishing guidelines and protocols on everything from general maternal care during the pandemic to lactation and breastfeeding for mothers with known or suspected COVID-19.

The advent of COVID-19 has resulted in fears about the decrease in women seeking facility-based care to give birth. Experts believe that, indirectly, COVID-19 will cause more deaths among women than men. This is mainly because the pandemic has disrupted healthcare before, during and immediately after childbirth.

While there were 3,436 admissions to the maternity ward in 2020, this represents a 14% decrease on 2019 numbers. We believe this decrease reflects COVID-19 lockdowns in Uganda, which created huge hurdles in accessing care. In the early stages of lockdown, people were required to obtain a letter from the District Health Office in order to go to hospital, which was

often impossible. Even if they did manage to get a letter, many people then struggled to find transport. Public transport was suspended in late March and only resumed at partial capacity from June. The most common transport – motorcycles – did not resume until the end of July. While we saw increased admissions after the transportation lockdown eased, the long-term effects of the pandemic will continue to be felt by women.

To address these worrying trends, dispel myths and provide expert advice, we have rolled out a weekly radio programme in 2021 that reaches ten districts. The programme runs for one hour a week and covers a range of topics across maternal, newborn and child health. Through this programme, we are inviting experts from hospital departments – including antenatal, maternity, community based health care and NICU – to give advice and answer questions. We hope this programme will, among other things, provide women with information about the importance of antenatal care and giving birth at a facility.



## Ensuring continuity in newborn care

An enormous part of our COVID-19 response has centred on maintaining the vital care we support and provide every day – including to the tiniest newborns in the Kiwoko Hospital NICU.

Over many years, we have worked with Kiwoko Hospital to develop a NICU that is now recognised as a centre of excellence by the Ugandan Ministry of Health. Together, Adara and Kiwoko opened a small unit in 2000. Over time, the unit has grown to address increasing demand. In developing the unit, we have had a laser focus on providing care to at-risk babies; designing and delivering nurse and midwife training; and equipping and resourcing Kiwoko Hospital to ensure quality care in the NICU.

We are determined to maintain the high standards of care in the NICU during the pandemic. We did this in 2020 by:



Providing staff with COVID-19 guidelines on topics including proper use of PPE; cleaning and disinfecting guidelines; and education materials for NICU mothers on how to protect themselves and their babies from infection.



Cross-training staff from different departments, equipping them with the specialised skills to work in the NICU and providing valuable coverage if staff were to be affected by COVID-19.



Sourcing cloth masks from local seamstresses for parents visiting their newborns in the unit.



Developing a new accommodation site for NICU mothers with adequate ventilation and adherence to social distancing guidelines.

## Crunching the numbers: the Kiwoko NICU in 2020

The pandemic threatens to reverse decades of progress toward eliminating preventable child deaths. An additional 2 million under-five deaths could occur in just 12 months due to reductions in health service coverage and an increase in child wasting. These figures highlight that there is an urgent need for facilities, organisations and governments worldwide to redouble their efforts to accelerate progress in newborn health.

Consequences of the pandemic have touched us all, including the tiniest babies in the Kiwoko NICU. We are proud of the Kiwoko NICU's impact in 2020, though it has not been completely immune to the effects of COVID-19.

These numbers can be attributed to a range of factors, some COVID-19-related and some not. Lockdowns in Uganda made finding transportation extremely difficult. Mothers were coming to hospital for delivery much later, which led to delivery complications and a lower chance of infant survival. And while there were fewer admissions in 2020, the unit census has been through the roof – with 50 or more babies often in the 36-bed unit at one time. As the word is out about the quality of care at Kiwoko, younger and smaller babies are being admitted to the unit. These babies require more staff time, often stay longer and sadly have lower chances of survival.

In 2020, we are addressing these challenges by educating the community about the importance of giving birth at a facility and ensuring they know when to bring their newborn to hospital. We are also considering how best to address the growing census in the NICU, including the need for additional staffing, assessing the need for expansion of the current unit, and continuing to increase newborn care capacity at facilities surrounding Kiwoko Hospital.

In 2020

**1,189**

newborns were admitted  
to the unit – a 9.8%  
decrease from 2019

**85%**

survival in the unit – a  
slight decrease from  
89% in 2019



# 20 years of the Kiwoko NICU: Checking in with Martin, Marvin and Mildred

We believe in creating lasting change, one life at a time.

The year 2020 marked 20 years since we joined hands with Kiwoko Hospital to celebrate a huge milestone: the opening of the hospital's first NICU. Today the NICU is a leading unit in Uganda as well as an inspiration for others working in newborn health in low-resource settings globally.

Over the NICU's impressive 20-year history, thousands of babies have graduated from the unit. These babies have developed into gorgeous children, then teenagers, before eventually reaching adulthood. Each child has their own story. But for Kiwoko and Adara, there is one story they will always remember. It is that of Marvin, Martin and Mildred Odongo, the first set of triplets ever admitted to the Kiwoko NICU.

These legendary triplets were born in June 2004 and were admitted to the NICU under the care of Sr Christine Otai, head of the unit at the time. The triplets were small, ranging from 1.5kg to 1.8kg. Like many premature babies, they had difficulty breathing. Under the care of Kiwoko's skilled and dedicated nurses, the triplets improved quickly. Within 24 hours they were breathing on their own.

But Adara and Kiwoko's journey with this family didn't end when the triplets were discharged from the NICU. When a new NICU opened in 2010, Martin, Marvin and Mildred were at the opening ceremony with their parents, dressed in their best clothes with big smiles on their faces. When

the triplets were 12, the Adara team was there to celebrate with them, looking over photos and sharing memories. Now at 16, their story is still embedded in the NICU's fabric.

"I remember they were so very tiny," says Sr Christine, reflecting on the triplets' birth all those years ago. "But they have grown up because of the good care we provided."

To celebrate this 20-year anniversary, we launched a magazine to show the remarkable impact this NICU is having on families and communities across Uganda and beyond.

[Read the magazine here.](#)





# Hospital to Home



## Hospital to Home Programme Overview

...Hospital to Home (H2H) has created a very big difference because before, parents who delivered the high-risk infants thought that they will not survive, and they used to neglect them. But because there is a system that follows up these babies, people also feel good with this programme. This has saved the babies' lives; they are in good health and we feel proud of them.

### A community health worker

It has been a dream of Adara and Kiwoko for many years to provide newborns and their families with support after they leave the NICU. More newborns in low-resource settings are surviving due to increased access to advanced newborn care services. Yet there is also a rise in the number of babies at risk of complications after discharge from the hospital.

When these high-risk infants leave hospital, there is often very little support for them. H2H addresses this gap. The programme is designed to strengthen the care provided to newborns in a newborn unit, through comprehensive education programmes and promotion of care that encourages good brain development. It also provides vigilant, at-home follow-up support to families through a network of volunteer community health workers (CHWs). The ultimate goal is to help vulnerable newborns survive and thrive.

With funding from Saving Brains Grand Challenges Canada, we piloted this programme from March 2019 to December 2020. The goal was to evaluate whether the programme was feasible, gauge how it was received by the community and

NICU staff, and gather early evidence on its impact. The research component of the programme finished in December. We have found the programme to be feasible and accepted by both the community and NICU staff. It also shows early indication of improved health outcomes.

We plan to release several research papers on the programme throughout 2021. Our first, a study protocol paper outlining the programme's design, was recently published in BMJ Open. It is available [here](#). We believe our preliminary findings warrant additional study to examine the impact on health outcomes.



### Hospital Component

**Goal:** Promote NICU care that encourages growth and good brain development, and equips families with the knowledge and skills to successfully care for their infant at home.



#### H2H team

- Discharge Co-ordinator
- Neonatal Therapist
- NICU staff
- Family members



#### NICU interventions

- Neurodevelopmental care
- Cue-based feeding
- Family-centred care
- Comprehensive family education



#### Family education programme

- Prevention of infection in the NICU and at home
- Parenting in the NICU
- Lactation/breastfeeding
- Kangaroo mother care
- Developmental care in the NICU
- Bathing/skin care/cord care
- Immunisation
- Danger signs
- Feeding progression at home
- Family planning
- Mother's nutrition
- Safe sleep
- Safety at home
- Newborn development



### Home Component

**Goal:** Provide families of high-risk infants with ongoing follow-up care and support at home for six months after NICU discharge, to help their infants thrive.



#### H2H team

- Volunteer community health workers (CHWs)
- Chief volunteer CHWs
- Community Midwife
- Family members



#### CHW Infant Assessment

- Weight and growth monitoring
- Breathing difficulties
- Temperature
- Feeding assessment and breastfeeding support
- Home environment
- Education needs
- Refer to health facility, if necessary



## In his own words...

*"The first most important thing is that it [H2H] has saved people's life. Because the truth is that the babies used to die. I have one which we buried at my home which was for my sister. She delivered that baby and in three days the baby developed jaundice and died.*

*But by that time, I did not know that that was jaundice. The baby died at the hospital, but there was no intensive care. But if I was knowledgeable as I am now, the baby would have not died. So we have seen babies survive and grow.*

*Like babies we reach when they are 1kg, we can discharge them [from H2H] when they are like 9kg at six months."*

H2H Chief CHW

Since we started the programme



1,395

babies have been discharged into the H2H programme



96%

have received at least one visit from a CHW, and



98%

have survived.



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.

## Innovation to help babies breathe: PATH Bubble CPAP Project

The PATH bubble continuous positive airway pressure (bCPAP) kit with blenders has been developed to provide safe and affordable treatment for respiratory distress syndrome (RDS). This is commonly experienced by babies born before 34 weeks' gestation. In high-income countries, elaborate machines and treatments are available to ensure babies suffering from RDS get the support they need to breathe and survive. But for babies in low-resource settings, RDS is often a death sentence. This is because most facilities do not have the necessary equipment, training or power supply to provide such treatment.

For many years, Adara has worked in collaboration with PATH, University of Washington, Seattle Children's Hospital and Kiwoko Hospital to develop an inexpensive bCPAP kit that can be operated without a power source. It includes the use of fixed-rate blenders that blend room air with an oxygen source. This allows staff to administer safer, more appropriate levels of oxygen to newborns when needed. The proportion of oxygen and room air is critical – too little oxygen and there is not enough oxygen in the cells and tissues of the body; too much oxygen can be toxic, resulting in blindness, lung and brain damage. The PATH bCPAP kit with blenders will help tiny babies breathe. It could save tens of thousands of lives in low-resource settings every year.

Adara and our partners will conduct a research study into the device's ease of use and acceptability at Kiwoko Hospital in 2021. After testing, we will work with our partners to try to make this low-cost device available to newborn facilities across the developing world.



*The PATH Safe bCPAP kit will incorporate some key elements of the current set up at Kiwoko, pictured here, but will include two innovative blenders enabling facilities that cannot access air compressors to deliver safer amounts of oxygen to infants.*

*This project is funded through a subaward from PATH. The project is made possible through the generous support of the Saving Lives at Birth partners: the United States Agency for International Development (USAID), the Norwegian Agency for Development Cooperation (Norad), the Bill & Melinda Gates Foundation, Grand Challenges Canada, the U.K. Department for International Development (DFID), and the Korea International Cooperation Agency (KOICA). This information was prepared by Adara and does not necessarily reflect the views of the Saving Lives at Birth partners.*

# Building newborn health expertise at Nakaseke Hospital

To test our holistic model for establishing newborn units in low-resource settings, we have been piloting a newborn training programme with Nakaseke Hospital over the past three years. We have assisted Nakaseke in developing a small special care baby unit (SCBU). This is designed for babies who are not critically ill but need more care than healthy newborns. We have advised on the infrastructure, equipment, supplies and staffing necessary for a successful unit, and provided ongoing training and mentorship to staff.

## About Nakaseke Hospital

17KM

from Kiwoko Hospital

Serves more than

1.7M PEOPLE

2,970

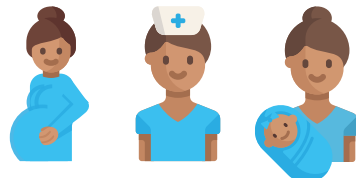
babies born in the Nakaseke maternity ward in 2020

Throughout 2020, we worked with Nakaseke to ensure ongoing quality of care in the SCBU. We did this by:

- providing COVID-19-specific protocols and guidelines
- travelling to Nakaseke to provide training to staff from maternity, SCBU, labour, theatre and postnatal wards, and hospital administration. The training focused on best-practice care for women and newborns during COVID-19, as well as COVID-19 prevention measures

- delivering regular COVID-19 follow-up training
- providing Nakaseke with appropriate supplies for infection control, including soap and sanitiser, as well as personal protective equipment
- delivering ongoing mentoring in newborn care.

The project so far has proven to be a success. In 2021, we plan to build on this work by collaborating with the hospital to further upgrade maternity and newborn services. You can read more about our plans on page 19.



Despite COVID-19, the unit recorded the greatest number of admissions in 2020 since its opening

## Meet Anita

“Being a nurse is a dream come true,” says Anita Nabulya. “As I grew up, I always hoped and had a dream of taking care of patients. I could see how these patients suffer and how they could come to the hospital totally sick. And at the end of the hospitalisation they are much better.”

Anita is 25 years old and is delighted to be working as a nurse in the SCBU, caring for newborns.

“I prayed to become a nurse so that I could put smiles on the faces of those who seem hopeless,” she says.

It was here in the Nakaseke SCBU that Anita first met Sarah and her new baby, Jane. Sadly, Jane suffered from birth asphyxia, which occurs when a baby doesn't receive enough oxygen before, during or just after birth. Staff also believed that Jane had a congenital anomaly that likely required surgery.

“When I called in the doctor to review the baby, he decided that the baby should be referred to Mulago Hospital,” Anita says. Mulago is the largest hospital in Uganda.

While a Level 1 SCBU like Nakaseke may not be equipped to care for very sick newborns like Jane, it does have the processes in place to ensure a baby is stabilised and receives the care they need until referred to another facility.

Anita worked to stabilise Jane and called ahead to Mulago to let them know of the referral. Anita then accompanied Jane and Sarah to the hospital by ambulance, before handing them over to a nurse there. Anita told the nurse at Mulago that she was worried about baby Jane. So the nurse kindly gave Anita her phone number so she could check in.

A month later, Anita called the nurse from Mulago to find out how Jane was doing.

“They were so happy to receive my call and told me that the baby got better and they were out of hospital,” Anita says. “I was happy to receive the good news that the baby was fine.”





# Supporting people living with HIV/AIDS

COVID-19-related service disruptions threaten to reverse the decades-long progress made for children and pregnant women in the fight against HIV/AIDS. We are committed, through our partnership with Kiwoko Hospital, to doing our part to support people living with HIV/AIDS.

Through counselling, health education, medication, nutrition, and inpatient and outpatient hospital treatment, we have helped thousands of people, including many children living with HIV/AIDS. Our partnership with Kiwoko also supports the education of orphans and vulnerable children, giving them the opportunity to attend school without stigma or fear of unpaid school fees. Adara's support also provides more than 2,000 people with critical nutrition support.

To support Kiwoko's 2,900 clients living with HIV during COVID-19, we also worked with the HIV department to make cloth masks for every client. We provided employment to one of the department's clients to make the masks.

# The Road Ahead

## Scaling our AdaraNewborn model

Our work is on the cusp of significant scale. In addition to continuing our current work with women and at-risk newborns, we have ambitious plans to expand the high-impact maternal and newborn care model that we have pioneered at Kiwoko Hospital to other Ugandan facilities. We call this model 'AdaraNewborn.' To save many more lives, we will use our AdaraNewborn model to increase newborn care capacity in selected Ugandan facilities, in partnership with the Ministry of Health and National Newborn Steering Committee. As we scale, we will work together in those facilities to establish dedicated newborn units and to upgrade maternity and community services where needed. We will provide regular staff training and mentoring from a strong team of Ugandan specialists. We also plan to establish an open-access, online knowledge-sharing platform. This will facilitate best practices among partners and encourage further replication of the model to other low-resource settings.

In 2021, we plan to establish Nakaseke Hospital as our first AdaraNewborn site. Since we started working with Nakaseke Hospital in late 2017 to introduce a special care baby unit (SCBU), the hospital has made big strides in improving newborn care capacity. The SCBU is now functioning well and providing basic and intermediate-level care. Survival in the unit was 96.5% in 2020. As such, we believe the time is right to upgrade the nursery to a 14-bed 'Level 2' unit providing more advanced care. Working with Nakaseke, we will refurbish an existing building to create a larger unit, ensure extra staff are assigned to the unit, provide the necessary equipment, and roll out more advanced training to all staff. We also aim to strengthen the quality of care across antenatal, maternity and family planning.

## Adara Youth Community Centre

COVID-19 has increased the challenges young people and children face. Since COVID-19 lockdowns and the resulting closure of schools, there has been a growing pattern of abuse and domestic violence targeting children at home. There are also reports of an increase in child marriage and teen pregnancy. It has long been a dream of ours to address economic and social impacts on health and wellbeing. So in 2021, we will work to address these worrying patterns by opening an Adara Youth Community Centre.

The centre will provide support to at-risk adolescents through:

- HIV/AIDS/STD counselling, screening and testing

- sexual and reproductive health education
- menstrual health education
- sensitisation on children's rights
- family planning
- connecting pregnant teenagers with Kiwoko Hospital's antenatal programme.

The centre will open two to three days a week, with an on-site social worker as well as volunteers. We hope this programme will provide children and youth with the support they need to lead happy and healthy lives.





# Remote Community Development



# The Global Context

People living in isolated areas across the globe already struggle to access health and education services. Now the COVID-19 pandemic is exacerbating these existing challenges.

We believe in a world where every child goes to school, every person has access to quality health services, and all people living in remote communities have the essential services they need to lead happy and healthy lives. As the COVID-19 pandemic disrupts access to health and education services, our work to create this world is essential.

To bring this vision to life, our 2020 remote community development work focused on mitigating and preventing the spread of COVID-19; protecting health workers; and ensuring continued access to essential services for communities in need, including health, education, nutrition, and psychosocial support.

214

million students from pre-primary to upper secondary education in the 23 most affected countries have missed at least three-quarters of classroom instruction time since March 2020

In Nepal, schools were partially or fully closed for 197 out of 203 school days.

119-124

million people are estimated to have been pushed into extreme poverty in 2020

10

million more girls will be at risk of child marriage over the next decade as a result of the pandemic

6.7

million additional children under five could suffer from wasting during the first year of the pandemic



It is critical that organisations, governments and communities redouble their efforts to ensure no woman or child is left behind because of the pandemic.



We are committed to advancing progress towards the United Nations Sustainable Development Goals (SDGs), even in the face of the pandemic. In our remote community development work, we are specifically dedicated to reaching the targets for SDG3 and SDG4: ensuring good health and promoting wellbeing, and quality education.



## Meet Sarita

We're on a mission to ensure every child has access to a quality education.

When schools across the globe closed their doors in early 2020 due to COVID-19, 15-year-old Sarita Lama had never heard of the words 'quarantine' or 'lockdown'. Little did she know that in just a few short weeks those words would become a regular part of her vocabulary.

"We were just at the start of our new school year and then suddenly all schools were closed due to the COVID-19 pandemic," says Sarita, who is in Grade 10. "Except some local teachers, all teachers from outside went back to their own homes. Now the school has been closed for a very long time."

Sarita lives in remote Humla in Nepal, in the village of Chauganfaya. With few options for distance learning, she began spending her days helping her parents with household chores and looking after her younger siblings.

In between helping her family around the home, Sarita would regularly tune into her radio to hear updates on COVID-19 in Nepal. As she listened to the growing case numbers, she worried if she would ever be able to return to school. And she feared she was slipping behind.

"I used to do self-study when I was free. It was easy to learn some of the subjects like health, but it was difficult to understand subjects like math, English and science without a teacher's help. So I was worried about my study."

When Adara launched a distance learning programme over FM radio in May, Sarita was thrilled.

"This radio class was for Grade 10, with four subjects being taught by the teachers via radio. With this news, I was very happy and so was my father, because we have radio in our home."

This programme ensured that thousands of students like Sarita were able to continue learning, even while unable to attend school physically.

"Thank you for managing this radio class in this remote area where no other alternatives for education were possible," Sarita says.



# Leveraging our expertise in remote community development to respond to COVID-19

 When our remote community development team began work on our 2020 COVID-19 strategy, they drew on Adara's extensive experience working with remote communities to deliver essential services. They leveraged this expertise to develop strategies for preventing the spread

of the virus, and ensured continued delivery of essential health, education and nutrition services to communities in need.

In doing this, they emerged with a remote community development COVID-19 response plan that centred on three pillars:

*We are living in the COVID-19 era and it has changed everything about life as we know it. When COVID started to hit our work and we rewrote our strategy for the year, the same things remained at the centre as always: ensuring the communities we work with have access to quality health and education services. Our activities may have changed but our focus never did.*

**Pralhad Dhakal**

Adara Nepal Country Director



## Mitigating and preventing the spread of COVID-19

**12**

hand-hygiene stations built in Adara-supported communities.

**7,711**

soaps, gloves, sanitisers, thermometers, safe delivery kits, KN95 masks and aprons distributed in Adara-supported communities.

**39**

COVID-19 training sessions held for communities across Humla and Ghyangfedi.

**6,400**

cloth masks distributed to students of Adara-supported schools and surrounding communities.

Local language messages on COVID-19 prevention and response communicated through FM radios, display boards, posters, pamphlets and videos in communities across Humla and Ghyangfedi.



## Protecting health workers

**230**

units of PPE distributed to health workers.

This included:

- Masks
- Goggles
- Gloves
- Hand sanitiser
- Footwear

Guidelines provided to health workers on safe PPE use, isolating at home and pulse oximetry.



## Ensuring continued access to essential services for communities in need

More than **17,000**

children reached in Humla through our FM radio education programme.

**1,698**

children received home learning kits.

**452**

families provided with agriculture and greenhouse training to combat COVID-19 food insecurity.

**195**

households provided with food relief.

**6,650**

consultations held at the four Adara-supported health posts in Humla.

Essential medical equipment such as oxygen concentrators, nebulisation machines and surgical equipment provided to Humla district hospital to manage a COVID-19 isolation centre.

# Implementing distance education programmes during COVID-19

Every child deserves access to a quality education, no matter where they live. This belief was vital in 2020 when schools from one side of the globe to the other closed due to widespread lockdowns. While many students in high-resource settings were able to continue learning via online classes, children living in remote locations had few options for distance learning.

Through more than 23 years of work with communities living in some of the world's most isolated communities, we have deep expertise in remote education. Throughout Nepal we partner with 16 schools on school improvement initiatives, community engagement events, extra-curricular activities and vocational education. We also have a passion for developing model schools. These include Yalbang School in Humla, which was named the fifth best school in the country in 2017, and the Shree Ghyangfedi School we rebuilt after the 2015 earthquake.

In 2020, our expertise was put to the test as we faced a totally new challenge: what would we do when children couldn't physically attend school? These were our solutions:

## Radio education

We worked with two local radio stations in Humla to launch an FM radio distance-education project aligned with the national curriculum. We were the first organisation in the region to start this kind of programme. The project offered students four hours of free classes a day, six days a week. Every Saturday, we aired non-curricular subjects such as COVID-19 or anti-trafficking. The radio programme was interactive – students could call with questions or to participate in the Saturday quiz.

## Home visits from teachers

When restrictions allowed, we mobilised local teachers to make socially distanced home visits to children, encouraging them to listen to the radio classes and monitor progress. They also provided guidance to students, helping them with any specific challenges they faced with their schoolwork.

## Home learning kits

When lockdown restrictions eased in Nepal, we distributed home learning kits to children that included textbooks, story books, and pens and pencils. We also distributed radios to students who did not have them and pre-recorded devices to those living in villages without a radio frequency.

## Learning units

In both Humla and Ghyangfedi, we formed small learning units for children living in the same village. These groups consisted of 6-7 children, with one older student to oversee and mentor the others. The students would come together to do their studies, whether via radio or with materials from their home learning kits. Each teacher then rotated to visit different learning units each day of the week.

## Shift classes

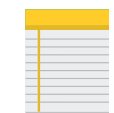
When lockdowns began to ease in Ghyangfedi, the local government notified the school that they could not have more than 100 students on campus at once. To allow students to still return to school, we initiated 'shift classes'. These involved breaking the school into three groups – allocated by grade – that would attend the school at different times.



More than

**17,000**

children estimated to have been reached through our radio education project



**1,698**

students provided with home learning kits.



### CORONAVIRUS (COVID-19)

Preventive measures to be taken at home for first 14 days by those who have returned from countries where COVID-19 is present

-  Leave home only to seek medical care. You should restrict activities outside your residence, seeking medical care. Do not go to work, school, or public places and do not use public transportation or taxis.
-  Separate yourself from other people in your house. Do not share your rooms. Stay separately from other people in the house. Use a separate bathroom as far as possible.
-  Do not share household items. Do not share your utensils, drinking glasses, cups, spoons, bedding or other items with other people in the house. Wash your belongings thoroughly with soap and water after use.
-  Wash your hands regularly. Wash your hands regularly and thoroughly with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with dirty hands.
-  Wear a face mask. Wear a face mask when you are in the same room with people or while visiting a public place. If you are sick, make the people who live with you should wear masks if they are in the same room with you.



## Keeping kids safe with a little help from our friends at the Women's Foundation

While school closures became the norm in 2020, so did brief periods of school openings between lockdowns or outbreaks. When schools in Nepal began to reopen after months of being closed, we wanted to ensure children were protected from the virus. It became clear that the distribution of cloth masks would be a key pillar of our strategy to safely reopen the schools we support.

In 2020, we worked with our long-term partner the Women's Foundation to support the opening of their new cloth mask business. This brilliant new enterprise generated much-needed income for women who are survivors of domestic violence. We supported the training and salaries of 16 women for the first two months of the project. To help them get established, we also funded the start-up costs, including new sewing machines.

We then bought and distributed 6,400 of the Women's Foundation's masks to students at Adara-supported schools.

The Women's Foundation have since established relationships with additional clients in Nepal and abroad. The masks are designed with special printed messages, such as "Let's make handwashing a habit" and "Sons and daughters are equal". We love when we can support two important causes with one astonishing project.



## Five years on from the Nepal earthquake

The year 2020 marked five years since the earthquake that rocked Nepal on 25 April 2015. The impact was devastating – nearly 9,000 people dead and 600,000 homes destroyed.

As word of the earthquake spread on that tragic day, Adara supporters across the world responded to our cry for help. With their support, we were able to reach more than 10,000 people in need in the immediate aftermath, before moving on to long-term rebuilding alongside the Ghyangfedi community. This community was severely affected by the earthquake: all buildings, homes and schools were either damaged or destroyed, and 86 people died.

With the help of our supporters, we rebuilt an earthquake-safe school for the Ghyangfedi community, which opened in June 2017. Since then, the school has developed into a model school, with more than 330 students, 13 teachers and state-of-the-art facilities. It became a jewel for the area, with students from all around choosing to attend the Shree Ghyangfedi School. Later, to allow students to receive a quality education closer to home, we

began working with seven surrounding schools. Our objective was to lift education standards across the area, so children didn't need to walk hours to attend school.

When the earthquake hit in 2015, we could never have guessed that just a few years later we would find our world in the grip of a global crisis. We are thankful that the learnings from our work in the Nepal earthquake are informing and leading our response to COVID-19.

Helping a nation rebuild...

330

students attended the Shree Ghyangfedi School in 2020

294

attend one of the seven surrounding 'feeder schools'

10,000

people reached through our work immediately after the earthquake



# Adara Kids

## Ghyangfedi's first cohort of students sit their final exams

For the first time in its history, Ghyangfedi School in Nepal saw its first cohort of students receive their Secondary Education Examination (SEE) results in 2020. And all passed. The SEE, the final exam in the Nepali secondary education system, is notoriously hard. While the official exams were cancelled in 2020 due to COVID-19, students could still attain

SEE results based on their internal school results. Five boys and five girls were part of this first cohort at Ghyangfedi School. One received an A+, three an A, four a B+ and two a B. We're so proud of these students for persevering in the face of huge challenges. We wish them all the best for the future.



It is now nearly 15 years since we began caring for a group of 136 trafficked children who had been taken from their homes, mainly in Humla, and brought to Kathmandu during a period of political unrest in Nepal.

When we first found these children, they were living in horrendous conditions in overcrowded homes or basements. We knew we had to help. After working with the police and Social Welfare Council, we were granted custody. And so began our journey with the group affectionately known as the "Adara Kids".

To ensure their immediate safety, we set up 10 residential homes and hired teams of social workers, educators and cooks to provide round-the-clock care. Once the conflict eased in Nepal, we then began reconnecting these children with their families of origin – a process that took almost two years.

As the Adara Kids have grown and become Adara Youth, our focus has shifted to independent living, higher education and vocational training. We want them to have bright futures ahead, so we have worked to equip them with the skills and education to make this possible. Once they complete their studies, they graduate from Adara's care.

Our work with 136 astonishing young adults is now almost complete, though

they will always be part of the Adara family. At the end of 2020, three of these young people graduated from the programme. Many of these 136 youth are now emerging leaders in their community.

As we go to print with this report, we want to mark our sorrow at the early death by accident of one of the Adara kids – Pramod Bham. His loss in January 2021 was a loss for all of us and we honoured and celebrated his life accordingly. His death reminded us to relish life and showed us again the joy of working with so many incredible young people.

Through this work over the past 15 years, we have developed expertise in child protection and working with kids at risk. Our learning has allowed us to touch the lives of thousands of children and young people in need. Over the years we have broadened our youth programme to also include scholarships for talented students in Humla or Ghyangfedi to pursue vocational education, technical training or higher education. In 2020, we supported 86 students pursuing degrees in subjects such as health and nursing.





# Our holistic approach to health during COVID-19

Humla has serious gaps in health service access, which the COVID-19 pandemic has further widened. The region has one under-equipped and under-staffed district hospital for a population of more than 60,000. Adara is tackling these issues holistically, by addressing both prevention and treatment.



## Meet Palden and Sharmila: Shining a light for others

Palden Dolkar Lama and Sharmila Rawat were three and four years old respectively when they became part of the Adara family. Like all the Adara Kids, as well as being part of the Adara family they have their own families they love. Over the past 15 years, we have worked together to ensure they had safe, happy and healthy childhoods, and a chance to receive a great education. Late last year, the Adara family celebrated a huge milestone when both Palden and Sharmila – among the youngest of the

Adara Kids – graduated from secondary school. Palden graduated with an International Baccalaureate and Sharmilla with +2 (12th grade) in science. As they move into adulthood, Palden is hoping to study environment science and Sharmilla public health.

These young women are leaders in their families and communities. They have shown us yet again what is truly possible when we stand together to make change.

### Prevention

- COVID-19 training on symptoms and prevention methods through FM radio programmes and training of female community health volunteers to share information in their communities.
- Reproductive health training for men and women on topics such as antenatal and postnatal care, and the importance of immunisations for children.
- Personal protective equipment (PPE) distribution, as well as distribution of sanitisers, soaps and other essential supplies to keep health workers safe.
- Hygiene and sanitation education and training on topics such as waste management and the importance of handwashing; and distribution of soap and masks to teachers, students and the wider community.
- Nutrition improvement by advising farmers on greenhouse construction and repair; distributing greenhouse construction and repair materials; providing vegetable seeds; and helping with tree planting and orchard development.

### Treatment

- Improving health posts by supplying medicines and personal protective equipment, and supporting the salaries of health assistants to improve long-term regular access to medical services in Humla.
- Funding and supporting a Tibetan medicine practitioner, who travels from village to village for eight months of the year, treating people and providing free Tibetan medicine to 25 villages.
- Providing emergency medical support to Humlis with urgent health issues who need transportation to bigger hospitals.

 **6,650**  
appointments held in four  
Adara-supported health  
posts in Humla

 **25**  
people received emergency  
medical treatment





## Meet Kyamma

We believe health workers are central to a functional and resilient health system. That's why we're doing everything we can to support them during the COVID-19 pandemic.

"Since Humla does not have motor roads, I had to walk from village to village to distribute much-needed PPE and to train health workers and female community health volunteers," says Kyamma Lama, Adara's Health Co-ordinator in Humla. "It took us 14 days to distribute the PPE and to train health workers in our target health posts."

When COVID-19 hit Nepal in 2020, our teams were faced with a mammoth task: sourcing quality PPE and distributing it to health workers in our remotest projects. The Adara teams worked with the Association of International NGOs in Nepal to source PPE. We then drove the PPE 15 hours across the country to an airport before flying it to Humla. After that, we had the PPE transported up the mountain by donkey before Kyamma received it for distribution throughout the district on foot.

Kyamma is accustomed to travelling this route. She normally enjoys meeting with students and communities, sharing knowledge, hardships and feelings. But this time the journey was different. This time

the world was staring down COVID-19. "I had to get written approval from the District Administration Office to travel and get approval from every village I visited," she says. "Villagers were not letting anyone – even their own fellow villagers – enter, but they welcomed me wholeheartedly. They said, 'You are here to help us, so you are always welcome to visit our village and to stay in our homes.'"

"We were the first ones in Humla to equip health workers in such a remote region with proper PPE and essential medicines," Kyamma says. "It was right on time as there were many villagers coming from outside and they were required to quarantine. The risks to health workers were so high. After getting PPE, one of the health workers said, 'I can now get good sleep at night.'"

"Providing this much-needed PPE, hygiene materials and proper training and guidelines will minimise the risk of COVID-19, ensure essential health services continue without disruption, and prepare health workers and the wider community to combat COVID-19."



## Nutrition support to address food insecurity

COVID-19 caused widespread food insecurity in Nepal due to closed borders and disrupted supply chains. Nutrition support has long been a central tenet of our remote community development work in both Humla and Ghyangfedi. In 2020, we extended this work to provide nutrition support to communities impacted by COVID-19. We did this through:



### Greenhouse development

We supported 123 families in our nine target villages with materials for greenhouse repairs such as greenhouse plastic, garden pipes, watering cans and technical support.



### Seed distribution

We distributed various vegetable seeds such as Swiss chard, parsley, tomato, carrot, cabbage, cauliflower, spinach and mustard greens to 474 families in our nine target villages.



### Training

We conducted training for 452 farmers in nine target villages on greenhouses, kitchen gardening, local seeds exchange, better utilisation of land, promotion of local crops and food habits.



### Emergency food distribution

When two villages in Ghyangfedi came under risk of landslides and had to evacuate due to a particularly difficult monsoon season, we stepped in to provide emergency relief. We provided 195 families with two months of essential supplies. This included beans, salt, cooking oil, dhal and soap.





## Meet Surta

Surta Lama turned 80 just a few days ago. Despite her age and a few aches and pains, she still spends most of her days outside, cultivating fruit and vegetables for her family.

This ritual stretches back to her youth. Surta remembers when she was a young woman and could easily grow crops to support her entire family. Back then there wasn't a school in her village, and so her whole family supported the farming activities.

"Things are different these days," Surta says. "All the young kids are attending school and we have few family members to do farming."

Though Surta is happy to see children attending school, she also acknowledges that it does make sustaining a family through farming more difficult. Because of this, fewer families in Humla are choosing to pursue a life of farming. Instead, they are buying imported food such as rice and flour. This posed a problem when COVID-19 hit Nepal. As Nepal closed its borders to keep the virus at bay, import routes were disrupted.

That's why we increased the frequency of our training in Humla about greenhouse construction and repair, local crops and food habits. This training was led by Adara's Agricultural Co-ordinator, Gagan Rokaya.

Surta was one of more than 400 people who attended this training. She says it was eye-opening.

"The training was very useful for all the villagers to learn to value our own local crops and not to be too fascinated with white rice and white flour foods. I think everyone will rethink what we eat and what we serve our children."

Surta believes this training allowed her family and community to see that they cannot rely solely on external markets for food. Instead, they can grow fresh fruit and vegetables to become self-sufficient.

## Partnerships for change

As well as implementing our own projects, we work with a handful of extraordinary grassroots Nepali organisations who are experts in their area of work.

### Hands in Outreach (HIO)

exist to help women and girls living in poverty to lift themselves from deep-rooted poverty by providing access to education. In addition to their work in early learning, teacher training, higher education support and women's literacy, they help more than 160 children – mostly girls – living in poverty to go to school. We partner with HIO to support the girls' families with health and dental check-ups, periodic food distribution and emergency support.

### Himalayan Medical Foundation (HMF)

provides free basic healthcare services to severely disadvantaged people in and around Kathmandu through three health clinics. The clinics provide health check-ups, laboratory services, prescriptions and dental check-ups to thousands of patients ever year. Throughout 2020, COVID-19 forced HMF to close the doors to their clinics. To ensure people living in poverty could continue to access their services, they began to offer telemedicine consultations via phone applications such as WeChat, WhatsApp and Viber.

### The Himalayan Innovative Society (THIS)

is a Humla-based organisation that works to reduce the incidence of child trafficking from the district, supports those who have been victims of trafficking and provides case management support to children from single-parent families. In 2020, we partnered with THIS on their anti-trafficking projects, including their radio programmes, which reach 30,000 people in the district, and their awareness-raising wall paintings on children's rights. We also worked with THIS to provide case management support to 87 families. In 2020, we will absorb this programme into our own Humla work so we can focus instead on working with THIS on their important anti-trafficking work. You can read more about these plans on page 30.

# The Road Ahead

## Expanding and deepening our anti-trafficking strategy

The COVID-19 pandemic is profoundly affecting the everyday lives of girls: their physical and mental health, their education, and the economic circumstances of their families and communities. Experts believe that widespread school closures paired with increasing inequality caused by COVID-19 will lead to a devastating increase in child trafficking.

Nepal is already a hotspot for child trafficking, with up to 15,000 children trafficked from the country each year. As we formulated our 2021 strategic plans, anti-trafficking emerged as a significant area of focus. As our world has been plunged into both a public health and economic crisis, we know that more children than ever are at risk. In 2021, we will raise awareness among policy-makers, key influencers and the community to end child trafficking. We will do this by working in partnership with The Himalayan Innovative Society (THIS), as well as local, provincial and national governments.

Working in partnership with THIS, we will:

- Establish a child protection focal person in every local government area to coordinate with the government and other organisations in addressing child trafficking issues.
- Establish anti-trafficking watch dog committees in target schools.
- Initiate anti-trafficking conferences in Humla.
- Work with local media outlets to increase anti-trafficking discourse.
- Continue supporting THIS's anti-trafficking radio programme that reaches the 30,000 people in Humla who have a radio. In 2021 we will make the programme more interactive by initiating a 'talkback' segment. Schoolchildren, government representatives, civil society organisations, lawyers and key influencers will be invited onto the programme.



## Responding to a fierce second wave of COVID-19

As we send this report to print, Nepal is battling a devastating second wave of COVID-19 that is overwhelming the country's health system. Nepal's large porous border with India has seen case numbers accelerate from below 200 at the start of April to a record-high of more than 9,300 in mid-May.

Nepali people – in the city, in the villages and even in the high mountain areas – are facing this crisis without vaccines, without a sufficient and prepared health system, without oxygen, and in some cases without even simple health care training and sanitation support. We are determined to reach out and help our neighbours in the developing world at this time of crisis. Our amazing Nepal team are working incredibly hard to fight this crisis on two fronts – addressing the medical emergency at hand whilst ensuring that essential services are maintained.

In the weeks and months to come, we will:

- Provide fuel to ensure that there is a consistent power supply at Simikot Hospital. This is critical to give COVID patients access to lifesaving oxygen therapy.
- Work with the Rural Municipalities to provide oxygen concentrators, pulse oximeters and PPE to local COVID isolation centres, regional health posts and to the district hospital.

- Continue to communicate COVID-19 awareness and safety messages, as well as government notices, through local FM radios and mobile sound systems.
- Work alongside the Nepal Police, UNICEF and the Nepal Red Cross at border crossings from India to support 1,500 Nepali migrants returning to Nepal each day with masks, sanitary pads, handwashing stations and drinking water.
- Continue implementing our distance learning programmes, including radio education and home learning kits so children can continue learning during lockdowns.
- Provide safe accommodation and nutritious meals to healthcare workers on the frontline who need somewhere to stay so they can keep their families safe from COVID.
- Play our part in the coordinated national response through our role in the Association of International NGOs, the peak body for international non-government organisations in Nepal. We will do this through collaboration and coordination with the government and other key COVID responders.
- Continue our work across health, education, child protection and nutrition.



# Our commitment to best-practice service delivery and knowledge sharing

As always, we take our best ideas and biggest mistakes and share them locally, nationally and globally to impact many more lives and to help others to support people in need. Throughout 2020, we shared our knowledge in many ways. Here are a few examples of how:

## COVID-19 protocols, guidelines and research

In 2020, our teams spent significant time developing guidelines, protocols and research papers on understanding and managing COVID-19. As this new virus began to overwhelm countries across the world, our teams made it their mission to develop COVID-specific materials that they could share with others.

Our Global Health team developed COVID guidelines on topics including cleaning and disinfecting, personal protective equipment and isolation. They shared these materials with Kiwoko Hospital, our teams in Nepal and District Health Officers where relevant. In Innovation and Best Practice, our team wrote research papers on everything from safe return to school, to rapid behaviour change in pandemics. They also launched a new series called

‘Hope, Innovation and Inspiration’ which was designed to keep Adara teams abreast of moving developments in masking and vaccines.

We ended the year by holding our first ever webinar with our teams across the globe. Madeline Vaughan (CEO) facilitated the webinar, which involved a discussion with Daniel Kabugo (Uganda Country Director), Pralhad Dhakal (Nepal Country Director) and Angjuk Lama (Nepal Programmes Manager). The discussion centred on our COVID-19 response and how we adapted our programmes during the year. Partners, donors and Adara supporters from Uganda to USA attended the webinar. We look forward to hosting more webinars in the months to come.

## Remote Community Development

We take every opportunity to share our knowledge and collaborate. During the year we participated in several meetings with members of local and national government, including the Ministry of Women, Child and Senior Citizens, the Social Welfare Council and Association of International NGOs in Nepal. The meetings

were held to determine co-ordination and collaboration, establish consensus on our COVID-19 plans, and facilitate procurement and transportation of key supplies. We also met with other organisations to share information about our distance learning and alternative teaching methods.



## Maternal, Newborn and Child Health

Our work in maternal, newborn and child health is widely respected. The Kiwoko Hospital neonatal intensive care unit (NICU) is recognised as a centre of excellence by the Ugandan Ministry of Health. We are committed to sharing the expertise we have gained through more than two decades of working with Kiwoko to develop this unit. Over the years, our knowledge sharing has taken many different forms. It has included working with the National Newborn Steering Committee; developing and sharing newborn guidelines of care; and welcoming staff from other health facilities and organisations to visit Kiwoko Hospital to witness what is possible in newborn health.

In 2020 we were once again thrilled to join the World Prematurity Day celebrations in Uganda. Though the celebrations looked quite different due to COVID-19,

we were nonetheless delighted to share our knowledge about working with the tiniest newborns with non-government organisations, health facilities and the Ministry of Health.

During these celebrations, our team had the opportunity to meet with other key players in newborn health. We visited nearby health facilities to learn about their service offering. Daniel Kabugo was invited to join a plenary session on improving and sustaining newborn health programmes in Uganda. We heard wonderful words of appreciation for the Kiwoko Hospital neonatal intensive care unit, which continues to act as a source of inspiration for many working in newborn health. As always, after leaving this celebration, our team felt proud to be part of the newborn health movement and very excited for the future.

# The Power of Partnership

When 2020 began, we could never have anticipated what lay ahead in the coming months.

The explosion of COVID-19 into the world made 2020 our most unexpected year yet. We are so proud to be standing at the other end of 2020, confident in the knowledge that we did our best work in the toughest of times – thanks to our wonderful supporters across the globe.

Thanks to our teams, partners and supporters, we ensured the safety of vulnerable communities and drastically expanded our reach, touching the lives of more people than we ever have before. We could not be more grateful to the donors who stood with us during a very complex and sometimes frightening year – many of whom increased their support to Adara to allow us to do our best work.

Together, we made sure health workers were safe, that children continued learning during school closures, and that the communities we work with continued to have access to quality health and education services.

It has been a year of unexpected challenges, of rewriting plans and adapting programmes, of experiencing momentous highs and sobering lows, and of finding moments of hope in times of darkness.

Much work still lies ahead in 2021. But we know that with our businesses and our wonderful community of supporters by our side, anything is possible.

## Meet our supporters

### Portland House Foundation

“At Portland House Foundation we believe Adara is the very best at reaching remote communities to provide education, community development and maternal and newborn health. Experience tells us that ongoing funding gives organisations an all-important reliable base, which can be the most challenging to source but the most beneficial to secure.

We have been pleased to offer untied funds with that in mind. The key to a long relationship is authenticity and transparency, and we are thrilled to have been a major funding partner of Adara’s for 12 years. The commitment and acumen of the Adara team ensures the best use of our philanthropic dollars and we enthusiastically endorse their work.”

**Paula Thomson**  
Philanthropy Manager

## In 2020



US \$3.2M

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



More than  
215

individuals, foundations and companies donated to Adara



109

people in

5

different countries volunteered or interned with the Adara Group

### The Shine On Foundation

“The goal of any project for The Shine On Foundation is to have a positive effect on someone’s life. We believe that education is the key ingredient in lifting individuals and the community out of poverty and we are delighted to be one of Adara’s newest partners, helping to deliver education to children living in some of the most remote regions of Nepal. In the short time we have been connected

with Adara, the major elements of relationships and accountability have been established, and the key people we have been liaising with have all been outstanding.

Shine On wishes Adara every success in their work in Nepal and other areas of the world.”

**Norm Lewis**  
Trustee and CEO



# Our Community of Supporters

Our community of supporters is made up of donors, financial partners, volunteers, change-makers, innovators and trailblazers across the world. We appreciate every individual, family, foundation, trust and organisation that has joined us on this journey.

Whether you gave time or a donation of \$10 or \$100,000, your support is meaningful to Adara and to our work.

We do not have room to thank every individual donor in these pages, but we are deeply grateful to each one.

## Special Thanks To Our Corporate Partners and Major Donors

### Major financial partner



### Corporate partners and supporters



AURUM



Deloitte.



MinterEllison



RenaissanceRe

Seventh Street Ventures

### Major donors

ACME Foundation

Andrew Banks & Dame Pamela Gordon Banks

Anhui Ryzur Medical Equipment Manufacturing Co Ltd

Bloomberg Philanthropies

Center for Disaster Philanthropy

Hillsdale Fund, Inc

Jeff & Ede Conyers

John Charman

Michelle Garnaut

Navitas Education Trust

Nora Scheinkestel

Peter Osborne

Portland House Foundation

Ray & Rachel Itaoui

The DAK Foundation

The Garrett Riggelman Trust

The Greenlight Foundation

The IAS Foundation

The Knox Foundation

The L & R Uechtritz Foundation

The Liberman Family

The Paul Ramsay Foundation

The Pickles Foundation

The Ripple Foundation

The Roberts Pike Foundation

The Shine On Foundation

Tim Sims

University of Washington's Social Justice through Philanthropy course

Zitra International

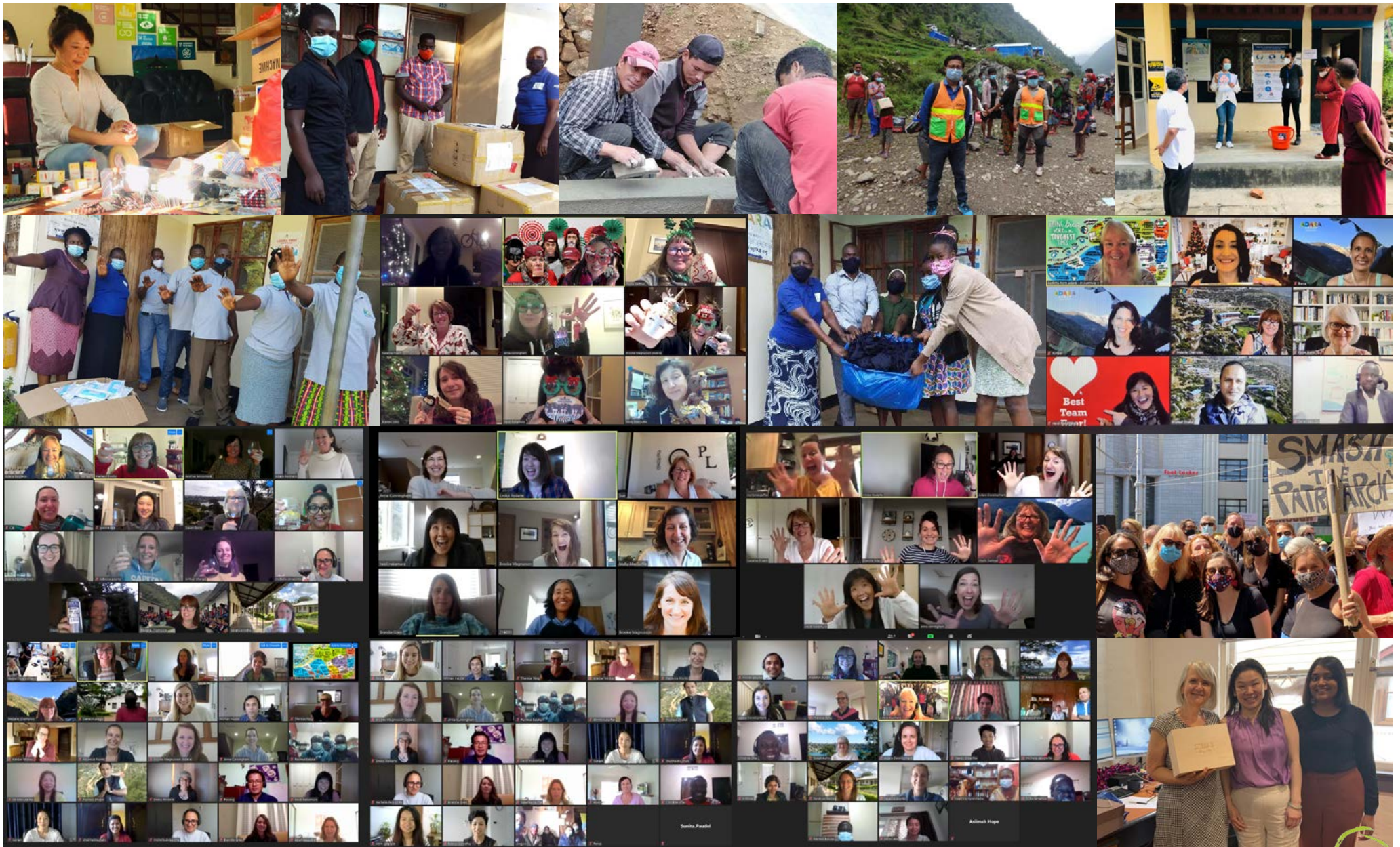
Many wonderful anonymous supporters - you know who you are!



# 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



**Dr Cyril Engmann**  
Director of Adara Development (USA)  
(appointed 12 February 2021)



**Dawa Lama Thapa**  
Director of Adara Development (Nepal)



**Derek Stapley**  
Director of Adara Development (USA) (Retired 26 April 2021)  
Trustee of Adara Development (UK) (Appointed 17 May 2021)



**Dhan Bahadur Lama**  
Director of Adara Development (Nepal)



**Edith G. Conyers**  
Trustee of Adara Development (Bermuda)



**Iana Atlas AO**  
Director of Adara Development (Australia)



**Kate Vacher**  
Trustee of Adara Development (UK)



**Ken Finch**  
Director of Adara Development (Uganda)



**Laini Liberman**  
Director of Adara Development (Australia)



**Dr Peter Waiswa**  
Director of Adara Development (Uganda)  
(Appointed 27 April 2021)



**Dr Philippe Rouja**  
Trustee of Adara Development (Bermuda)



**Richard Deutsch**  
Director of Adara Development (Australia)  
(Retired 6 August 2020)



**Richard Houghton**  
Trustee of Adara Development (UK)  
(Retired 17 May 2021)



**Richard West**  
Director of Adara Development (Australia)



**Sharmila Onta**  
Director of Adara Development (Nepal)  
(appointed 7 February 2021)



**Susan Burns**  
Director of Adara Development (Australia) and Adara Development (Uganda)



**Thomas R. Dickson**  
Director of Adara Development (USA)



**Tom Glynn**  
Director of Adara Development (USA)



**Uddhav Raj Poudyal**  
Director of Adara Development (Nepal)



**Yangchen Lama**  
Director of Adara Development (USA) (appointed 1 February 2021)



# Finances and Accountability

We are proud that Adara Development has received a total of US\$40.3 million (A\$50.8 million) since we began in 1998. Of this, more than US\$12.8 million (A\$16.3 million) has been contributed from the Adara businesses towards Adara Development's administration, core support and emergency project costs.

Huge thanks to all Adara financial partners for their belief in our work and for their ongoing commitment and support.



US \$12,842,297

A \$16,343,496

contributed by the Adara businesses

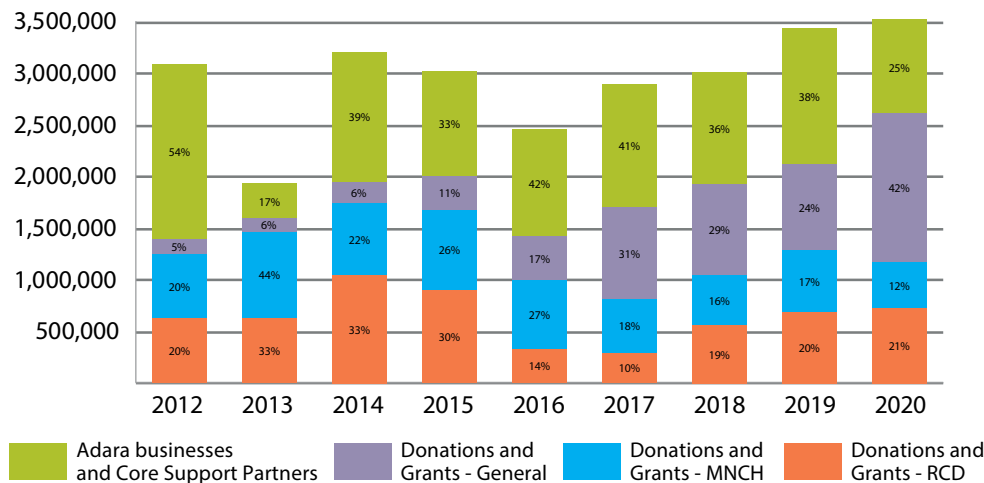


US \$27,481,296

A \$34,418,565

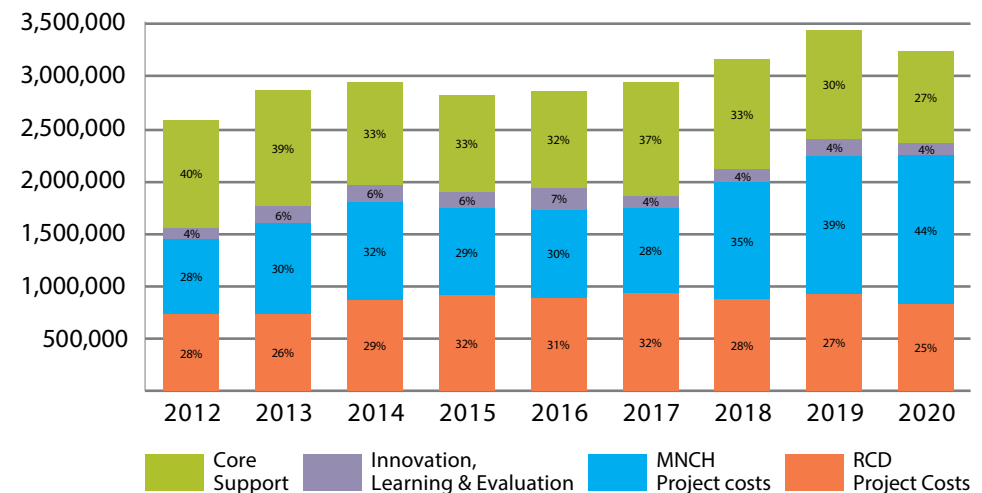
contributed from other donors

## Donations to Adara Development (US\$)\*



\*Included in the Adara businesses and core support partner donations are Government payments received as a result of the COVID-19 pandemic

## Expenditure of Adara Development (US\$)



# Adara Development combined statement of profit or loss and other comprehensive income

For The Year Ended 31 December 2020  
Presented In United States Dollars (USD)

	2020	2019
	\$	\$
<b>REVENUE FROM CONTINUING OPERATIONS</b>		
Donations		
Core Support	588,431	1,324,068
General restricted	1,469,757	842,406
Maternal Newborn Child Health	372,019	454,281
Remote Community Development	726,892	687,378
Grants		
Maternal Newborn Child Health	67,467	143,911
Other Income	302,434	15,208
<b>Total revenue</b>	<b>3,527,000</b>	<b>3,467,252</b>
<b>EXPENSES</b>		
Programme costs		
Maternal, Newborn and Child Health	1,418,661	1,331,575
Remote Community Development	822,731	920,620
Innovation, Learning & Evaluation	126,442	152,887
<b>Total Programme costs</b>	<b>2,367,834</b>	<b>2,405,082</b>
Core Support	873,432	1,036,543
<b>Total expenses</b>	<b>3,241,266</b>	<b>3,441,625</b>
<b>NET SURPLUS</b>	<b>285,734</b>	<b>25,627</b>
<b>Other comprehensive income</b>		
Foreign currency translation gain / (loss)	16,627	(17,825)
<b>Other comprehensive income/(loss) for the year</b>	<b>16,627</b>	<b>(17,825)</b>
<b>TOTAL COMPREHENSIVE SURPLUS</b>	<b>302,361</b>	<b>7,802</b>



# Adara Development summary combined statement of financial position

For The Year Ended 31 December 2020  
Presented In United States Dollars (USD)

	2020	2019
	\$	\$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	886,482	494,037
Trade receivables and other current assets	119,308	98,223
<b>Total current assets</b>	<b>1,005,790</b>	<b>592,260</b>
<b>Non-current assets</b>		
Property, plant and equipment	39,963	81,870
Intangible assets	12,688	5,095
Other non-current assets	750	750
<b>Total non-current assets</b>	<b>53,401</b>	<b>87,715</b>
<b>Total assets</b>	<b>1,059,191</b>	<b>679,975</b>

	2020	2019
	\$	\$
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	19,467	67,763
Deferred revenue	67,274	58,786
Employee benefits	189,365	129,694
Lease liability	23,613	-
<b>Total current liabilities</b>	<b>299,719</b>	<b>256,243</b>
<b>Non-current liabilities</b>		
Employee benefits	30,180	18,300
Lease liability	2,068	46,269
Borrowings non-current	65,700	-
<b>Total non-current liabilities</b>	<b>97,948</b>	<b>64,569</b>
<b>Total liabilities</b>	<b>397,667</b>	<b>320,812</b>

<b>NET ASSETS</b>	<b>661,524</b>	<b>359,163</b>
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<b>Accumulated funds</b>		
Accumulated surplus	735,712	449,978
Foreign currency translation reserve	(74,188)	(90,815)
<b>TOTAL ACCUMULATED FUNDS</b>	<b>661,524</b>	<b>359,163</b>

## NOTES

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 2020 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2020 available at [www.adaragroup.org](http://www.adaragroup.org). The Operations Report 2020 does not include the Summary Combined Statement of Cash Flows, Summary Combined Statement of Changes in Equity, notes to the Combined Statement, 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 2020 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 have mutually agreed to operate under a common Memorandum of Understanding (MOU). The combined financial statements consists of the following not for profit entities: Adara Development (Australia), Adara Development (Bermuda), Adara Development (UK), Adara Development (Uganda) and Adara Development (USA). For the purpose of presenting to the donors a combined view of the global not for profit activities conducted by the Group, a set of combined financial statements has been prepared which combines all of the assets, liabilities, expenses and contributions of the above named entities into a single set of combined financial statements. This aggregation does not meet the definition of a group as defined by AASB 10 Consolidated Financial Statements.

## Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The financial report has been prepared in accordance with the requirements of the recognition and measurement of all applicable Australian Accounting Standards adopted by the Australian Accounting Standards Board ("AASBs") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 27 April 2021.

## 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.

All Adara Development entities are audited annually under International Standards on Auditing. Adara Development (Australia), Adara Development (USA) and Adara Development (Bermuda), have been audited by HLB Mann Judd. 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](mailto:info@adaragroup.org).

The Summary Combined Financial Statements are prepared taking into account Adara Development (Australia)'s Financial Statements. Adara Development (Australia) is a member of the Australian Council for International Development (ACFID) and adheres to the ACFID Code of Conduct. The Adara Development (Australia) Financial Statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct and these can be viewed on our website, [2020 Financial Statements](#). For further information on the Code please refer to the [ACFID website](#).

**Independent Auditor's Report to the Directors and Trustees of Adara Development**

**REPORT ON THE AUDIT OF THE FINANCIAL REPORT**

**Opinion**

We have audited the Summary Combined Financial Report of Adara Development ("the Group"), which comprises the summary combined statement of financial position as at 31 December 2020, the combined statement of profit or loss and other comprehensive income for the year then ended, and the notes to the Summary Combined Financial Statements.

In our opinion, the accompanying Summary Combined Financial Report is consistent, in all material aspects, in accordance with the basis of preparation described in the notes to the Summary Combined Financial Statements.

**Summary Combined Financial Statements**

The Summary Combined Financial Statements do not contain all of the disclosures required by the Australian Accounting Standards 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.

**Audited Combined Financial Report**

We expressed an unmodified audit opinion on the audited Combined Financial Report in our report dated 27 April 2021. That report also includes Emphasis of Matter paragraphs that draw attention to the Notes in the audited Combined Financial Report.

Notes 1 and 2 of the audited Combined Financial Report describe the basis of preparation of the Combined Financial Report. The Emphasis of Matter also notes that the audited Combined Financial Report has been prepared to meet the needs of the Directors and Trustees of the entities within the Group and may not be suitable for another purpose than for which it was prepared.

Note 2.3 of the audited Combined Financial Report describes the uncertainties and possible effects on the Group arising from its management of the on-going issues related to COVID-19.

**Emphasis of Matter – Basis of Preparation**

We draw attention to notes, which describe the basis of preparation. The Summary Combined Financial Report has been prepared to meet the needs 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.

[hlb.com.au](http://hlb.com.au)

**HLB Mann Judd [SE Qld Partnership]**

Level 15, 66 Eagle Street, Brisbane QLD 4000 | GPO Box 5225 Brisbane QLD 4001

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Liability limited by a scheme approved under Professional Standards Legislation.

HLB Mann Judd [SE QLD Partnership] is a member of HLB International, the global advisory and accounting network.

Our audit report relates to the Summary Combined Financial Report which will be published on the Australian website ([www.adaragroup.org](http://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 Adara Group Operations Report 2020.

**Information Other than the Summary Combined Financial Report and Auditor's Report Thereon ("Other Information")**

The Directors and Trustees are responsible for the Other Information. Other Information comprises both financial and non-financial information included in the Group's operations report for the year ended 31 December 2020.

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 and, in doing so, 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.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

**Responsibilities of the Directors and Trustees for the Summary Combined Financial Report**

Management is responsible for the preparation and fair presentation of the Summary Combined Financial Report in accordance with the basis of preparation described in notes. The Directors and Trustees are also responsible for overseeing the Group's financial reporting process.

**Auditor's Responsibilities for the Audit of the Summary Combined Financial Report**

Our objectives are to obtain reasonable assurance about whether the Summary Combined Financial Report is consistent, in all material aspects, 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.



**HLB Mann Judd  
Chartered Accountants**

Brisbane, Queensland  
31 May 2021



# Where our money goes

## MATERNAL, NEWBORN AND CHILD HEALTH

US\$ 1,418,661

### Maternal, Newborn and Child Health at Kiwoko Hospital, Uganda

- 91 local staff. Includes a surgeon and 2 doctors; 69 NICU, ANC and maternity nurses and 12 cleaners; 7 local hospital support staff including finance staff, HR Assistant, Business Manager and lab technicians
- Personal protective equipment (PPE), protocols and training for health workers to ensure they can continue their essential work safely during the COVID-19 pandemic
- Set up of COVID-19 testing facilities and institutional quarantine
- 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
- Upgrade to accommodation site for NICU mothers to ensure adequate ventilation and adherence to social distancing guidelines

### HIV and Diabetes Clinics at Kiwoko Hospital Uganda

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

### Community Outreach Services at Kiwoko Hospital Uganda

- Community based health care (CBHC) programme servicing 44 villages providing safe-motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services. In 2020, these services were redesigned to ensure women and children continued to have access throughout the COVID pandemic
- Clinical support and health education to people living with chronic conditions such as epilepsy, tuberculosis and people living with disabilities
- 16 staff within the CBHC programme including a CBHC programme manager, nurses, field workers, records assistants and a security guard

### Hospital to Home

- A holistic low-cost discharge and follow-up package for vulnerable infants discharged from the Kiwoko Hospital NICU
- 100 Adara-trained community health volunteers to follow-up and provide ongoing care to families at home. In 2020, home visits were supplemented with telephone consultations to allow community health workers to continue following-up newborns during periods of lockdown
- Text messaging programme to provide community health workers with up to date information on COVID-19 signs, symptoms and prevention measures
- 2 staff members and 100 community health workers are supported with allowances and airtime for their work
- Community health workers are supported by a Community Midwife, and attend monthly meetings for updates and additional training

### Newborn Health Scale Up

- Assist Nakaseke Hospital, a government hospital with limited resources, to develop a small special care baby unit
- Provide advice on the infrastructure, equipment, supplies and staffing necessary
- Provide classroom teaching and hands-on training alongside expert NICU nurses at Kiwoko Hospital
- Cost of travel to and from Nakaseke and Kiwoko, as well as writing, editing and production of training materials
- Purchase and distribution of PPE, soap and sanitiser due to COVID-19

### Safe Bubble CPAP

- Work in partnership with other global health leaders to develop an inexpensive bCPAP kit for use in low-resource settings to help preterm babies breathe

### Early Intervention for High Risk Newborns

- An early intervention programme developed to improve the quality of life for babies at risk of disability.
- 1 physiotherapist to conduct assessments of infants and to teach parents exercises for their infant at home

### Programme support

- 11 staff including 5 programme management staff based internationally, 6 local staff and related local office costs
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring good governance and maximum impact
- Our global maternal, newborn and child health (MNCH) team works in collaboration with the clinical team at Kiwoko Hospital to plan and implement strategies to improve MNCH outcomes through regular and sustained capacity building
- With COVID-19 restricting international travel, our teams developed new and innovative methods for delivering service and sharing knowledge, including via Skype and text messaging systems
- Analysis of NICU data from Kiwoko Hospital

## REMOTE COMMUNITY DEVELOPMENT

US\$ 822,731

### Adara Kids

- Care and support of children who were previously trafficked (13 at the start of the year reducing to 10 by the end of the year) who are in our independent living programme and undertaking vocational training courses
- Education, nutrition, health, post-school options, life skills and independent living training including specific COVID-19 training

### Humla

#### Remote Health Projects

- Essential medical equipment such as oxygen concentrators, nebulisation machines and surgical equipment provided to Humla district hospital to manage a COVID-19 isolation centre
- Local language COVID-19 training on symptoms and prevention methods delivered through FM radio programmes and Female Community Health Volunteers as well as key influencers
- Advised farmers on greenhouse construction and repair, provided vegetable seeds and supplied solar driers to be used to dry food for winter
- Repaired 123 greenhouses and provided 452 people across 9 villages in Humla with greenhouse and nutrition training, equipping them with the skills to sustain themselves through periods of food insecurity
- Regular training and awareness programmes to reduce child malnutrition and infant and maternal mortality with women's groups. 424 people were trained in 2020
- 423 people from nine target villages were trained on hygiene, sanitation and waste management and 39 COVID-19 training sessions held for communities across Humla
- 6,650 consultations held at the four Adara-supported health posts in Humla
- 13,000 cloth masks and units of PPE distributed to health workers, students and teachers of Adara-supported schools and surrounding communities
- Equipment and medicines to support 4 health posts so the community has access to year-round health care
- 2 health assistants to ensure the health posts are attended by skilled health professionals
- Tibetan health practitioner, or 'Amchi', travelled through Humla providing Tibetan medicines and health care to 741 people in Humla villages
- Scholarship for a local Humli student studying traditional Himalayan and Tibetan medicine including college fees, monthly stipend and travel costs whilst accompanying the Amchi

### Remote Education Projects

- Finishing work on the rebuild of the Kerma Tatopani lower secondary school with six classrooms
- Provision of learning materials for 8 local schools including white boards, markers, pens, posters, science lab resources and other materials related to creating a child-friendly teaching and learning environment. This work was limited in 2020 due to schools closures as a result of COVID-19, but was supplemented by our distance learning programmes
- Develop remote learning options for students during school closure including distance education through FM radio in Humla. It is estimated that at least 17,000 students were tuning in to learn from radio classes that ran across two local radio stations, providing students with four hours of free classes a day, six days a week. Non-curricular subjects also ran on Saturdays including COVID-19 awareness and anti-trafficking
- Home learning kits including textbooks, story books, and pens and pencils distributed to 1,698 students across 9 target villages
- 1,013 kids from each of our nine target villages received scholarship support (stationery and notebooks)
- Seven daily before and after school classes in six of our nine target villages
- Salaries of 6 teachers and 2 school helpers

### Infrastructure

- Set up handwashing stations in 2 villages in Humla and airport gates in Simikot and Nepalgunj to help prevent the spread of COVID-19

### Ghyangfedi

- Programme manager costs and related travel expenses
- Distance education provided through FM radio and learning units for children living in the same village. Home learning kits and radios were also distributed to children
- Provision of reusable masks, sanitiser, toiletries and other PPE to schools, health post and children
- Training sessions on WASH to children and teachers
- Midday meals provided daily to 330 students at the Shree Ghyangfedi School when schools were open
- Salaries of 13 teachers
- Emergency support with food baskets for landslide affected families
- Work with 7 feeder schools supporting 294 children with meals, utensils, learning materials, uniforms and teacher training

### Hands in Outreach

- 175 children are receiving continued support from Hands In Outreach Nepal for their education.
- Adara supported healthcare and dental care for 163 children in need
- 85 families received direct assistance through food supplies
- Contribution to the salaries of 9 teachers and 3 support staff

### Himalayan Children's Society

- 13 local staff and related office costs
- 180 children had access to safe student accommodation (school hostel) during the year
- 120 children receiving Adara scholarships (food support, uniforms, notebooks, textbooks)
- Support implementing rigorous infection control and cleaning processes, as well as distribution of protocols and guidelines around contact tracing and establishment of quarantine facilities

### Himalayan Medical Foundation

- 6 local staff and related office costs
- More than 2,900 men, women and children received treatment during the year
- Medicine and laboratory materials for 3 clinics – Benchen, Nagi and Pharping. These clinics were open for reduced lengths of time due to COVID-19. To ensure patients could still receive support, HMF provided consultations through phone applications such as WeChat and Viber

### The Himalayan Innovative Society

- 5 local staff and related office costs
- 2 FM radio programmes to raise awareness about child trafficking and child abuse in Humla
- 87 children of single mothers received case management support
- Emergency support for 10 children of single parents requiring urgent medical treatment

### The Women's Foundation

- 1 local lawyer who leads a team of lawyers to get justice for victims of family violence
- 206 cases were resolved through free legal assistance
- Training and salaries, as well as start-up costs including sewing machines, for the Women's Foundation new cloth mask business. The business generates a source of income for women who are survivors of domestic violence. We ordered and distributed 6,400 of the Women's Foundation masks to students at Adara-supported schools

### Programme resources

- 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\$ 126,442

- 4 Staff including Senior Advisor Innovation and Best Practice (Montana), Monitoring and Evaluation Manager (Sydney), and Research, Monitoring and Evaluation Officers in Uganda and Nepal
- Research support to Nepal and Uganda
- Monitoring and evaluation of all projects
- Ethics applications received for four research studies in Nepal and Uganda
- New quality improvement systems introduced to AdaraNewborn scale up site

## CORE SUPPORT

US\$ 873,432

- Core support expenditure during 2020 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.
- 14 global support staff (plus 1 pro bono and 2 secondees) including the COO, 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 grant reporting, 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



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