



**So Much Done,
So Much Left To Do**

**OPERATIONS
REPORT 2022**



ABOUT ADARA

We believe 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 2022, we directly reached hundreds of thousands of people living in poverty and countless more through our influence, networks and knowledge sharing.

OUR VALUES



Compassion



Teamwork



Mutual respect



Integrity and excellence



Passion



Unconventionality

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.

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WE SUPPORT



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.



So Much Done, So Much Left To Do

As this beautiful Operations Report goes to print, marking 25 years since our work began, I have just returned from our most remote project in Humla, Nepal. In such a harsh, spectacular place – unconnected to the Nepali road system – I walked for 17 days with two of our US clinical team and 10 of our extraordinary Nepali team. They brimmed with pride as communities spoke to us endlessly and passionately about the momentous change that has taken place in their region, and their lives, since we first came to this place.

At the same time, a number of our expert Maternal, Newborn and Child Health team from Uganda, the USA and Australia are travelling to South Africa to share with, and learn from, the global health community. With a focus on the care of small and sick newborns in low-resource settings, they will be planning our next steps as our work saving tiny lives and their mothers moves to scale.

With the same dedication, yet a very different set of skills, our Adara Partners business team has just completed another major corporate advice mandate, led by the incredible Adara Partners Panel. They are turning their minds to finding the next deal to ensure that we continue to fund 100% of our core support, administration and emergency project costs, so our generous donors can directly support our project costs.

AdaraNewborn, AdaraRemote, Adara Business. More than 600,000 people in poverty touched and helped since we began.

Since inception to date, A\$67 million has been put to our work, with A\$23 million of that coming from our business and the remainder from our wonderful donor partners.

People are asking me how it feels to see Adara turn 25? To see that crazy dream become real and to know that Adara has helped so many in need for a quarter of a century?

A little unreal. Like we began yesterday and a hundred years ago, all at the same time. Like a time to reflect and to celebrate. Like an immense relief that we have made it so far, and like a joy that we spend our lives bridging worlds and working across boundaries to help those in huge need.

And most of all, it feels like we have so much more to do.

We have put in place an incredible team, led by our CEO Madeline Vaughan and our Global Leadership Team, who will take our work to the next level. I could not be prouder as I watch that next generation of Adara leaders step forward. I believe the next 25 years will be even more extraordinary than the last.

As you know, ours is the story of thousands of people who have brought us to this point. Our teams and our alumni. Our incredible donors. Our strategic partners. Our board and advisors. Our social capital providers. Our investment banking Panel Members. Our volunteers.

To every single person who has given of their time, their skills, their resources, and their love and energy to stand with us – I thank you from the bottom of my heart.

We have made change in our world, together.

Audette
Founder and Chair



2023–25 STRATEGY: STRONG FOUNDATIONS, BROAD HORIZONS

As we mark our 25th anniversary, we have launched a new strategic plan that will run from 2023 to 2025.

The theme of our strategy is “Strong Foundations, Broad Horizons”. It acknowledges that we are building on our 25-year history of service delivery to bring quality health and education services to people living in some of the world’s remotest places. At the same time, we are seeking to broaden our impact through scale and knowledge sharing.

Over the next three years, we will:

- impact many more lives through our deep commitment to developing and scaling models of health and education excellence, including AdaraNewborn and AdaraRemote.
- ‘prove and improve’ our programmes, with an enhanced emphasis on monitoring and evaluation
- amplify our reach by sharing our knowledge widely
- resource and enable our vital work through robust strategies to continue developing Adara’s operations.

Read the strategy [here](#).

GLOBAL LEADERSHIP TEAM



Brooke Magnusson
Global Health Director



Daniel Kabugo
Uganda Country Director



Kimber Haddix McKay
Senior Advisor,
Innovation & Best Practice



Madeline Vaughan
Chief Executive Officer



Pralhad Dhakal
Remote Community
Development and Nepal
Country Director



Sarah Lecoutre
Chief Financial Officer

25 Years of Impact

Since beginning our work in 1998, we have been committed to tracking our progress and monitoring each project to ensure we deliver best-practice service.

This allows us to identify issues and trends in projects to improve our work, inform national or global knowledge, advocate for programmes or approaches, contribute to research and demonstrate our impact to our community of supporters.

Over the years, our Monitoring and Evaluation stream of work has grown so that everyone – from hospital administrators to programme managers – can make informed decisions that improve health and education outcomes.

We have invested in systems that provide rich data on admissions to the Kiwoko Hospital neonatal intensive care unit (NICU). We have regularly surveyed households to understand how our programmes have changed community attitudes. We have developed comprehensive theories of change that outline how and why we will achieve expected outcomes.

The following is a short summary of the ways our work has impacted countless lives over the past 25 years.

GLOBAL

600,000+

people reached since 1998, as well as countless others through knowledge sharing



From 1998 to 2022

US \$50.7M (A\$65M)

has been donated to our work.

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

MATERNAL, NEWBORN AND CHILD HEALTH

From 2005 to 2022

the survival for newborns in the Kiwoko NICU has increased from 77% to

86%



Since 2013

more than

11,000

newborns have been admitted to the NICU

From 2011 to 2022

more than

40,000

women have received care in the Kiwoko maternity ward. During this time, maternal deaths as a percentage of total births have halved while births have increased by



400%

From 2019 to 2022

3,268

infants discharged from the Kiwoko NICU have been enrolled in our Hospital to Home programme

90%

have received at least one at-home follow-up visit



From 2019 to 2022

1,481

newborns received care in the Nakaseke Hospital special care baby unit –



with a

99%

survival rate

Since 2018

229

infants have participated in the Baby Ubuntu programme



REMOTE COMMUNITY DEVELOPMENT

From 2005 to 2022

459

 greenhouses have been built in 20 villages in Humla

According to 99% of participants in our Humla household survey, these greenhouses have increased food production, so people have sufficient food for more than six months

From 1998 to 2022

the number of schools we support across Nepal has increased from 1 to 18. In this period, enrollments have increased from three students in 1998 to

1,993

in 2022



From 2013 to 2022

there have been

44,578

visits to the eight Adara-supported health posts.

The number of visits annually during this time has increased by

360%

From 2002 to 2022

there have been

16,254

visits to the Tibetan Medicine Practitioner



From 2016 to 2022

323

students in four Adara-supported schools passed their Secondary Education Examination (SEE)

Business for purpose: Adara Partners and Adara Advisors

We have been bridging the worlds of business and people in extreme poverty since 1998. When we began, we launched our first corporate advice business alongside our not-for-profit. Our dream was to bring businesspeople and development experts together, using their very different skills with one united purpose – to help those most in need in our world. We believed that we could build businesses which would fund all our core support, administration and emergency costs, ensuring that 100% of donor support would go directly to our project work.

We have met that goal for 25 years. As this report goes to print, our businesses have generated more than \$23 million for our work around the world. We are proud that we have demonstrated the power of business to accelerate transformation for communities in need, touching lives, creating impact, and inspiring others to take a similar path.

With our learnings from our first business, we envisioned a second business with an innovative model that would widen our service offering to clients and increase the power and impact of our work. And so Adara Partners was born, in 2015.

Adara Partners is a boutique corporate advisory firm, providing independent and conflict-free advice to Australian companies. Adara Partners acts as a trusted advisor to boards, senior management and significant shareholders of public and private companies. Adara provides independent advice and second opinions on mergers and acquisitions, equity capital markets advice and complex commercial problem-solving.

“The beauty of the Adara model is that it enables you to do what you do well and donate your time to make fees, which then go into the very serious charity work that Adara does.”

— Philippa Stone
Adara Partners
Panel Member

As with our first business, Adara Partners was set up to help fund the Adara Group’s health and education work with women and children in extreme poverty in some of the world’s remotest places.

In 2022, Adara Partners continued working at the highest levels of independent corporate advice in Australia. We made headlines for advising on some of Australia’s largest corporate transactions during the year, including the \$18.2 bn sale of AusNet to Brookfield and the \$1.8 bn sale of Pental to Perpetual. As Adara Partners enters its eighth year, we have completed 26 engagements for some of Australia’s most important companies and generated tens of millions in fees for our work with people in poverty.

Our advisory services are provided by the Adara Partners Panel – 16 of the best-known and most senior financial service advisors in Australia. Undiluted access to these individuals working collaboratively on a mandate is not otherwise available in the market. They are supported by the Adara core advisory team. Panel Members work for Adara without recompense, to

THE ADARA GROUP BUSINESSES AT A GLANCE

US\$17.6M
(A\$23M)

donated to support Adara Development since inception to end of March 2023



US\$2.8M
(A\$4.1M)

donated in 2022



support our work in low-resource settings.

Since launch, the Adara Panel has provided advice to many of Australia’s largest listed companies. We believe our innovative business-for-purpose model applies more widely and has the potential to transform many more lives. Our vision is that Adara Partners will sustainably generate millions of

dollars each year to ensure Adara’s financial sustainability and to continue to fund all our core support, administration and emergency project costs. Adara Partners is showcasing a model that can be replicated in the world’s greatest financial services centres, and our Panel and our teams have their eyes facing forward to launch our model globally in the coming years.

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**



**Jim
McKnight**



**Mike
Roche**
(stepped down
December 2022)



**Cynthia
Scott**



**Nora
Scheinkestel**



**Philippa
Stone**

"The Panel has more experience probably in aggregate than any single investment bank."

*— Tim Burroughs
Adara Partners Panel Member*



**Tony
Osmond**

STRATEGIC PARTNERS AND SUPPORTERS

Adara Partners is proudly supported by a number of market-leading firms.

Our Ambassador programme brings high-performing individuals from EY and MinterEllison to Adara on secondment for 6–12 months. Through our Pledge 1% partnership with Ansarada, we own 1% of their shares and utilise their market-leading virtual data rooms and management

information platform. Our partnership with financial services firm Barrenjoey gives selected staff the opportunity to volunteer their time on Adara Partners' client engagements when appropriately conflict-cleared.



Barrenjoey^o



MinterEllison.

ADARA PARTNERS IN ACTION: ADVISOR TO PENDAL

Adara Partners is immensely proud to have acted as the independent financial advisor to the board of Pendal Group on strategy, takeover defence and the group's subsequent merger with Perpetual Limited.

Together, these two iconic Australian firms create a \$200 billion global funds management business with enhanced scale and strategic benefits. It is well positioned to deliver long-term growth.

This remarkable transaction overcame a challenging economic environment and adverse industry trends over a dramatic nine-month campaign to achieve an exceptional result for shareholders.

As always, fees from this engagement support the Adara Group's work with communities living in poverty in some of the world's remotest places.

PENDAL

PENDAL GROUP

**Advice on strategy,
takeover defence and
subsequent \$2.1b sale**



Maternal, Newborn and Child Health

Every two minutes, a woman dies during pregnancy or childbirth. Each day, 6,400 babies die during their first month of life. Most of these deaths are preventable.

Since 1998, we've been on a mission to strengthen maternal, newborn and child health services in low-resource settings. We've tackled the causes of maternal and newborn mortality with tenacity, evidence and a belief that every woman and child deserve access to quality care, no matter where they live.

Today, we specialise in delivering high-quality healthcare to women, newborns and children at health facilities, in the community and at home. By upskilling health workers, equipping facilities and strengthening the health system, we aim to reduce preventable maternal and newborn deaths.

With 25 years' experience working in partnership with Kiwoko Hospital to develop a Centre of Excellence, we are now scaling our programmes to accelerate change across Uganda through AdaraNewborn.

"Over the past 25 years, our work in Maternal, Newborn and Child Health has saved countless lives. Our dream for the next 25 years is to scale our work across Uganda and halve newborn mortality and stillbirths. We know we will impact many more lives through our knowledge sharing."

*— Daniel Kabugo
Uganda Country Director,
Adara Development*

Our work strives to achieve the following Sustainable Development Goals:



ADARANEBORN: STRONG FOUNDATIONS

For 25 years, we've pioneered a holistic model of care to women, newborns and children alongside our partner, Kiwoko Hospital. When we first joined hands with Kiwoko, we could never have imagined how far this work would reach.

Back in 1998, the hospital was only 10 years old and was recovering from a civil war that had devastated the region just over a decade earlier. The hospital had only a small maternity ward and did not offer specialised newborn care. There was a resounding cry from the community for expanded maternal and newborn health services. We listened.

We stood together with Kiwoko to open the hospital's first neonatal intensive care unit (NICU) in 2000. The unit was small but impactful. Over the next few years, the hospital would quickly outgrow this space. In 2010, we worked with Kiwoko to open a new expanded NICU and maternity ward to accommodate increasing admissions and save more lives. We also continued partnering with Kiwoko to support their community based health care programmes to ensure comprehensive care for women and children.

After years of continuous improvement, including investment in staff, infrastructure, training and mentorship, equipment and biomedical engineering, Kiwoko is now a leading hospital in Uganda. We are proud that the Ugandan Ministry of Health

recognises it as a Centre of Excellence in newborn care. Survival in the NICU has increased from 77% in 2005 to 86% in 2022. Each year, the unit admits more than 1,300 small and sick newborns and the maternity ward provides care to more than 3,000 women.

Now, we are expanding the high-impact model we have pioneered at Kiwoko Hospital across the country to save the lives of more women and newborns. We call this model AdaraNewborn.

The need for this work is growing increasingly apparent. Despite making significant gains in reducing newborn deaths, data shows that Uganda is not on track to reach the Sustainable Development Goal (SDG) for maternal and newborn mortality. Estimates indicate that Uganda will still have 21.9 deaths per 1,000 live births in 2030, rather than the SDG target of 12. We have heard repeatedly from clinicians and Ministry of Health officials that new approaches are needed to turn the tide in maternal and newborn health – approaches like AdaraNewborn.



Mother with their baby in the Kiwoko Hospital NICU

As we scale AdaraNewborn, the key to our success will be an evidence-based model that works across the continuum of care. This provides care to mother and baby from the time of pregnancy through to when they return home after birth.

It includes five arms: antenatal care, intrapartum care, inpatient care for small and sick newborns, postnatal care, and follow-up and early intervention.

Kiwoko is our first AdaraNewborn site and our Centre of Excellence at the heart of this work. By sharing the knowledge we have gained at Kiwoko over the past 25 years, our impact will reverberate across Uganda and beyond.



1998

Partnership begins: Adara and Kiwoko Hospital

Adara's Founder, Audette Exel, travelled to Uganda and established a partnership with Kiwoko Hospital. This marked the beginning of our Maternal, Newborn and Child Health work.



1999

Community based healthcare

We finished building the first community based healthcare hall at Kiwoko, supporting vital community outreach projects. We also started construction on the hospital's first neonatal intensive care unit (NICU).



ADARANEBORN: BROAD HORIZONS

AdaraNewborn aims to halve newborn deaths and stillbirths in 10 facilities in Uganda over the next decade. Together with the Government of Uganda and other implementation partners, we will strengthen two regional centres of excellence and the surrounding target hospitals, health centres and community health systems.

Our first regional hub is in the Central Region of Uganda, with the Centre of Excellence, Kiwoko Hospital, at the heart. In this hub, we will seek to improve the quality of care across Luwero, Nakaseke and Nakasongola districts.

Nakaseke Hospital, a public facility, is our second AdaraNewborn site within this hub. We began working with Nakaseke in 2017 by implementing the “inpatient care for small and sick newborns” arm. We did this by initiating a newborn training programme and opening a special care baby unit (SCBU) that we later expanded in 2021.

“The Ministry of Health is recognising our effort in a government setting and the newborn survival rate at Nakaseke Hospital stands at 98%. So we feel like this kind of care in a government setting is reducing neonatal mortality and will help us contribute to achieving the Sustainable Development Goals!”

— Beatrice Niyonsaba,
Adara's Uganda Research, Monitoring
and Evaluation Manager

In 2022, we began expanding our training across antenatal, intrapartum and postnatal arms. In the coming years, we will build on this work to fully implement all five arms of AdaraNewborn, including follow-up and early intervention. We are proud of the work we have done with Nakaseke so far and look forward to building on this in the coming years.

In 2023 and beyond, we will continue to strengthen facilities in the region. We are excited to begin work with our third site, Luwero Hospital. You can read more about these plans on page 19.

Through AdaraNewborn, we will strengthen the Ugandan health system and support sustainable systems change. This will save lives now and help reduce maternal and newborn deaths and morbidity into the future.



Newborn in the Nakaseke Hospital SCBU

RELIEVING PRESSURE ON THE KIWOKO NICU

Congestion in the Kiwoko NICU is a growing issue as referrals to the unit continue to increase and word spreads throughout Uganda about the quality care the hospital provides to small and sick newborns.

To ease congestion, we established a ‘step-down unit’. This is for babies who no longer need intensive life support. It provides a space for mother and baby to continue receiving quality care while making the transition to home. Babies at lower risk are selected for admission based on criteria created by the Kiwoko NICU team. The unit continues to offer the Hospital to Home parent training and discharge package, ensuring families are involved in their babies’ care and prepared to care for them at home.

Though this has helped to ease some congestion, we plan to continue addressing the issue of space in the NICU. We have formed a steering committee with the hospital that will lead a detailed planning and consultation process for a significant expansion of the Kiwoko Hospital NICU. This will ensure that the hospital can continue to offer high-quality care.

2000

NICU opening

Kiwoko Hospital's first NICU opened its doors. We delivered training in neonatal resuscitation. At the time, Kiwoko was one of only two hospitals in Uganda to have staff trained in this programme.



2010

Opening a bigger NICU and maternity ward

Many mothers and babies were coming to Kiwoko as word spread about the hospital's quality care. To address this challenge, we built, outfitted and opened a bigger NICU and maternity ward.





Meet Alice and Robinah: Quality care at Nakaseke Hospital

When 19-year-old Alice arrived at Nakaseke Hospital to give birth, dawn was just breaking. Despite her weariness, relief flooded her body. For the last week, Alice had been unwell – and it was more than the typical symptoms one feels during pregnancy.

RECOGNITION ON A GLOBAL STAGE

In 2022, our expertise was recognised on the global stage. In July, we were honoured to have our newborn health work recognised as an Exemplar in Global Health. Exemplars in Global Health is a coalition of experts, funders and collaborators around the globe, supported by Gates Ventures and the Bill & Melinda Gates Foundation. You can read more [here](#).

In November, we also hosted Uganda's national World Prematurity Day celebrations alongside our partner, Kiwoko Hospital. It was during this celebration that Kiwoko Hospital was officially recognised as a Centre of Excellence by the Uganda Ministry of Health. You can read more about World Prematurity Day on page 31.

With sore muscles and headaches, Alice had begun to suspect she had malaria.

When she went into premature labour while at home, Alice worried: if she wasn't well herself, how would her baby be?

At the urgings of her family, Alice rushed to Nakaseke. And lucky she did: within minutes of her arrival at the hospital, staff hurried her to the labour ward.

There Alice welcomed a baby girl into the world. She was small, weighing only 1.4kg. Sadly, she'd been born with malaria.

Alice's daughter, who she named Robinah, was rushed to the Nakaseke special care baby unit (SCBU). Immediately, staff supported her to receive the anti-malarial medicine she needed to improve. They also helped Alice to feed Robinah while she waited for her breast milk to come in.

"The health workers were so committed and caring," Alice says, reflecting on her experience at Nakaseke.

Robinah would spend the next month in the SCBU, growing and healing. By time of discharge, she weighed 1.8kg.

Alice is grateful for the care she and Robinah received at Nakaseke Hospital. As Alice recounts her story, Robinah is cradled in her arms, smiling up at her mother. Alice knows she has Nakaseke and its dedicated staff to thank for this gorgeous smile.



2012

bCPAP and a new database

Alongside the University of Washington, we introduced a bubble continuous positive airway pressure (bCPAP) system at Kiwoko and converted the NICU's data collection system into an electronic database.



2017

Expanding to Nakaseke Hospital

We began to share our expertise with nearby Nakaseke Hospital by introducing a newborn care training programme and opening a newborn unit.



BLENDING AIR AND OXYGEN TO HELP NEWBORNS BREATHE AND SURVIVE: BUBBLE CPAP KIT

Respiratory distress syndrome (RDS) is a leading cause of death for babies born prematurely.

To help these tiny babies breathe, we teamed up with PATH, University of Washington, Seattle Children's Hospital and Kiwoko Hospital to develop an innovative, low-cost bubble continuous positive airway pressure (bCPAP) kit for babies suffering from RDS in low-resource settings.

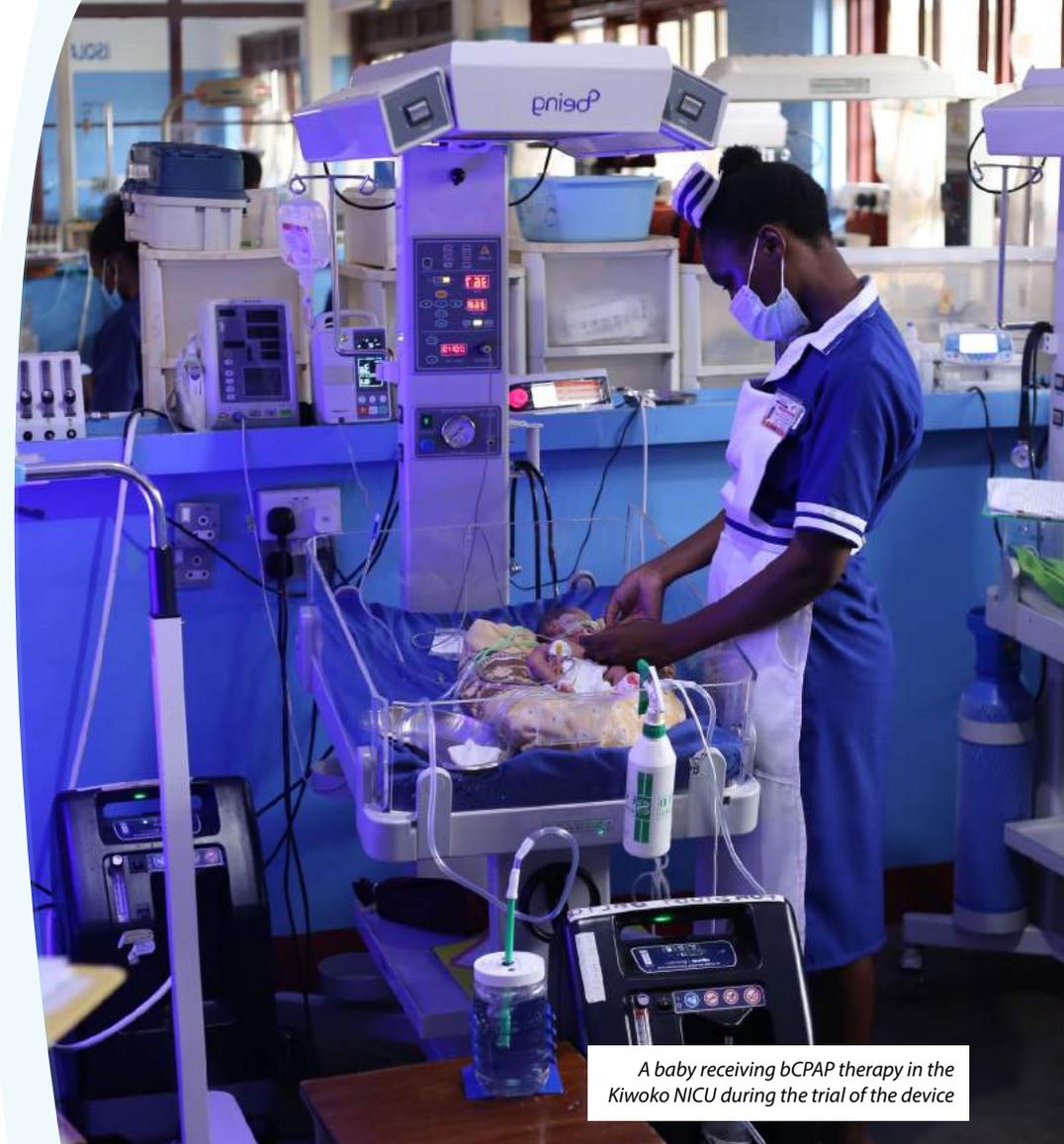
Crucially, this device can be operated without electricity. It utilises fixed-rate blenders that blend oxygen with room air, allowing staff to administer safer, more appropriate levels of oxygen to newborns.

After years of collaboration to develop this device, we tested the bCPAP Kit at Kiwoko Hospital in 2021. We assessed the feasibility and usability of the device in a study involving 14 babies and 27 health workers. The study showed that use of the bCPAP device is feasible in a Ugandan level two

newborn unit and acceptable to healthcare workers experienced in bCPAP and oxygen blending. You can read the results of study [here](#).

Resource-constrained sites have a critical need for safe, rigorously tested, very low-cost bCPAP devices including oxygen blenders. The use of such devices in referral and district hospitals could prevent 178,000 newborn deaths in Africa each year.

We will keep working with our partners to ensure that this device is available commercially so that more babies have access to this live-saving technology. We are also planning further research to determine facility readiness in sites that have never used bCPAP before.



A baby receiving bCPAP therapy in the Kiwoko NICU during the trial of the device

2017

Baby Ubuntu

We partnered with London School of Hygiene and Tropical Medicine to implement Baby Ubuntu, an early-intervention programme for children with neurodisabilities and their caregivers.



2019

Hospital to Home

We launched Hospital to Home (H2H), our flagship newborn follow-up programme. H2H is designed to support newborns and their families in a neonatal unit and after discharge from hospital.



HOSPITAL TO HOME



Over the past 25 years, our work has been informed by a deeply held belief that every newborn has the right to not only to survive but also to thrive. This is why, in 2019, we launched our flagship newborn follow-up programme, Hospital to Home (H2H).

H2H addresses a critical gap. Babies born small and sick have an increased risk of complications after discharge. While babies are still in hospital, H2H strengthens discharge processes, provides comprehensive parent education, strengthens lactation and breastfeeding practices, and promotes care that encourages healthy brain development.

It also provides regular at-home follow-up support to these vulnerable infants for six months after discharge. These follow-up visits are led by a network of volunteer community health workers (CHWs) who have received specialised training in the care of small and sick newborns. H2H sits in the 'follow-up and early intervention' arm of AdaraNewborn.

In 2022, we continued to strengthen the H2H programme by delivering refresher training to all CHWs. Topics included maternal nutrition, complementary feeding, danger signs in babies and Ebola awareness. During 2022, 987 babies were discharged into H2H and 97% received at least one follow-up visit from a CHW.

A group of Hospital to Home community health workers at World Prematurity Day



SHARING OUR HOSPITAL TO HOME PACKAGE

Over the past year, we have developed a Hospital to Home package that will allow other organisations to roll out this programme in their facilities.

Though H2H is part of our AdaraNewborn model and will be rolled out to all AdaraNewborn facilities, we also plan to make it available as a standalone package. The package includes all the materials and instructions necessary for other facilities to implement their own H2H programme. This consists of guidelines covering breastfeeding and neuro-developmentally supportive care,

training packages, job descriptions and reporting templates.

During the World Prematurity Day celebrations, the Hospital to Home package was introduced to the Ugandan Ministry of Health, who endorsed the programme and offered feedback and support. They expressed the shared goal of wanting to see this programme scaled to other public facilities across the country. We look forward to seeing this programme implemented in other sites, supporting countless newborns to flourish.

2020

Overcoming COVID-19

COVID-19 entered the world and we stood with Kiwoko and Nakaseke hospitals to ensure continuity of their services. We found new and powerful ways of working and sharing learnings with others.



2021

Launching AdaraNewborn

We launched AdaraNewborn – our ambitious model to halve newborn deaths and stillbirths across 10 facilities in Uganda over the next decade.



Meet Esther and Sally: Specialised care from Hospital to Home

“How do you see my baby?” Esther asked, looking down at her newborn, Sally. Night was falling in the Kiwoko Hospital neonatal intensive care unit (NICU), but staff were working tirelessly to care for Esther’s daughter.

Molly MacGuffie, a volunteer nurse from Seattle (now our Clinical Programmes Manager), thought for a moment before responding to Esther. How could she express that she was worried about Sally but could sense she was fighting? How could she help to keep Esther’s hope alive?

“I see your baby full of your love,” Molly eventually replied. “I see you here. That is enough for now.”

Despite Molly’s words, Esther was uncertain about her child’s survival. She had never seen a baby so tiny. With Sally weighing just 1kg, Esther was scared to even hold her. Sally spent the first months of her life in the Kiwoko Hospital NICU, under the watchful eye of the unit’s expert staff. Despite Esther’s initial fears, Sally gradually grew bigger and stronger until eventually she could be discharged home safely.

Esther thought it was a miracle. But now she faced the next challenge: ensuring she supported Sally with the care she needed at home so she could continue to flourish.

Thankfully, Sally was one of the first newborns enrolled in our Hospital to Home (H2H) programme.

Through H2H, Esther received training in the NICU on what to expect after taking Sally home. They then received at-home follow-up support from CHWs. The amazing CHWs supported Esther to care for Sally once she left the hospital and helped ensure her optimal health and development.

Today, Sally is two and a half years old. She is smiling, growing and doing all the things children her age should be. Esther has even taken a tailoring class. Now she feels comfortable leaving Sally with her grandmother so she can work in a nearby town to support her daughter. The family is very grateful for the quality care they received.

“It was Kiwoko’s NICU nurses and the community health workers who counselled and encouraged Esther on how to take care of her baby well,” says Sally’s grandmother.



2021

bCPAP study in Kiwoko NICU

Alongside PATH, University of Washington and Seattle Children’s Hospital, we trialled the bCPAP device in the Kiwoko Hospital NICU.



2022

Opening the Adara Youth Community Centre (AYCC)

We opened the AYCC to support youth to lead happy and healthy lives.



BABY UBUNTU: EARLY INTERVENTION PROGRAMME



Developed with the London School of Hygiene and Tropical Medicine, 'Baby Ubuntu' is an early-intervention programme that aims to improve quality of life for children with moderate to severe neurodisabilities and their caregivers.

Since 2017, we have implemented the programme across three districts: Nakasongola, Luwero and Nakaseke. Baby Ubuntu sits in the 'follow-up and early intervention' arm of AdaraNewborn.

When we launched this programme, it was the realisation of a dream to seek out children with disabilities and connect them and their families with resources and support. We knew this work would be critical. In Uganda, there are perceptions that having a child with a disability is a curse or punishment for wrongdoing. Sadly, many people see children with disabilities as burdens to the community. As a result, parents often feel isolated as they raise and parent a child with a disability.

Baby Ubuntu addresses these challenges, providing emotional and practical support to caregivers so they feel empowered to care for their child. This enables them to maximise their child's development, health and quality of life. The programme includes a parent education training programme

with 11 modules, encompassing position and carrying, eating and drinking, communication and more.

Attending a Baby Ubuntu group meeting is a powerful experience. In 2022, the Nakasongola District Health Officer (DHO) experienced this at first hand. He was so moved by the programme that he nominated it for an award in the Social Innovation in Health Initiative's 2022 'Call for Health Solutions' in Uganda. As a result, Baby Ubuntu was recognised as an innovative programme contributing to significant improvements in the region and addressing a key health priority.

In 2022, together with our collaborators, we also published a paper on a trial of the Baby Ubuntu programme. It was found to be feasible and acceptable to children, caregivers and healthcare workers in Uganda. You can read more about the study [here](#).



A mother and baby during a Baby Ubuntu group session

2022

Kiwoko Centre of Excellence

We hosted Uganda's national World Prematurity Day celebrations alongside Kiwoko Hospital. During this time, the Ugandan Ministry of Health recognised Kiwoko as a Centre of Excellence in newborn care.



2023 AND BEYOND

So much done, so much left to do

For 25 years, we have changed and saved the lives of countless women, children and communities. Over the next 25 years, we will utilise our knowledge to help more people across Uganda and beyond.



Meet Andrea and Rafael: Baby Ubuntu changing lives

For 20-year-old Andrea, the Baby Ubuntu programme was a lifeline. Her son Rafael had been born in 2020 with a neurodisability. When her husband began noticing that Rafael was different to other children, he became increasingly violent with his son. A fierce protector of Rafael, Andrea left her husband and soon became the sole provider for her family.

"I assumed all the responsibility of taking care of the family," says Andrea. "And my neighbours were all scared of me, thinking that what happened to my child might also happen to theirs."

During this time, Andrea felt isolated and abandoned. Few people understood her experience or her child.

"All this changed when a community health worker approached my house and told me about a new programme operating within the Nakasongola district helping children like mine," Andrea reflects.

That programme was Baby Ubuntu, and it was designed to support people just like Andrea.

"I had gone to many places and lost interest in any kind of medication and help for my child, so I thought this is also another scam of people who only want to use us with our children. I decided to try the Baby Ubuntu programme – but to my surprise, it was the opposite. I saw different parents having children with the same condition as mine.

"This relieved me of so much of my agony, that I wasn't alone in the world. The facilitators were so hospitable that it made me feel comfortable to open up and share my life experience with them."

As Andrea continued attending the Baby Ubuntu group meetings, her life started to change significantly. She noticed people interacting freely with her child. She found herself laughing and talking with others again.

"The more I loved my child, the more I started practising what was taught to me. Now he has started sitting and achieving some of the developmental milestones. These days, I always walk with my child's head up."

Thanks to the support Andrea received, she has learnt how to care for her child appropriately.

"I have been taught how to feed my Rafael and how to prepare his food in a way that he won't vomit it back," she says. "I have learned how to position him in a proper way so that his spine can grow strong, and it's growing stronger and stronger each day. I am now Rafael's advocate, his defender. And this is all because of the Baby Ubuntu programme."



THE ADARA YOUTH COMMUNITY CENTRE

In July 2022, officials, staff and community members gathered at Kiwoko Hospital to celebrate the opening of the Adara Youth Community Centre (AYCC). After months of construction, planning, training and community sensitisation, this centre was ready to begin providing critical support to youth. This launch couldn't have come at a more crucial time.

The COVID-19 pandemic led to many challenges for young people and children. Since COVID-19 lockdowns and the subsequent closure of schools for nearly two years – the longest of any country in the world – there was a growing pattern of domestic violence targeting children at home. Several reports from the government showed an increase in child marriages, rape and teenage pregnancies.

The AYCC is a place where young people can access information, evidenced-based education and services that address

their needs. It provides support to adolescents through counselling, sexual and reproductive health education, family planning, life skills training and connection with Kiwoko Hospital services. It also provides community outreach, working closely with schools, parents and local leaders. These services are available to young people aged 10 to 24.

Since its launch, 672 youth have accessed care at the AYCC, and 1,624 youth have received in-school health education.



Peer Educator inside the Adara Youth Community Centre



Meet Sarah: Support to lead a happy, healthy life

When Sarah was 17 years old, life as she knew it came to a halt. COVID-19 entered the world, plunging communities into lockdowns and closing schools' doors.

Like many other young people during this time, Sarah fell pregnant. When her mother learnt she was pregnant, Sarah was forced to leave her home.

Fortunately, Sarah had her teacher Susan to turn to. Susan had recently attended a stakeholder meeting for the AYCC. These sessions were designed to get input from stakeholders – including teachers and local and religious leaders – into the programme.

When Susan learnt of Sarah's situation, she encouraged her to attend.

"I started attending antenatal care from AYCC. From there I was counselled, given the whole package of antenatal care – and I regained hope," Sarah says. "I'm so grateful that I had a successful delivery from Kiwoko Hospital and my baby is very well."

After giving birth and when schools

reopened, Sarah returned to finish her education. She left her newborn with a babysitter and was able to return home during breaks to breastfeed.

"When my mother learnt that I went back to school, she became so furious because she wanted me to sit back home," Sarah explains. "I engaged the AYCC social worker, who talked to her. And now my mother feels good about it."

Sarah dreams of becoming a doctor. Though she often worries about juggling motherhood with her studies, she is grateful to everyone who has supported her on her journey.

"I am grateful to AYCC. I was worried about not reaching my dreams," Sarah says. "I am thankful to the AYCC social worker and all the nurses and midwives for always being there in case of any help."

The Road Ahead

BEGINNING WORK WITH OUR THIRD ADARANEWBORN SITE: LUWERO HOSPITAL

In 2023, we will begin work with our third AdaraNewborn site: Luwero Hospital. After conducting consultations and stakeholder meetings with the hospital in 2022, we are formally launching our partnership.

With Kiwoko Hospital less than an hour's drive away, Luwero currently accounts for 25% of all referrals to Kiwoko. This is the largest proportion of any facility. Luwero Hospital has over 3,500 births each year and needs to refer many of these babies to other health facilities to receive more specialist care. The District Health Officer from Luwero requested this partnership as he sees too many maternal and newborn lives being needlessly lost.

"For every minute you lose, for the baby it counts," says Dr Steven Magera, the Medical Superintendent at Luwero Hospital. "So as a hospital and a district, we actually decided to move forward by first hiring a pediatrician and then... to establish a neonatal ICU."

In 2023, our partnership will begin by:

- implementing leadership and governance training
- carrying out needs assessments
- rolling out training across antenatal, intrapartum, inpatient and postnatal care arms
- providing biomedical training
- providing necessary equipment and infrastructure upgrades.

Together, we plan to halve maternal and newborn mortality rates in this facility over the next seven years.

STRONG FOUNDATIONS, BROAD HORIZONS: HIGHLIGHTS

We have ambitious and exciting plans for our Maternal, Newborn and Child Health work in our 2023–25 strategic plan.

Over the next three years, we will strengthen the continuum of care at Kiwoko Hospital and five additional facilities through AdaraNewborn, including launching our second regional hub. This will reduce maternal and newborn morbidity, mortality and stillbirth. And it will help infants thrive. In 2024, we will adapt and pilot our newborn follow-up programme, Hospital to Home, for implementation at a public facility. We also plan to continue addressing adolescents' needs in Nakaseke District through the Adara Youth Community Centre (AYCC), to help improve their health and wellbeing.

Finally, we will continue sharing our knowledge and expertise in Maternal, Newborn and Child Health to scale the impact of our programmes, including AdaraNewborn, Hospital to Home and Baby Ubuntu.

You can read more about our plans from page 12 [here](#).



Luwero Hospital's pediatrician during a consultation with a mother and baby

Remote Community Development

An estimated 3.4 billion people, around 44% of the global population, live in the rural areas of low- and middle-income countries. Despite the decrease in global poverty since 1990, a person's place of residence still largely determines their access to essential services.

Since 1998, we've been on a mission to deliver excellent health and education services to people living in some of the world's remotest places. Even in the face of adversity and challenge, we've carried out this work with passion and drive.

Today, we specialise in improving access to local health services and ensuring children receive quality early-childhood, primary, secondary and tertiary education. By improving the quality of education in Nepal, we also aim to eliminate child trafficking in our areas of operation.

Our work reaches three key areas of Nepal: the remote district of Humla in the Himalayas, the remote region of Ghyangfedi and the capital, Kathmandu.

"For 25 years, Adara's Remote Community Development work has been changing and saving lives for isolated communities. We are now on the precipice of significant scale. In the next 25 years, AdaraRemote will be impacting children living in remote, low-resource settings in Nepal and around the world."

*— Pralhad Dhakal
Nepal Country Director,
Adara Development*

Our work strives to achieve the following Sustainable Development Goals:



ADARAREMOTE: STRONG FOUNDATIONS

Over the past 25 years, we have developed a comprehensive child-centred model for community development – AdaraRemote. This model centres on education, ensuring that all children in our communities of operation, especially girls, have access to quality education from early learning to tertiary level.

This model is underpinned by three foundations: child protection, resilient communities and good health. We believe that these foundations – together with strong education programmes – can support communities to truly thrive. The AdaraRemote model has the potential to be replicated in other remote regions, significantly expanding our reach.

Education is at the centre of AdaraRemote because of its power to transform the lives of children, women and their communities. We have learnt this from our work with many schools in Nepal over the years, but particularly from the Yalbang School.

The Yalbang School was our first ever project. Yalbang is in Humla, one of the most remote places in Nepal, set high in the Himalayas. When we first started working here, it was a 25-day walk to the nearest road.

Together with our partner the Himalayan Children Society, we built this government school and an accompanying hostel for children in surrounding villages. This provided students with a residential model of education so they did not need to travel long distances to school.

As part of AdaraRemote, we have identified six core components that we believe are essential to the development

and maintenance of a model school (see graphic to right).

The results of this work have been astounding. Today, Yalbang is a Centre of Excellence in remote education. In 2017, it was recognised by the Nepal government as one of the top five schools in the entire country and the best remote school. By 2022, Yalbang School had 335 students enrolled, of whom 53% are girls.

While we have seen the ability of education to transform lives at first hand, we know that it is not a silver bullet. Alongside our work to strengthen the education system, AdaraRemote also involves working alongside the local community to strengthen child protection, build resilience to disasters and climate change, and

ensuring people can enjoy good health. This has improved wellbeing and has showcased the intersection of education and community development.



Aerial view of the Yalbang School



Students studying at the Yalbang School

1998

First steps in Humla, Nepal

We began our work in Humla, an incredibly remote district of Nepal, sitting high in the Himalayas.



1999

Yalbang School

We rebuilt the Yalbang School and an accompanying hostel for children of the area. We also conducted a baseline survey in Humla to collect information on health status.



ADARAREMOTE: BROAD HORIZONS

Our AdaraRemote education projects now span 16 schools across Humla and Ghyangfedi. In 2022, we supported 1,994 students through this work. We aim to scale AdaraRemote to expand our impact throughout Nepal and other remote regions.

We do this in three ways:



Developing Centres of Excellence

We believe in demonstrating the art of the possible by building Centres of Excellence in education that governments, NGOs and other schools and educational institutions can be inspired by and learn from.



Scaling our work

Over the past 25 years, we have replicated and scaled AdaraRemote in other places, such as Ghyangfedi. In the coming three years, we will work to implement this model at the Syada Secondary School and Santa School in Humla.



Knowledge Sharing

We will develop and disseminate an education package containing helpful resources, implementation guides, monitoring tools and other products. We will share this through the Adara Knowledge Centre (our knowledge-sharing platform), academic publishing and global education forums.

Meet Rupsi

Ever since 17-year-old Rupsi was young, she has dreamt of becoming the first female doctor in her community.

Now in Grade 10 at the Yalbang School, Rupsi is working harder than ever to make this dream a reality. She has been at the top of her class since Grade 8, scoring an A every year. She is also an active participant in extracurricular activities, such as dancing and singing classes.

Rupsi's parents are proud of their daughter, but they admit it has been a challenge to balance their children's education with efforts to make a living.

"I am really worried about my family and the future of my two children," Rupsi's father says. "Things are getting more difficult every year."

Like many others in Humla, Rupsi's parents are farmers. This isolated district has a harsh climate, with long and cold winters. So land can be difficult to cultivate. This means Rupsi's family struggles to earn an income when crop yields are low. They must turn to other means of earning an income, including running a tea shop, selling vegetables

and collecting herbs. With the border to China still closed and inflation rates rising, the price of food and commodities has increased significantly.

"Thankfully, Adara and HCS are supporting the education of my two children," Rupsi's father explains. "Investing in our children's education is far from our capacity."

Now, thanks to the education Rupsi has received at Yalbang and the support Adara has provided, she feels her dream is within her grasp.

"I am grateful for Adara and HCS for inspiring and supporting me in getting my education," Rupsi says. "Their support is very helpful in pursuing education, when you have the much-needed, regular education support."

We can't wait to see what lies ahead in Rupsi's future. We know that with her talent and dedication, anything is possible.



2001

Partnerships for change

We began partnerships with the Himalayan Medical Foundation, the Women's Foundation and Hands in Outreach.



2002

Tibetan Medicine

We began supporting the community with our first Tibetan Medicine Practitioner to provide mobile healthcare in Humla, walking from village to village.





Nepal Programme Manager, Angjuk Lama, in front of the rebuilt Chauganfaya School classrooms

REBUILDING CHAUGANFAYA SCHOOL

It's our priority to ensure that all children in the communities we support are safe, including from natural disasters such as earthquakes.

During 2022, we began and completed earthquake-resistant infrastructure upgrades at Karnali Secondary School in Chauganfaya. Chauganfaya is a large village in upper Humla. It is also a centre for the surrounding villages and is home to a secondary school offering classes up to Grade 10. The original school was built more than 40 years ago. It was dark, overcrowded and increasingly unsafe, which is why we identified the need for rebuilding.

To ensure that the classrooms are earthquake-resistant, we rebuilt them with new, interlocking brick technology. Interlocking bricks are a strong and earthquake-resistant material suitable for villages in Nepal. The bricks consist of local soil, sand and cement. The mixture is compressed in a machine, yielding a high-density compacted brick.

By the end of the year, we finished rebuilding two classrooms. Another three classroom blocks will be completed in 2023. This is just the start of our work upgrading schools in Humla so they will be earthquake-resistant in the coming years.

PARTNERING WITH THREE NEW VILLAGES IN HUMLA

If there's one thing we love at Adara, it's finding opportunities to deepen the impact of our work.

In 2022, we were excited to expand our work to three new Humli villages: Syada, Santa and Yangu. By growing our work to these three new villages, we can provide transformative health and education services to many more people. At the same time, we showcase how we can share our knowledge to expand our impact.

that could not provide adequate care to the community.

To begin our work with these communities, Angjuk ran programme orientation sessions with hundreds of participants from each village.

"These three new villages are in upper Humla, about five hours' walking distance from Simikot in the north," explains Angjuk Lama, Adara's Nepal Programme Manager. "Comparatively, these are big settlements – particularly Syada village."



Syada, one of our new villages of operation

He discussed Adara's holistic project design, our close level of community engagement and the need for community ownership of – and contribution to – projects.

The villages are home to almost 2,000 people, including 400 schoolchildren. We identified the need to work with these schools as they lacked enough teachers, infrastructure and educational materials. The villages also have one health post

As part of this work, we are expanding AdaraRemote to the two schools in Syada and Santa. We have already begun school infrastructure improvements for the early-learning classroom in Syada. Over the coming years, we will continue rebuilding potentially unsafe buildings. We will also implement the other foundations of AdaraRemote.

2004

Primary healthcare

We partnered with Kathmandu University to improve the primary healthcare status of Humli communities by providing smokeless stoves, pit latrines, solar lighting and clean drinking water.



2004

The Adara Kids

We received an email from a young woman who had discovered many children living in appalling conditions in an orphanage in Kathmandu. They had been trafficking from Humla. This group would go on to become affectionately known as the 'Adara Kids'.



MILESTONES AT SHREE GHYANGFEDI SCHOOL

In 2022, the Ghyangfedi community gathered to celebrate the official launch of Plus Two classes for the first time in the school's 58-year history.

Plus Two is the name for the optional last two years of secondary schooling in Nepal, which can further qualify a student to apply for a university degree. After months of preparation, this dream for the Ghyangfedi community became a reality.

"Opening Plus Two in Ghyangfedi provides higher education opportunities for students," says Pasang Sherpa, Adara's Ghyangfedi Education Manager. "It allows these students the privilege to stay in their own village to complete their studies, instead of having to leave home and their families. This reduces the burden on families to pay to send their children away to other cities for higher education."

We have worked with Ghyangfedi since the devastating 2015 earthquake that rocked Nepal. 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. This opened in June 2017.

During this process, we drew heavily on our learnings from Yalbang and adapted AdaraRemote for this specific context. Since opening, the school's development has been outstanding. From 2017 to 2022, school enrolments have increased by 35%. Plus Two marks the next phase of the school's growth.



A student in Shree Ghyangfedi School's new science lab

OUR WORK WITH EIGHT SCHOOLS IN GHYANGFEDI

Since our work with Shree Ghyangfedi School began, we have expanded our programmes to include seven surrounding primary schools. We strive to lift educational standards across the area so young children do not need to walk long distances to attend Shree Ghyangfedi School. To access secondary education, students still attend Shree Ghyangfedi. As such, we call the surrounding primary network 'feeder schools'.

Students in these seven schools receive a midday meal, a uniform, school supplies and educational support. Across all eight schools in Ghyangfedi, we are supporting 560 students. Since this work began, the total number of students enrolled in Shree Ghyangfedi and the feeder schools has increased by 138%. In 2023, we have plans to open a ninth school.

"Plus Two will help Shree Ghyangfedi School to become a model school and an education hub in the district," says Pasang. "Over time, the literacy of the whole village will increase. It will also decrease child marriage as girls will stay in school longer. Students, especially girls, can now acquire a good education in their own village and support their families. The Plus Two programme has the power to transform not only Shree Ghyangfedi School but Ghyangfedi as a whole."

Our team, alongside the local community, worked incredibly hard to prepare for the first cohort of students to begin Plus Two.

The school opened and furnished science labs, technology labs and a library. They have also acquired books and stationery and hired three new specialist teachers to teach law and science.

From the first cohort enrolled in Plus Two, three students have decided to study science and nine have chosen law. We can't wait to see what incredible achievements come from the introduction of Plus Two. We wish the current and future students all the best in their studies.

2005

Greenhouse pilot

We piloted our first greenhouse in Simikot to counter the region's short growing period.



2006

Custody granted

After working with the Nepal Police and Central Child Welfare Board, we were granted custody of the Adara Kids – now 136 strong. We set up 10 residential homes and hired teams to provide round-the-clock care.



ADARA KIDS

From our early years, one group of children – they have since grown into youth, then adults – have sat at the heart of our work in child protection. We affectionately call them the 'Adara Kids'.

Nearly 17 years ago, we began caring for a group of 136 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. After working with the Nepal Police and Central Child Welfare Board, we were granted custody. And so began our journey with 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 original Adara Kids have grown and

become Adara Youth, our focus has shifted to independent living, higher education and vocational training. We wanted them to have bright futures ahead, so we've worked to equip them with the necessary skills and education.

As of June 2022, once the remaining three participants in the programme graduated, our work with these 136 astonishing young adults has moved into its next phase. It has been a delight to watch them grow into capable, independent men and women. Many are now married with families of their own. They will always be part of the Adara family, and we will continue to cheer them on in their endeavours.

Through this work, 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 through our other projects across Nepal.

CHILD PROTECTION

Through our Remote Community Development work, we seek to protect children from the dangers of trafficking and early marriage. We do this by raising awareness among policymakers and influencers and implementing anti-trafficking projects with our partner The Himalayan Innovative Society (THIS).

In 2022, together with THIS, we supported 'child protection focal person' appointments in six rural municipalities throughout Humla. The focal person reports back regularly to THIS and Adara on topics such as the incidence of child marriages in their community. They also work to prevent child marriages or trafficking, and report any concerning behaviours in their community.

We also worked with THIS to:

- produce six episodes of an anti-trafficking radio programme that is broadcast throughout the Humla region
- run a child-trafficking awareness programme at 10 schools across Humla
- provide tuition support to five vulnerable children in Humla, to reduce their risk of being trafficked.
- hold an anti-trafficking event for all government agencies and non-government organisations working with children in Karnali province.

Adara's Nepal Country Director, Pralhad Dhakal, continues to advocate for children, particularly girls, and their rights. In October 2022, he was appointed a Strategic Advisor to the National Child Rights Council (NCRC). In this role he will advise the Nepali Government on child protection policy.

Our Nepal Country Director, Pralhad Dhakal, speaking about child protection

2009

Families found and a new partnership

When it was safe, we joined with our partner organisation, The Himalayan Innovative Society (THIS), in trying to reconnect the Adara Kids with their families of origin.



2015

A devastating earthquake

In April 2015, an earthquake hit Nepal, killing nearly 9,000 people. The Adara team sprang into action, launching mobile medical camps and beginning our work in Ghyangfedi.

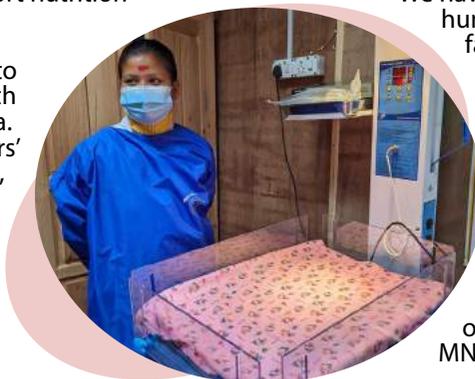


OPENING A BIRTHING CENTRE IN CHAUGANFAYA

When we first began working in Humla, we found the community had serious gaps in health service access. Many people had gone their whole lives without ever seeing a doctor. We saw there was a clear need for health programmes to support these isolated communities.

Today, we are proud that communities in our target areas have access to year-round healthcare thanks to our partnerships with local government health posts and a Tibetan Medicine practitioner. As part of this work, we strengthen the health system; ensure access to quality healthcare; and prevent health complications through improvements in water, sanitation and hygiene. We also support nutrition through greenhouses.

We are now moving into our next phase of health programming in Humla. With more than 25 years' experience in Maternal, Newborn and Child Health (MNCH) in Uganda, we are taking this expertise to Humla to improve maternal and newborn outcomes.



Inside the Chauganfaya birthing centre

In July 2022, we were excited to work with the local government to open an Adara-supported birthing centre in Chauganfaya, Humla.

The birthing centre was an extension to an existing health post. We renovated and furnished it, and equipped it with a range of medical supplies and medicines. We have also provided extra human resources to the facility, including a trained nurse and a midwife.

Since its opening at the end of 2022, the centre has welcomed six babies into the world. This opening marks the beginning of a deeper focus in our work on improving MNCH in Humla.



Meet Dolma: Impact of Chauganfaya birthing centre

Twenty-two-year Dolma lives in Chauganfaya in Humla. She is a mother to three children, the youngest only a few months old.

In previous years, there hadn't been a birthing centre in Dolma's village, so her first two children had been born at home.

"Previously, we had to walk four hours to get to the nearest birthing centre and spend several days," Dolma says. "It's difficult to walk, manage food and everything is expensive. Sometimes we have to return back when the midwife was not there or the centre was out of medicines. So we deliver in our own homes."

When Dolma learnt that a new Adara-supported birthing centre had opened in her village, she was relieved to know she could safely welcome her thirdborn safely into the world.

"I delivered two of my babies in my home and it was a very painful experience," she says. "I risked my life. I felt safe and it was much easier this time delivering at the newly set-up birthing centre with a trained nurse."

When it came time for Dolma to give birth to her third child, she knew to attend the birthing centre. There, she welcomed the newest addition to her family: a happy and healthy baby girl.

Dolma is grateful for the support she received from the health workers to give birth safely, and for the quality care she and her baby received.

2017

Opening a new school

After months of construction following the earthquake, the Shree Ghyangfedi School opened its doors in June 2017.



2017

Yalbang Centre of Excellence

The Ministry of Education named Yalbang School the best school in remote Nepal and one of the five best in the country. It serves as a model for remote schooling throughout the country.





School student in one of our villages of operation

HUMLA HOUSEHOLD SURVEY

In 2021, we implemented a Humla research study, including a comprehensive household-level survey and education assessment. It provides data on literacy rates, child abuse, girl trafficking, menstrual hygiene, engagement in school activities, and perceptions on traditional gender and cultural norms.

We conducted the study in 12 villages of Humla. Of these, nine were current Adara-supported villages and three were the new villages we entered in 2022. In total, we surveyed 828 households and 4,671 participants.

During 2022, we conducted a descriptive analysis of the survey's results. Some key findings included:

- 99.2%** of children in Adara-supported villages are regularly attending school, compared with just 74.5% nationally.
- 99%** of participants agreed that their Adara-installed greenhouse increased vegetable production, providing enough food for more than six months.
- 73.4%** of households have a flushing toilet – zero households had a toilet when we conducted our baseline survey in 1999.
- 94%** of participants disagreed that it is okay for a girl to marry before she is 18 – an improvement on when we first began working in the district.

The survey also revealed areas that require further work, such as reducing rates of stunting and wasting. We will use this data to inform programme design, contribute to national understanding and share with others working in similar areas. In 2023, we plan to conduct an in-depth analysis of this data in partnership with a biostatistician from a leading Nepali University.

2019

Ghyangfedi feeder schools

We expanded our Ghyangfedi education work to include seven surrounding 'feeder' schools. This would allow children to access primary education closer to home.



2020

Overcoming COVID-19

When COVID-19 entered the world, we stood with the communities we work alongside to ensure they had continued access to health, education and other essential services.





Meet Griva: Building resilient communities

Griva, aged 55, has just embarked on a new business venture.

Griva has long been involved in the agricultural sector in Humla. A member of a local 'agricultural co-operative', her family cultivates 15 plots of farmland. Despite their hard work, Griva and her family often struggle to produce enough food to support themselves.

"Our crops and produce are enough to feed my family for only few months," Griva says. "Without employment, there is always a lack of money for household expenses and other management. Last year was even more difficult for our family due to the COVID-19 pandemic."

Through Adara's food security and agricultural projects, Griva and her family received the tools and training to build a greenhouse to increase their production of green vegetables all year round. She now grows a range of crops such as swiss chard,

coriander, tomatoes, cabbage and onions. "In the past, we never grew, saw or ate green vegetables during the winter season," Griva says. "It was customary to eat food mixed with salt and dry vegetables. Due to poor nutrition, children were malnourished and the elderly in my family became ill."

Not only has the greenhouse improved the health and nutrition of Griva and her family, but it has allowed Griva to sell her excess produce to support her family.

"Since I started earning money from selling vegetables, I don't have to ask for money from my husband for household expenses", she says.

Griva looks forward to seeing her family continue to thrive thanks to Adara's food security and agriculture projects.



GREENHOUSES IMPACTING THE HUMLI COMMUNITY

Through our recent Humla household survey, we could understand how greenhouses impact the community.

The survey highlighted that only 1% of households reported that they could grow enough to provide food security for seven months or more per year before they had access to a greenhouse. In comparison, 84% of households can now grow enough food to support their households for seven months or more, thanks to the greenhouses we have supported them to build and utilise.

In 2023, we will expand our agricultural support to more directly

equip and train farmers in modern farming techniques.

With climate change causing increasingly dangerous weather conditions, community resilience and disaster relief are growing areas of our work. Through infrastructure and agriculture projects, we ensure communities are prepared for, and able to respond to, natural and human-made disasters. We also improve food security and nutrition outcomes by improving agriculture skills, knowledge and technology so that people have increased access to nutritious food.

2022

Opening a birthing centre

Together with the local government, we opened a birthing centre in Chauganfaya in Humla. This marked the beginning of a deeper focus on Maternal, Newborn and Child Health in our work in Nepal.



2023 AND BEYOND

So much done, so much left to do

We look back at our 25 years of achievements while also dreaming of our future. In the coming 25 years, we will utilise our expertise to transform many more lives through the power of health and education.



The Road Ahead

INCREASING OUR FOCUS ON MATERNAL, NEWBORN AND CHILD HEALTH

Maternal, Newborn and Child Health (MNCH) is a growing focus area of our work in Humla, Nepal.

Now that we have supported the opening of a birthing centre in Chauganfaya, we plan to continue supporting this centre to improve quality of care. We will also support a second birthing centre in Syada.

To help the development of these birthing centres and raise awareness in the community, we will extend MNCH services into the surrounding communities.

In 2023, we will train seven female community health workers (CHWs) in MNCH, adapting the training from the Hospital to Home programme we have implemented successfully in Uganda. We will designate one CHW as a group leader who will call monthly meetings, provide guidance, collect reports from others and report them to the nurse at the birthing centre. We will also support CHWs to follow-up the pregnant women in their respective villages, educating them on topics such as antenatal care, delivery at the birthing centre, vaccinations, family planning, and breastfeeding and nutrition support.

We will also train CHWs to conduct assessments of newborns – with a focus on monitoring growth and identifying dangers signs – and to report any complications to the birthing centre.

STRONG FOUNDATIONS, BROAD HORIZONS: HIGHLIGHTS

Our 2023–25 strategic plan includes substantive plans for the future of our Remote Community Development work.

Over the next three years, we will continue to develop and scale AdaraRemote to transform countless more lives. We will improve access to quality healthcare services in our partner communities in Humla and Ghyangfedi, so that people can enjoy healthy and longer lives. We will do this by introducing telemedicine services and a new lab facility in Humla. We will ensure all children, especially girls in our partner communities, have access to quality education up to higher secondary level. In addition, we will support youth to access vocational, technical and employable higher-education opportunities locally.

We will continue to implement anti-trafficking projects, build community resilience to natural and humanmade disasters, and improve food security. To scale our impact, we will also share our knowledge and expertise in remote education, health, youth development and child protection.

You can read more about our plans from page eight [here](#).



Training for community health workers in Humla, Nepal

Knowledge Sharing

We believe the knowledge created through our programmes is not ours to keep. We strive to scale the impact of our programmes by sharing the data, research conclusions, training packages and lessons we have learnt. We want to ensure that those who need this knowledge most can use it, in a format that suits them best.

In 2022, we shared our knowledge in many ways. Here are a few examples:



**WORLD
PREMATURITY DAY**

Together with our partner Kiwoko Hospital, we hosted Uganda's World Prematurity Day in November to help raise awareness about prematurity. This was also an opportunity to showcase our AdaraNewborn work, with a focus on teaching essentials in newborn care, kangaroo mother care, neuro-developmental assessment and nutrition in pregnancy. The celebrations were attended by over 800 people including key Ministry of Health officials.



**WHO SCIENCE
CAFÉ**

In June, we were invited, along with other specialists, to present to staff at the online WHO Science Café. More than 50 staff attended the event, including Dr Anshu Banerjee (Director for the Department of Maternal, Newborn, Child and Adolescent Health and Ageing at the World Health Organization). Our team provided an overview of Hospital to Home, detailing its development and implementation stages. The presentation prompted a thorough discussion and many engaging questions.



**YALBANG SCHOOL
EXPOSURE VISIT**

We hosted an 'Exposure Visit' at the Yalbang School with our partner, the Himalayan Children Society (HCS). Adara and HCS invited various stakeholders to the school in August 2022 to present on how we have worked together to maintain the school as a Centre of Excellence in remote education.

Representatives from five other Humli schools attended, as well as officials from local government and the School Management Committee. The visit included tours of the school grounds, the residential accommodation for Yalbang students, the computer laboratory and facilities for the Agriculture and Farming programme. The exposure visit was very well received and led to attendees requesting a 'Yalbang Model School' knowledge package that can be shared among other organisations and educators in the region.



**KARNALI CHILD
PROTECTION CONFERENCE**

In December, our Nepal Country Director, Pralhad Dhakal, alongside the National Child Rights Council and The Himalayan Innovative Society, organised an anti-trafficking event in Humla. This event was for government agencies and non-government organisations working with children in the Karnali province. Pralhad is an acknowledged leader in this space and is often invited to speak and provide advice and guidance. On this occasion, Pralhad spoke about the intersection between child trafficking and politics. Uddhav Raj Poudyal, a Director on our Nepal board, was also invited to present on child protection mechanisms lacking in laws.

At the end of the event, the government committed to developing a child rights policy for the province. It includes anti-trafficking.



The power of partnership

None of our work would be possible without you – our generous community of supporters.

As we look back on 2022, we're taking a moment to celebrate you and the change you helped us create. We're celebrating the lives you transformed through quality health, education and other essential services. We're celebrating the path you helped us forge to bridge worlds and change lives. We're celebrating the hundreds of thousands of people you assisted us to reach, as well as countless others through Knowledge Sharing.

As we celebrate our 25th anniversary, we know our journey is just beginning. In the years ahead, we have big plans to deepen our reach through scale and Knowledge Sharing. But before we look to the future, we want to thank everyone who has stood with us on our journey so far. Adara simply wouldn't be where it is today without you.


US\$5.6M
(A\$8M)
donated to Adara Development, by both the Adara businesses and our other donors in 2022.


US\$50.7M
(A\$65M)
donated since our work began in 1998


More than **171** individuals, foundations and companies donated to Adara.


133 people in **5** different countries volunteered or interned with the Adara Group

TRANSFORMATIVE PARTNERSHIP TO SAVE NEWBORN LIVES IN UGANDA

Last year, we were delighted to announce a new, transformative partnership with The ELMA Foundation and Makerere University. Through this partnership, ELMA will serve as an anchor investor in AdaraNewborn, our vital new effort to halve newborn deaths and stillbirths across Uganda.

“This partnership marks a significant step in our ambitious plans to expand the AdaraNewborn model across Uganda to save more newborn lives,” said Madeline Vaughan, Adara’s Chief Executive Officer, on announcing the partnership. “We look forward to a fruitful partnership with ELMA and Makerere. This crucial investment will support Uganda’s efforts to achieve the Sustainable Development Goals.”

This partnership with ELMA and Makerere University will see us scale our AdaraNewborn model to four facilities over the next three years. As we continue this life-changing work, we are seeking other like-minded funders to help us reach our goal to halve newborn deaths and stillbirths across 10 health facilities in the next decade.

THE LEIF WÅHLIN FOUNDATION: CORNERSTONE GHYANGFEDI SUPPORTER

The Leif Wåhlin Foundation (LWF) is a private family foundation based in Sweden, who generously fund the entirety of our work in Ghyangfedi.

LWF began supporting Adara in 2022. Since then, they have been vital supporters of our work providing education to the children of Ghyangfedi.

“We at LWF are grateful for the work Adara does in Nepal and Ghyangfedi,” says Chanette Watz, a Director at LWF. “We are particularly happy to support educational

efforts, which is one of the foundation’s fundamental values and purposes. If education can save even one child from being sold and trafficked, it means our contributions are meaningful.”

Thank you, LWF, for helping make our work in Ghyangfedi possible.

OUR COMMUNITY OF SUPPORTERS

Whether you gave time or a donation of \$10 or \$100,000, your support is meaningful to Adara and our work. We do not have the room to thank every individual donor in these pages, but we are deeply grateful to each one.

Corporate Partners



Major Philanthropic Partners

- ACME Foundation
- DAK Foundation
- David Ezekiel & David Pickering
- Derek Stapley
- Dominic Price
- ELMA Philanthropies
- FREO2
- Henry Chou & Joyce Cheng
- Jeff & Ede Conyers

- Jo Brennan
- John Charman
- Kate Johnston
- Leif Wählins Stiftelse
- March Group
- Megan Clark
- Michelle Garnaut
- Navitas Education Trust
- Paskeville Foundation

- Paul Seshold Endowment
- Peter Osborne
- Portland House Foundation
- Ray & Rachel Itaoui
- Ripple Foundation
- Roberts Pike Foundation
- Susan Burns
- The Garret Riggelman Trust
- The Greenlight Foundation

- The Knox Foundation
- The L & R Uechtritz Foundation
- The Pickles Foundation
- The Seneca Trust
- The Shine On Foundation
- Wilson Asset Management

As well as many wonderful anonymous donors - you know who you are!

The Adara Family





Our Governance



Andrea McCormick
Director of Adara
Development
(Australia)



**Audette
Exel AO**
Chair of all Adara entities



**Dr Cyril
Engmann**
Director of Adara
Development (USA)



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



**Derek
Stapley**
Trustee of Adara
Development (UK)



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



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



**Jo
Brennan**
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)
(retired November 2022)
Stewardship Council
(appointed December
2022)



**Dr Peter
Waiswa**
Director of Adara
Development (Uganda)



Dr Philippe Rouja
Trustee of Adara
Development
(Bermuda)



**Richard
Houghton**
Stewardship Council
(appointed December
2022)



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



**Sheila
Brown**
Trustee of Adara
Development (Bermuda)
(appointed December 2022)



**Sharmila
Onta**
Director of Adara
Development
(Nepal)



**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)

Finances and Accountability



Adara Development has received a total of US\$50.7 million (A\$65 million) since we began in 1998. Of this, more than US\$16.7 million (A\$21.8 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 their ongoing commitment and support.



US\$2,820,926

A\$4,060,625

contributed by the Adara businesses in 2022

2022 was a strong year for Adara Development with a net surplus of \$829.7k. Our income grew by 27.8% compared to prior year, primarily due to large donations from the Adara Businesses, as well as the generosity of Adara's supporters. For the first time in its history, Adara Development holds reserves providing for future administration and infrastructure or emergency programme funding.

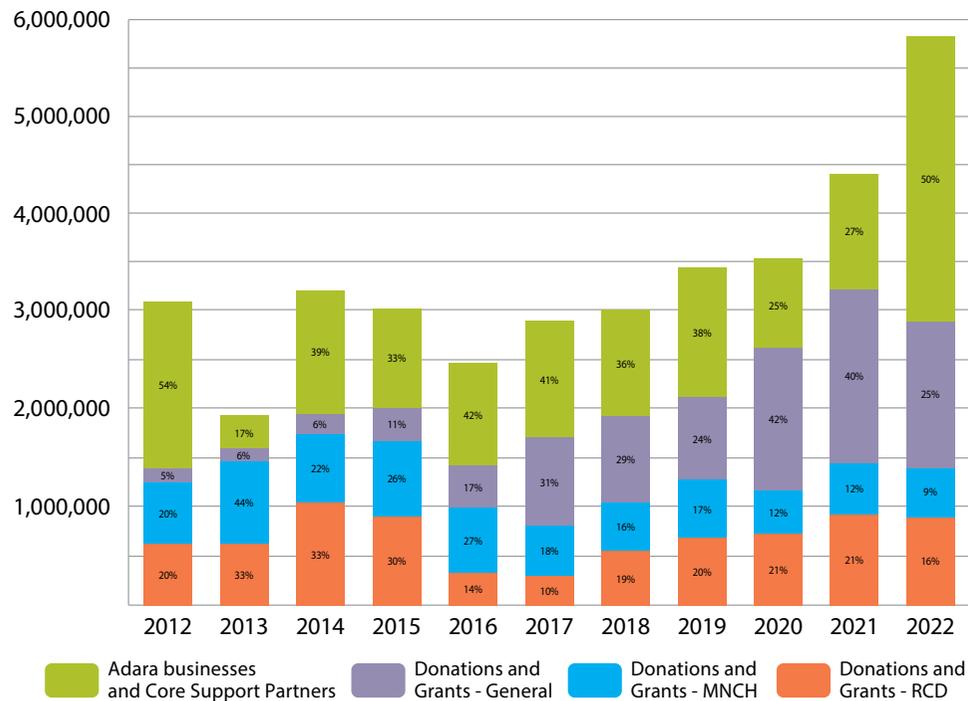
In 2022, our expenditure also grew by 15.8% as we began to scale our Maternal, Newborn and Child Health work in Uganda and expand our Remote Community Development work in Nepal across new villages, whilst also investing in monitoring and evaluation and knowledge sharing. Net assets of Adara Development improved by 88% on prior year and individually all the Adara entities have positive balance sheets.

US\$2,815,527

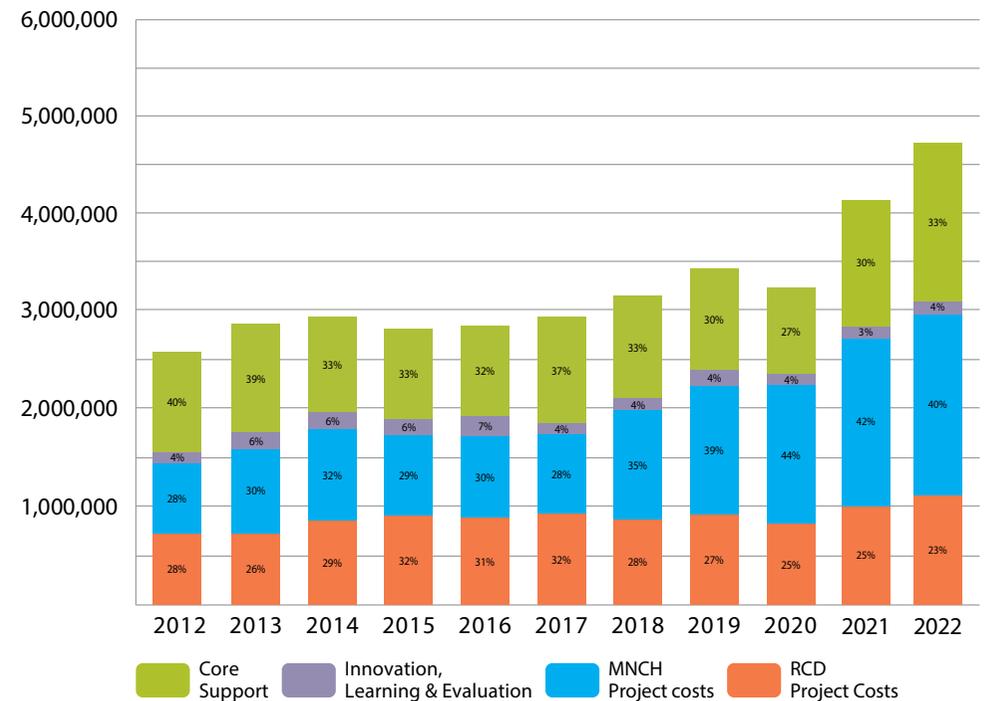
A\$4,052,824

contributed from other donors in 2022

Donations to Adara Development (US\$)*



Expenditure of Adara Development (US\$)



*Included in the 2021 Adara businesses and core support partner donations are Government payments received as a result of the COVID-19 pandemic

ADARA DEVELOPMENT SUMMARY COMBINED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For The Year Ended 31 December 2022. Presented In United States Dollars (USD).

| | 2022 | 2021 |
|---|------------------|------------------|
| REVENUE FROM CONTINUING OPERATIONS | | |
| Donations | | |
| Core Support | 2,830,926 | 1,051,122 |
| General | 1,410,596 | 1,326,130 |
| Maternal, Newborn and Child Health | 497,566 | 528,629 |
| Remote Community Development | 897,365 | 923,632 |
| Other Income | 9,382 | 587,611 |
| Total revenue | 5,645,835 | 4,417,124 |
| EXPENSES | | |
| Programme costs | | |
| Maternal, Newborn and Child Health | 1,894,087 | 1,699,443 |
| Remote Community Development | 1,092,756 | 1,003,184 |
| Innovation, Learning & Evaluation | 191,104 | 131,407 |
| Total programme costs | 3,177,947 | 2,834,034 |
| Core support | 1,539,850 | 1,240,815 |
| Total expenses | 4,717,797 | 4,074,849 |
| NET SURPLUS FOR THE YEAR | 928,038 | 342,275 |
| Other comprehensive income | | |
| Foreign currency translation loss | (98,327) | (66,240) |
| Other comprehensive loss for the year | (98,327) | (66,240) |
| TOTAL COMPREHENSIVE SURPLUS FOR THE YEAR | 829,711 | 276,035 |

ADARA DEVELOPMENT SUMMARY COMBINED

STATEMENT OF FINANCIAL POSITION

For The Year Ended 31 December 2022. Presented In United States Dollars (USD).

| | 2022 | 2021 |
|---------------------------------|------------------|------------------|
| ASSETS | | |
| Current assets | | |
| Cash and cash equivalents | 964,212 | 729,735 |
| Trade and other receivables | 150,990 | 97,195 |
| Other current assets | 867,044 | 295,802 |
| Total current assets | 1,982,246 | 1,122,732 |
| Non-current assets | | |
| Plant and equipment | 87,847 | 85,822 |
| Intangible assets | 11,629 | 17,783 |
| Other non-current assets | 750 | 750 |
| Total non-current assets | 100,226 | 104,355 |
| Total assets | 2,082,472 | 1,227,087 |

| | 2022 | 2021 |
|--------------------------------------|------------------|----------------|
| LIABILITIES | | |
| Current liabilities | | |
| Trade and other payables | 38,101 | 29,664 |
| Employee benefits | 206,585 | 141,031 |
| Lease liability | 24,360 | 20,458 |
| Total current liabilities | 269,046 | 191,153 |
| Non-current liabilities | | |
| Employee benefits | 10,996 | 38,426 |
| Lease liability | 35,160 | 59,949 |
| Total non-current liabilities | 46,156 | 98,375 |
| Total liabilities | 315,202 | 289,528 |
| NET ASSETS | 1,767,270 | 937,559 |

| | 2022 | 2021 |
|--------------------------------------|------------------|----------------|
| Accumulated funds | | |
| Accumulated surplus | 2,006,025 | 1,077,987 |
| Foreign currency translation reserve | (238,755) | (140,428) |
| TOTAL ACCUMULATED FUNDS | 1,767,270 | 937,559 |

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 2022 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2022 available at www.adaragroup.org. The Operations Report 2022 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 2022 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 not-for-profit 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 2023.

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) and Adara Development (Bermuda) were audited by HLB Mann Judd. Adara Development (UK) has been audited by Somerby's, Adara Development (Uganda) by Markhouse Partners and Adara Development (USA) by CliftonLarsonAllen. 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. 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: [2022 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 2022, the combined statement of profit or loss and other comprehensive income for the year then ended, and the notes to the Summary Combined Financial Report.

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 Report.

Summary Combined Financial Report

The Summary Combined Financial Report 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 Report and the auditor's report thereon, therefore, is not a substitute for reading the audited Combined Financial Statements of Adara Development and the auditor's report thereon.

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

Audited Combined Financial Statements

We expressed an unmodified audit opinion on the audited Combined Financial Statements in our report dated 27 April 2023. That report also includes Emphasis of matter paragraphs that draw attention to the Notes in the audited Combined Financial Statements.

Notes 1 and 2 of the audited Combined Financial Statements describe the basis of preparation of the Combined Financial Statements. The emphasis of matter also notes that the audited Combined Financial Statements have 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.

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

HLB Mann Judd (SE QLD Partnership)

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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) (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 2022.

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 2022.

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 Statements 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
18 May 2023

WHERE OUR MONEY GOES

MATERNAL, NEWBORN AND CHILD HEALTH

US\$ 1,894,087

Centre of Excellence – Kiwoko Hospital, Uganda

- 108 local staff. Includes a surgeon and seven doctors; 82 neonatal intensive care unit (NICU), antenatal and maternity nurses; 11 cleaners; and seven local hospital support staff including finance staff, HR assistant, a laboratory technician and a hospital technician
- Architectural and structural plans for NICU and maternity ward future expansion
- Personal protective equipment (PPE), protocols and training for health workers to ensure their protection from COVID-19
- Provision of equipment and medical supplies for the antenatal clinic
- Medical equipment, medicine 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

HIV and Diabetes Clinics at Kiwoko Hospital

- 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

- 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.
- Clinical support and health education to people living with chronic conditions such as epilepsy, tuberculosis and people living with disabilities
- 17 staff within the CBHC programme including a CBHC Programme Manager, nurses, field workers, records assistants and a security guard

AdaraNewborn

- Implementation of AdaraNewborn, our evidence-based, high-impact model of maternal and newborn care at Nakaseke Hospital. Includes equipment, supplies and training for rolling out “antenatal”, “intrapartum”, “inpatient care for small and sick newborns” and “postnatal” arms
- Classroom teaching, mentorship and hands-on training alongside expert NICU nurses
- 359 newborns cared for in the Nakaseke Hospital newborn unit in 2022
- Consultations and stakeholder meetings prior to 2023 launch of work with our third AdaraNewborn site, Luwero Hospital
- Development of AdaraNewborn training package
- Regular engagement with the Uganda Ministry of Health and likeminded organisations
- Three-day palliative care training for 61 participants including Adara staff, Kiwoko Hospital staff, Hospital to Home community health workers (CHWs) and district health educators

Hospital to Home

- Newborn follow-up programme designed to support high-risk infants both in the hospital and when they return home
- 120 Adara-trained volunteer CHWs to follow-up and provide ongoing support to families at home
- Text messaging programme to provide CHWs with up to date education and information
- Two staff members and 120 CHWs are supported with allowances and airtime for their work
- CHWs are supported by a Community Midwife, and attend monthly meetings for updates and additional training

- 987 infants were enrolled in the H2H programme in 2022
- Development of a Hospital to Home package that will allow other organisations to implement the programme at their own facilities
- Weekly text messaging programme to provide CHWs with the most up to date health information

Baby Ubuntu – Early Intervention

- Developed with the London School of Hygiene and Tropical Medicine, Baby Ubuntu is an early-intervention programme that aims to improve quality of life for children with mild to moderate neuro-disabilities and their caregivers
- Baby Ubuntu Coordinator to oversee the programme and support early identification and intervention of children with disabilities so these children and their families can thrive
- Physiotherapist and Clinical Psychiatric officers engaged to attend meetings on a regular basis to provide care
- One staff member, expert mothers and other volunteers are supported with airtime for their work
- At the end of 2022, there were 74 children participating in the programme across nine groups
- Training costs for 12 new programme facilitators, including health workers, expert parents and Adara staff
- Emergency support for 25 infants
- Together with the London School of Hygiene and Tropical Medicine, we published a paper on a trial of the Baby Ubuntu programme

Adara Youth Community Centre (AYCC)

- Centre opened in July 2022 to support at-risk adolescents sexual and reproductive health education and services including family planning, counselling, life skills training, and connection with health services. It is open five days a week and provides clinical services three days per week
- 1 social worker, 1 lab technician, 1 cleaner and 2 security guards plus volunteer peer educators and health workers
- Equipment and supplies for the centre
- Focus group discussions with several key stakeholders to get feedback on the challenges young people face, and how the AYCC can support them
- Outreach to local schools, providing 1,624 students with in-school health education
- 672 youth accessed care at the AYCC in 2022

Programme support

- 18 staff including six programme management staff based internationally, 12 local programme support 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
- Hosted World Prematurity Day in November
- Community education via local radio programmes in Uganda

REMOTE COMMUNITY DEVELOPMENT**US\$ 1,092,756****Adara Kids**

- Care and support of three youth who were previously trafficked who are in our independent living programme and undertaking vocational training courses. All youth graduated from the programme by end of 2022
- Education, nutrition, health, post-school options, life skills and independent living training

Humla, Nepal**Remote Health Projects**

- Equipment and medicines to support seven health posts so the community has access to year-round health care
- Two health assistants and one skilled birth attendant to ensure the health posts and birthing centres are attended by skilled health professionals
- Established a birthing centre in Chauganfaya including solar power, essential equipment package and medicines and a refrigerator for vaccines
- 140 greenhouses constructed across six villages to provide food and nutrition through periods of food insecurity
- Tibetan health practitioner, or 'Amchi', travelled through Humla providing Tibetan medicines and health care to over 1,000 patients in Humli 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
- Health training to Humli communities on topics including MNCH, farming, and water, sanitation and hygiene

Remote Education Projects

- Earthquake-resistant infrastructure upgrades completed to two classrooms at Karnali Secondary School in Chauganfaya
- Provision of learning materials for 10 local schools including white boards, markers, pens, posters, science lab resources and other materials related to creating a child-friendly teaching and learning environment
- Scholarship support for 1,101 students from from target villages, including uniforms, stationery and notebooks
- Six daily before and after school classes in two of our target villages
- Salaries of six teachers, two school helpers and two ECD teachers
- 1,433 students enrolled at all Adara supported schools, 54.5% of whom are girls

Ghyangfedi, Nepal

- Programme Manager costs and related travel expenses
- Provision of reusable masks, sanitiser, toiletries and other PPE to schools, health post and children
- Midday meals, utensils, learning materials, uniforms provided daily to 560 students at the Shree Ghyangfedi School and the surrounding seven feeder schools
- Medical camp to provide physical examination for school children
- Support for the school to establish Plus Two education, including furnishing science labs, technology labs and a library, as well as acquiring additional books and stationery
- Scholarships provided to 13 youths to attend college, undertake technical courses or study Plus Two
- Salaries of 10 teachers

Hands in Outreach

- More than 170 children are receiving continued support from Hands In Outreach Nepal for their education
- Adara supported healthcare and dental care for 113 children in need
- More than 150 families received direct assistance through medical treatment and income generation support
- Contribution to salaries of 11 teachers

Himalayan Children's Society

- 13 local staff and related office costs
- 221 students accommodated in safe school hostels during the year
- Adara supported two agriculture teachers facilitating agriculture and farming education in Yalbang
- Agriculture Education Project provided 49 students with technical and managerial experience in agriculture, animal husbandry and horticulture. Included the fencing of farmhouse land and tools which will be completed in 2023
- 120 children received Adara scholarships (food support, notebooks, textbooks)

Himalayan Medical Foundation (HMF)

- Six local staff and related office costs
- More than 6,000 free medical and treatment consultations during the year
- Medicine and laboratory materials for three clinics – Benchen, Nagi and Parhing

The Himalayan Innovative Society (THIS)

- Five local staff and related office costs
- Two FM radio programmes to raise awareness about child trafficking and child abuse in Humla
- Adara supports THIS to reduce trafficking in Humla district through anti-trafficking projects including formation of watchdog committees, anti-trafficking flex boards and wall paintings, distribution of trafficking related pocketbooks, screening documentaries and organising conferences

The Women's Foundation

- One local lawyer who leads a team of lawyers to get justice for victims of family violence
- 352 women were provided with legal services

Programme resources

- Three staff including a Programme Manager based internationally and two 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 & KNOWLEDGE SHARING**US\$ 191,104**

- Eight staff including Senior Advisor, Innovation and Best Practice and two Interns; Monitoring and Evaluation Manager (Sydney); Monitoring and Evaluation Manager (Uganda); Monitoring and Evaluation Officer (Nepal); Monitoring and Evaluation Assistant (Uganda); and a Knowledge Sharing Manager.
- Research support to Nepal and Uganda
- Monitoring and evaluation of all projects
- Literature reviews on pressing topics
- Development of the Adara Knowledge Centre, an open-access online Knowledge Sharing platform
- Development and design of knowledge sharing materials, including the Hospital to Home package

CORE SUPPORT**US\$ 1,539,850**

- Core support expenditure during 2022 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
- 19 global support staff (plus one pro bono and two secondees) including the CEO, 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 in Uganda and Nepal
- 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

WE VALUE YOUR FEEDBACK

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

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

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

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

The names and details of some people featured in this report have been changed to protect their privacy. Photo images do not represent specific narratives in this report.

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Adara Development (Australia) is a member of the Australian Council for International Development (ACFID), the peak council for Australian not-for-profit aid and development organisations. We are a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory, we are committed to and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity.

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