

RISING TO THE CHALLENGE

ADARA GROUP
OPERATIONS REPORT 2015



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RISING TO THE CHALLENGE

IN MARCH 2016, ADARA REACHED A HUGE MILESTONE: OUR 18TH BIRTHDAY – AN AGE THAT IS RECOGNISED IN MANY COUNTRIES AS THE GATEWAY TO ADULTHOOD.

Turning 18 is often a time of transition from the wonderful and awkward years of adolescence to finally getting the keys to the door, stepping out into the big wide world and asserting: "This is who I am and this is what I stand for." It is a time to take stock of the past: the mistakes and the successes. And it can herald that moment when you begin to realise your potential, as a clearer picture of what you might contribute to the world reveals itself.

And so it is for Adara. Turning 18 is for us a true coming of age. The past year has seen many challenges thrown our way, but also an incredible amount of joy as we rose to meet those challenges head on. We have never been more proud to be a part of Adara than we were in 2015.

In April 2015, Adara was faced with the extreme challenge of responding to the greatest emergency we have ever faced, following the horrific earthquakes which ravaged Nepal, taking the lives of close to 9,000 people and leaving 2.6 million people homeless. The Adara family around the world united to provide support. Throughout this catastrophe, our Nepal team was magnificent, working tirelessly to help people in affected areas – going above and beyond. They showed us what courage and commitment really means. It was a huge moment of pride to see our teams using the expertise we have developed over the past 18 years in remote service delivery and care for children at risk to reach more than 13,000 people in need in the days, weeks and months after the first quake.

The year 2015 also saw Adara step onto a global stage. Our work in maternal infant child health was recognised with Adara making a commitment to the United Nations as part of the Every Woman Every Child movement. Our Clinical Programmes Director, Debbie Lester, joined several peak bodies to advise on maternal and neonatal health. Our Research Monitoring and Evaluation Director, Kimber Haddix McKay, was invited to present on our work at numerous conferences and workshops, including at the UN Foundation. In Nepal, our Country Director, Pralhad Dhakal, was asked to advise the Nepali government on child protection. Sharing our experiences and expertise, including our mistakes and learnings, is a powerful way to reach more people in need. We are delighted to share our learnings and support other organisations as

they implement and manage their own great work in other settings across the globe.

A significant birthday is also a time to look back and reflect on the years that have come before it. It is amazing to look back on the tiny beginning of Adara and realise how much we have grown. Our development programmes, research and knowledge-sharing now reach well over 50,000 people living in poverty each year.

And while our development work continues to grow, so does our belief that the halls of business and power have incredible potential for leading change for communities in need. In 2015, Adara launched the biggest ever expansion of our business, Adara Partners, with the dual purpose of increasing our service offering and revenues, as well as creating an innovative construct for the investment banking industry, bringing to that industry a new way to use its mastery directly for purpose. As well as ensuring sustainability for decades ahead, we are seeking to challenge accepted paradigms and are working to ensure that the Adara model will have a far-reaching impact into the future. Our new business, Adara Partners, is a top-tier corporate advisory firm which brings together some of the most distinguished names in Australian financial services as Adara Panel Members. The Adara Panel members lead and work on top-tier corporate advice mandates for Adara's business clients. Panel Members work for Adara Partners as volunteers without compensation, with 100% of Adara Partners' profits donated to our work, directly benefiting women and children in need. We are excited about the opportunities this opens for our businesses in the future, and are thrilled to be offering a new model of pro bono and skills-based giving in the investment banking sector.

We feel that we have come of age. Like all young adults, along with our successes, Adara will no doubt occasionally stumble along the way and make mistakes as we continue to grow and learn. But we will keep working – hand in hand with our team, the incredible communities we support, and our wonderful supporters – to do all we can to improve the lives of as many people as possible. We thank everyone who has stood with us, from the bottom of our hearts.

2015 has shown us that together, bridging worlds, we can rise to any challenge.

Audette Exel
Founder & Chair

Susan Biggs
Chief Executive Officer

OUR VISION

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

OUR PURPOSE

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



ALWAYS, ALWAYS WITH HUMILITY



SPOTLIGHT ON: ADARA PARTNERS – REIMAGINING THE POWER OF FINANCIAL SERVICES

THE ADARA GROUP - BRIDGING WORLDS

Adara's story is built on a commitment to partnership across divides, a commitment embodied in our tagline 'Bridging Worlds'. We bridge the world of Wall Street with the alleyways of Humla, the world of business with the world of non-profits, and the world of privilege with the world of poverty.

With the current state of inequality in the world, bridging these worlds is more important than ever, as rising extreme inequality – the gap between rich and poor – threatens to undo the progress made in tackling poverty over the past 20 years.

Social injustice and inequality compels us every day to do all we can. Adara was created with two driving underlying philosophies. First is that every person on the planet deserves quality health and education services, no matter where they are born or live. Second is that the halls of business and power have incredible potential to facilitate change for communities in need.

For the past 18 years, the Adara Group has brought together and reflected these core philosophies through a model that has two quite different parts but one united purpose – to support people in poverty. The first part is an international development organisation, made up of non-profit companies and trusts spanning six countries, called Adara Development. The second part is two Australia-based corporate advisory businesses, Adara Advisors and Adara Partners.

The Adara businesses 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 all other donations received by Adara Development to go directly to project-related costs. From our inception to the end of 2015, the Adara businesses have donated more than US\$7.7 million (A\$9.3 million) to Adara Development.

Our two parts work hand in hand to improve health and education for women, children and communities living in poverty. We are experts in maternal, infant and child health; remote and rural community development; and the care, support and reintegration of children at risk. We reach close to 50,000 people living in poverty each year through research, service delivery and knowledge sharing.

“Adara Partners and the Adara Panel represent real leadership in the financial services sector, with experienced corporate advisors using their skills to directly benefit the less fortunate. It allows me as an investment banker to do what I am best at...advising clients on their businesses...and at the same time have a huge impact on people across the world.”

– Guy Fowler, founding Adara Panel Member

In 2015 Adara launched the biggest ever expansion of our businesses.

Our new business, Adara Partners, is a top-tier corporate advisory firm, providing independent financial and strategic advice, and complex commercial problem-solving services to leading Australian companies, governments and families.

The sole purpose of Adara Partners is to deliver financial services expertise at the highest levels to corporate clients, with fees generated on transactions going directly to our work with people living in extreme poverty.

Adara Partners brings together some of Australia's most distinguished leaders in financial services, including a number of CEOs, chairs and vice-chairs of major banks, together with leading non-executive directors and senior lawyers. As Adara Panel Members, they provide wise counsel and senior advice to clients, with their time, effort and expertise donated to Adara Partners, allowing for maximum generation of profits to support Adara Development's projects in the developing world. We are so grateful for their support and for their commitment to using their skills to tackle inequality.

The Adara Panel Members are:

- Ilana Atlas
- Catherine Brenner
- Guy Fowler
- Graham Goldsmith
- David Gonski AC
- Matthew Grounds
- Peter Hunt AM
- Diccon Loxton
- Peter Mason AM
- Dr Nora Scheinkestel
- Steven Skala AO



THE GLOBAL CONTEXT

On September 25 2015, 193 world leaders committed to 17 Global Goals to achieve three extraordinary things in the next 15 years. End extreme poverty. Fight inequality & injustice. And fix climate change.

The Global Goals for Sustainable Development (SDGs) have emerged from an extensive and inclusive global conversation about our common aspirations for the future of our planet.

They developed out of the successes and failures of the eight Millennium Development Goals (MDGs) that came before them. The MDGs helped galvanize unprecedented efforts to meet the needs of the world's poorest and great strides have been made. The global maternal mortality ratio has fallen by nearly half. Some 2.6 billion people have gained access to improved drinking water since 1990. Global poverty has halved. But at the conclusion of the MDGs there was still much to do to end inequality and injustice in our world.

Adara's work should be seen in the context of the SDGs. Below are the key goals selected from the 17 our work fits under.

<p>3 GOOD HEALTH AND WELL-BEING</p>	<p>4 QUALITY EDUCATION</p>	<p>5 GENDER EQUALITY</p>
<p>6 CLEAN WATER AND SANITATION</p>	<p>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</p>	<p>17 PARTNERSHIPS FOR THE GOALS</p>



MATERNAL
INFANT
CHILD
HEALTH

AT ADARA, WE ARE COMMITTED TO IMPROVING THE HEALTH OF WOMEN, INFANTS AND CHILDREN ACROSS THE GLOBE.

Healthy women and children create healthy societies and these in turn are the foundation on which nations build successful economies and create prosperity for their people. And prosperity, as we know, is essential to political stability and social harmony.

While child mortality in most countries has been decreasing in past decades, the global community has now realised we must do more to end preventable neonatal and maternal deaths. Adara is proud to be part of the movement working towards this end.

IN 2015



2,396

BABIES WERE DELIVERED
IN THE KIWOKO HOSPITAL
MATERNITY WARD



87%

SURVIVAL RATE FOR LOW
BIRTHWEIGHT INFANTS IN THE
KIWOKO HOSPITAL NEONATAL
INTENSIVE CARE UNIT (NICU)



66

SETS OF TWINS AND
5 SETS OF TRIPLETS
RECEIVED CARE IN THE NICU



26%

INCREASE IN ANNUAL ADMISSIONS
SINCE THE NEW KIWOKO
MATERNITY WARD OPENED IN 2010



9,373

INFANTS WERE IMMUNISED
AGAINST DEADLY DISEASES
SUCH AS POLIO, DIPHTHERIA
AND TETANUS



240

COMMUNITY ANTENATAL
CARE CLINICS WERE HELD IN
22 VILLAGES SURROUNDING
KIWOKO HOSPITAL



MATERNAL AND NEONATAL CARE

OUR TINIEST CLIENTS

“Life is precious, so I try as much as possible to save lives.”
 – Sr. Christine Otai, Head of Neonatal Health, Kiwoko Hospital

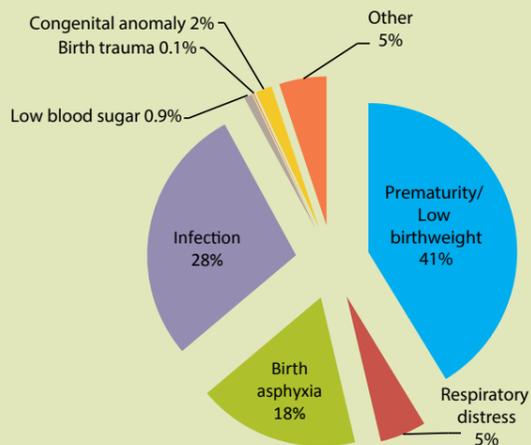
Two million. That’s almost the population of Paris. It’s also the number of babies whose lives we could save across the globe each year if we ended preventable newborn mortality.

Newborn deaths are not inevitable. Most are easily avoided if the simplest of interventions are made available to all, including quality care for premature or at-risk infants. We know this, because for the past 18 years Adara has been building an extensive neonatal health programme in Central Uganda, including a neonatal intensive care unit (NICU) at Kiwoko Hospital in the Nakaseke district. The impact the NICU has had on reducing neonatal mortality is significant – babies weighing less than 1kg in birthweight now have almost double the chance of survival than they did in 2005.

Adara has spent years building up the newborn programme as a template for what is possible in the developing world. Critical to its success has been a holistic approach to programme development, combining brilliant local staff; regular staff training-and-development workshops, provided both locally and through specialists from our international medical volunteer (IMED) programme. We have also worked hard to ensure the NICU has the necessary equipment, supplies and medications provided through a careful procurement process, as well as clinical engineers to make sure all equipment is maintained and working. The NICU is now considered a centre of excellence in East Africa, and Adara is sharing the key learnings and mistakes as widely as possible.

In 2015, we have witnessed an increase of 10% in admissions to the NICU from the previous year.

PRIMARY ADMISSION DIAGNOSES



MAKING MOTHERHOOD SAFER

“It is scary to think that if I’d given birth at home I might not have survived. I have eight other children – what would have become of them?”

– Gloria
 Gloria nearly lost her life when she haemorrhaged after childbirth. Thankfully, staff at Kiwoko Hospital could save her life and that of her baby.

It is incredible that since 1990 the number of maternal deaths worldwide has dropped by 43%.

While we celebrate the strides the global community has made, it is not enough. Despite global progress, 830 women still die from pregnancy or childbirth-related complications every day – one every two minutes. Of these maternal deaths, 99% occur in developing countries. Most could have been prevented.

Making motherhood safer has been at the heart of Adara’s work for the past 18 years. Through our long-term partnership with Kiwoko Hospital, we have built a comprehensive maternal health programme that supports women across the continuum of care, from pre-conception through their pregnancy and beyond birth.

Evidence shows that midwives and other skilled attendants can help avert two thirds of all maternal deaths, provided they are well trained, equipped and supported. That is why, for many years our focus has been on encouraging women to seek facility-based births. We are delighted to see a 26% increase in admissions to the maternity ward at Kiwoko since 2010, with more than 22,700 women receiving its care during this time.

SPOTLIGHT ON: PRONTO INTERNATIONAL TRAINING

Adara has worked with Kiwoko Hospital for many years to build capacity in the maternity ward, with IMED teams providing training each year. In March 2015, two Adara international medical volunteers, Karen Hayes and Lacey Rose, visited Kiwoko Hospital to deliver PRONTO International training in the maternity unit.

PRONTO is a simulation and team training tool for obstetric and neonatal emergencies in low-resource settings. Even the best clinicians require opportunities to practise their skills in high-stress environments to ensure they know how to respond appropriately during an emergency. The training helped the team identify existing system barriers and implement communication strategies to improve patient safety and birth outcomes in future.





COMMUNITY OUTREACH

TAKING HEALTH SERVICES TO THE COMMUNITY

“In Uganda, a woman produces an average of seven children. She is also traditionally required to carry out all domestic activities including washing clothes, cooking, growing crops, fetching firewood, and looking after her children and family. She is so busy. Where will she find the time to access health services? The safe motherhood clinics are so important to help women access the healthcare they need for themselves and their families.”

– Sr. Corne Kivumbi, In-Charge, Safe Motherhood programme, Kiwoko Hospital

We know that for many women in the developing world, there are various barriers that prevent them from accessing healthcare.

These could be financial barriers, or their family or home responsibilities. In countries such as Uganda where women have large families, it is often impossible for them to travel with all their children to the hospital or health clinic for services such as immunisations or antenatal care.

To address this, Adara and Kiwoko Hospital are bringing the services to them through community outreach Safe Motherhood clinics. These clinics provide access to family planning, antenatal care and postnatal care. Each month 22 one-day clinics are held, and each clinic services two villages at a time. The clinics also address newborn health, ensuring babies are weighed to measure their growth and mothers are provided with health advice on infant follow-up. Babies are immunised, and if the team has any concerns it can refer mothers and infants to the hospital.

HEALTH AWARENESS TRAINING FOR WOMEN IN HUMLA

Humla region has one of the highest child mortality rates in Nepal. Adara is working to support the government's initiative to reduce maternal and child mortality in the country by raising awareness. In 2015, Adara conducted training in each of our Humla target villages. Discussion occurred with local women's groups on the importance of seeking antenatal and postnatal care as well as facility-based birth; how Kangaroo Mother Care works; and how best to care for their children through breastfeeding, good nutrition and immunisation. In our target villages, 354 women were given training on these topics.

Women play key roles in improving the health and hygiene of their families and communities. We hold regular training sessions and meetings to educate and empower women.



RESEARCH

CLINICAL RESEARCH ON A GLOBAL STAGE

In partnership with University of Washington's Department of Paediatrics and Division of Neonatology and Seattle Children's Hospital, led by our Clinical Programmes Director, Debbie Lester, Adara has diligently been collecting data from the Kiwoko Hospital neonatal intensive care unit (NICU) for many years.

This data set is one of the most significant of its kind in the world. It shows demographics, clinical diagnoses, characteristics, treatment and neonatal outcomes for every infant admitted to the NICU. This kind of data is not only valuable for Kiwoko Hospital, allowing it to target improvements for care, but also has wider implications for showing how certain interventions improve mortality and morbidity outcomes in low-resource settings. Over the past year, our clinical team has been sharing the results from this data more widely with many global groups, such as the UN's Every Woman Every Child.

Adara plans to implement a similar data collection system in the Kiwoko Hospital maternity ward over the coming year, with the goal of having the data linked with the Ugandan Ministry of Health and Makerere University in Kampala. This is so the data can be of use to the entire nation.



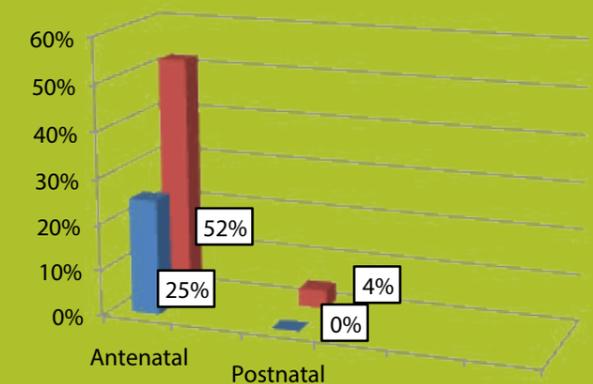
SPOTLIGHT ON: VILLAGE HEALTH TRAINERS (VHTS) – RESEARCH FINDINGS

“As a trained VHT, I have the desire and knowledge to change the lives of mothers and babies.”
– Prossy, one of the VHTs trained by Adara

Adara and Kiwoko are focussed on strengthening health education in the community, particularly on danger signs in pregnancy and with the newborn. Together, we have trained teams of VHTs, who provide vital linkages to health services, referring women and children to health facilities if they have any concerns about their health. VHTs are the first point of contact in the community.

During 2014 fieldwork, Adara's research team designed and carried out an open-ended pilot survey with the goal of analysing VHTs' knowledge, attitudes and practices. This was to identify gaps and help us upskill them. In 2014, VHTs were surveyed before and after Adara's training. In 2015, they were re-surveyed to determine how effective their training had been.

Our research has shown that the VHTs are now much more likely to refer women to a health clinic to receive antenatal care, and many more VHTs are referring women to a health clinic for postnatal check-ups than they did before the VHTs attended training at Kiwoko Hospital. With more women accessing these vital services, there are more opportunities for clinicians to identify risks and address them promptly.



Recent VHT Referrals - 2014
Recent VHT Referrals - 2015



SPOTLIGHT ON: PATH/ UNIVERSITY OF WASHINGTON AND ADARA NEONATAL HEALTH WORKSHOP

“All the newborn unit staff are excited. All, including myself, cannot believe the rapidity of the improvement of these infants – infants that hitherto will probably have been discussed as mortalities during our daily morning reviews.”

– Dr B.M. Suleiman, Nigeria

Over two days in September, Adara, together with our dedicated partners from Kiwoko Hospital, PATH, Seattle Children’s Hospital and the University of Washington and through the Saving Lives at Birth initiative, held our first workshop for newborn healthcare providers from across Africa and beyond.

The workshop was held at Kiwoko Hospital. Sixty clinicians came from as far as Nigeria and Thailand to deliberate and share experiences of a device called Bubble Continuous Positive Airway Pressure (bCPAP), which uses continuous mild air pressure to keep an infant’s airway open. It is used to treat pre-term infants with immature lung development and babies who are in respiratory distress.

The workshop gave PATH and our teams the opportunity to show and receive valuable feedback on the air and oxygen blending device they have developed for implementation with bCPAP. The team shared successes and challenges in improving CPAP delivery. Complications of prematurity such as respiratory distress are responsible for the death of about one million babies a year. Interventions such as bCPAP could play a big role in reducing that number.

We are so proud of the success of the workshop. It has led to the formation of a global network of healthcare providers working on the frontline of newborn health, who will continue to share and learn from each other. Already the device is being used in other hospitals and saving other newborn lives.

SHARING OUR KNOWLEDGE

“So the twins came out, they were premature, and the power was off. It was dark. And the other midwife said, ‘They are dead.’ And I said, ‘Not yet they are dead.’ And I took out my cell phone, told her to hold it with the light on, and I did a tiny tiny resuscitation. And one by one they suddenly gasped for breath and they were alive. And I thought: ‘My work is worth it.’”

These words were spoken by a midwife at a local Ugandan government hospital, not far from where Adara works at Kiwoko Hospital. Unlike Kiwoko, this hospital doesn’t have consistent power or water. They do not have a team of medical engineers to mend equipment, and rarely can they afford fuel for their ambulance. What they do have is brilliant and committed staff, looking for the resources and training they need in order to save more maternal and neonatal lives.

There are stories and situations like this across the developing world, and many right on the doorstep of Kiwoko. Clinicians our research team interviewed from health centres surrounding Kiwoko identified poor-quality materials and facilities as the number one barrier to them performing their jobs more effectively. This was also Adara’s experience in the beginning. Having no supplies and broken equipment was demoralising for the staff and is a critical piece of the puzzle often missed or underestimated.

So, after 18 years of building a world-class programme that has saved thousands of maternal and newborn lives, we now want to take the knowledge and skills we have developed at Kiwoko Hospital and scale our programme to reach more women and children in need. We will continue to work closely with Kiwoko, to enhance our work at the hospital. But through training, capacity-building, partnership and collaboration with other leading global development organisations and multilaterals, we will empower more health workers across the globe to save more lives.

SPOTLIGHT ON: EVERY WOMAN, EVERY CHILD – ADARA MAKES A COMMITMENT TO THE UNITED NATIONS FOR A FAIRER WORLD

“The global community can and must do more to ensure every woman and every child has the opportunity to survive, thrive and transform. Adara is proud to be part of this journey.”

– Debbie Lester, Clinical Programmes
and USA Country Director,
Adara Development

In September, Debbie Lester, our Clinical Programmes and USA Country Director, proudly represented Adara at the UN General Assembly and made a public commitment to a fairer, more equitable world for women and newborns through Every Woman Every Child (EWEC).

EWEC is an unprecedented global movement that mobilises and intensifies action by governments, the UN, multilaterals, the private sector and civil society. Its aim is to address the major health challenges facing women, children and adolescents, and work towards ending all preventable deaths in these groups within a generation.

Through EWEC, Adara has committed to strengthening maternal, newborn and child health services in the Central Ugandan region, in order to reduce maternal and neonatal mortality and morbidity. We will do this in partnership through holistic program development, high-impact interventions and training programmes, which will work to bridge communities with local health facilities. You can read our full commitment at www.everywomaneverychild.org.

The EWEC movement is a great platform for Adara to share our expertise in maternal infant and child health on a global platform. Debbie has joined many peak bodies and advisory groups to collaborate and share our knowledge and expertise and to help guide global practice.





REMOTE AND RURAL HEALTH AND EDUCATION

ADARA WORKS WITH REMOTE AND RURAL COMMUNITIES BECAUSE WE BELIEVE EVERY HUMAN BEING HAS A RIGHT TO ESSENTIAL SERVICES, NO MATTER WHERE THEY WERE BORN. LIFE IS MUCH HARDER WHEN SERVICES AND ECONOMIC OPPORTUNITIES ARE UNAVAILABLE

Our most remote programme of work is in the Humla district of northwest Nepal, high in the Himalayas. We have worked with this community for 18 years and have witnessed its transformation.

Humla's remoteness poses many challenges for its people. It suffers from the nation's lowest literacy rates; maternal and infant mortality rates well above the Nepali average; and food shortages each winter when families are sometimes snowed in for months.

To address these challenges, Adara focusses our interventions on two main streams: community health and education.

IN 2015



708

STUDENTS RECEIVED SCHOLARSHIPS IN THE FORM OF SCHOOL SUPPLIES, UNIFORMS, BAGS AND SHOES



10,568

PEOPLE IN KATHMANDU RECEIVED FREE MEDICAL TREATMENT THROUGH THE HIMALAYAN MEDICAL FOUNDATION (HMF)



1,048

PEOPLE WERE TREATED WITH TIBETAN HERBAL TREATMENT IN HUMLA



771

PEOPLE VISITED ADARA'S CARDIO MOBILE MEDICAL CAMP IN HUMLA



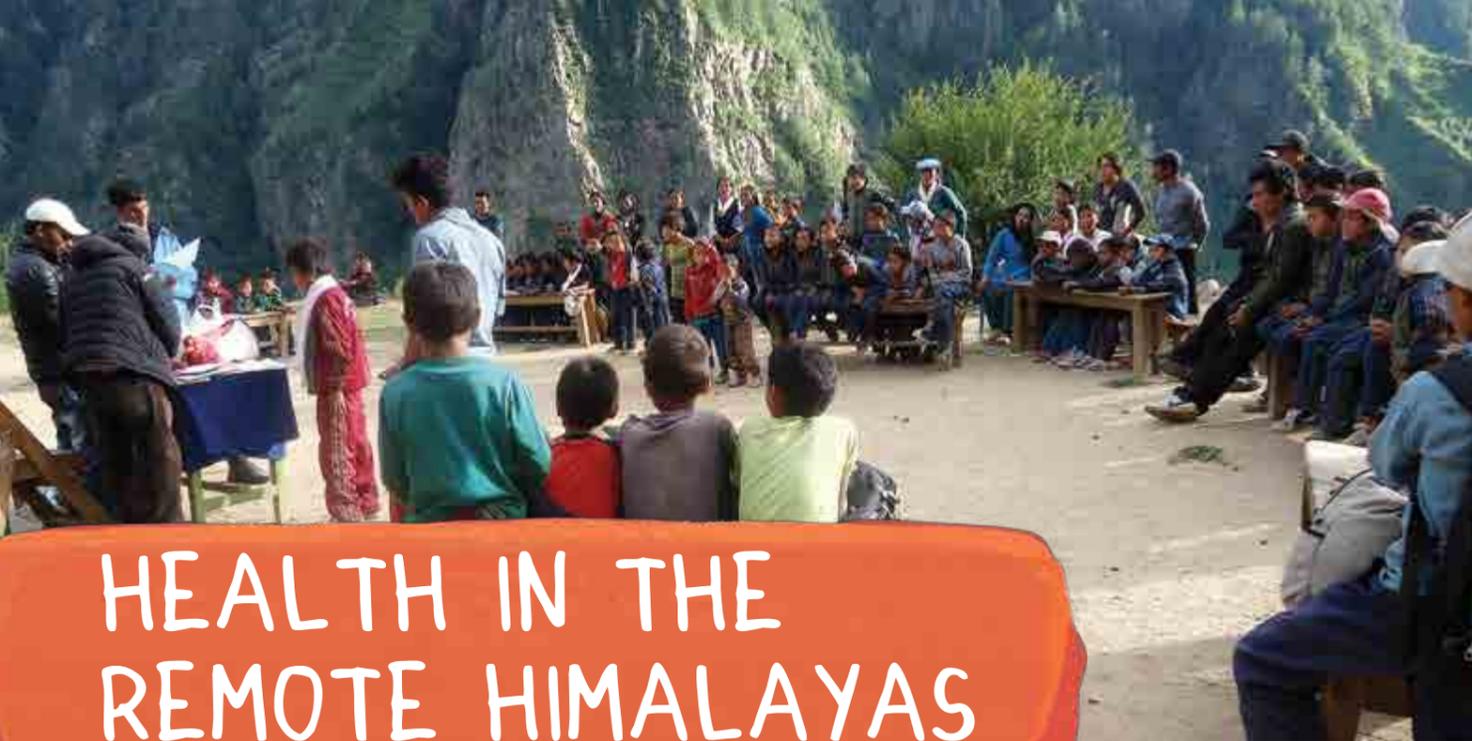
8

HUMLI SCHOOLS WERE UPGRADED WITH CHILD-FRIENDLY CLASSROOMS



3,000

APPLE AND WALNUT SAPLINGS WERE DISTRIBUTED TO FARMERS TO HELP DEVELOP ORCHARDS IN HUMLA



HEALTH IN THE REMOTE HIMALAYAS

“We didn’t have a health post in the past. When we got sick with cold, headache, diarrhoea or injured ourselves, we had no choice but to bear the pain. Many of our kids died of various illness and many of our women died from delivery complications. We used to wait until the sickness was serious and the pain unbearable before we’d walk eight hours to seek treatment. We no longer have to undergo such difficulties due to Adara’s health post in our village.”

– Hetuk Lama, Kermi village.

ADARA HAS A TWO-PRONGED APPROACH TO IMPROVING HEALTH IN HUMLA: IT ADDRESSES IMMEDIATE COMMUNITY NEEDS AND LOOKS AT LONG-TERM, STRATEGIES FOR SUSTAINABLE DEVELOPMENT.

Health Post Improvement

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

Nutrition

With temperatures often dropping below -15 degrees Celsius during winter, fresh green vegetables were traditionally unavailable for much of the year in Humla. For many years Adara has worked to implement a greenhouse programme so communities have access to healthy food throughout the year. We give advice to farmers on greenhouse construction and repair and provide them with some materials. In 2015, we gave 213 farmers vegetable seeds, including cabbage, green mustard, tomato, chilli, onion, carrot and cucumber. Adara has also provided Humli farmers with solar dryers. They were trained on how to dehydrate vegetables and fruits before storing them for the long winter months, which improves food security. In 2015, 217 farmers were trained on how, when and why to grow various vegetables, and the best way to dehydrate them in their solar dryers.

Hygiene and Sanitation

Around 2000 Nepali children die each year from diarrhoea caused by unsafe water and poor sanitation. So improving hygiene and sanitation in Humla is a big focus for us. We provide health awareness education, and we help to build, install and manage pit latrines, smokeless metal stoves and drinking water systems. In 2015, Adara conducted hygiene, sanitation and waste management training for 206 villagers. At Yalbang School, we taught senior students the germ theory of disease and installed a new toilet block.

Tibetan Medicine Practitioner

Adara’s Tibetan medical practitioner, Amchi Kelsang, travels from village to village in upper Humla for eight months of the year, treating people and providing free Tibetan medicine to 25 villages. He fills gaps in access when the mobile medical camps are not happening or the health posts are inadequate. His services used to be mostly used by ethnic Tibetans in Humla. But due to the effectiveness of his treatments, his popularity has grown among other ethnic groups. In 2015, a total of 1,048 people received care from the Amchi.

SPOTLIGHT ON: MOBILE MEDICAL CAMP – HUMLA’S FIRST CARDIO CAMP

“While our country was reeling from acute shortages of everything from medicines, food and fuel, bringing in such a highly specialised medical team to Humla to run free heart camps was amazing.”

– Angjuk Lama, Humla Programme Manager, Adara Development

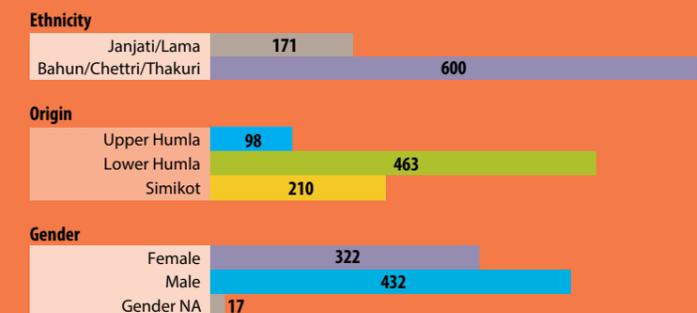
To address gaps in health services, Adara has organised mobile medical camps (MMCs) in Humla every year since 2011, providing free medical services to thousands of people living in remote villages. The camps bring Nepali doctors, nurses and specialists into Humla for two months at a time to treat as many people as possible. The camps are stationed at local health posts, where clinicians can upskill staff and leave medicines.

In 2015, Nepal’s political situation was fragile, and the blockade on the Indian border (see page 33) brought shortages of medicines, fuel and food. As a result, Adara came close to cancelling our annual medical camp.

Fortunately, in November Adara had an opportunity to partner with Manmohan Cardio Centre to run a free two-day heart camp in Humla. The Centre provided Adara with the medicines and staff needed for the camp. It was a great moment for the community when Adara welcomed the team of 13 highly specialised clinicians – including internationally acclaimed Nepali heart surgeons Professor Bhagawan Koirala and Professor Uttam Krishna Shrestha – to the district hospital in Simikot for Humla’s first ever cardio health camp.

In just two days, 771 people from several communities throughout Humla visited the camp. It reached people from 25 of the 27 village development committees in Humla. It was wonderful to see people of all ages – the youngest one year old, the oldest a 99-year-old woman – benefit.

ATTENDEES AT 2015 MOBILE MEDICAL CAMP



LESSONS FROM OUR RESEARCH ABOUT MOBILE MEDICINE

In 2013, the research team embedded researchers for the first time into Adara’s MMCs to collect medical, social and economic information of patients. We felt it was important to have a patient-centric view of the MMC services, as clinicians often don’t have the time to ask too many questions when they are focussed on the clinical needs of their patients.

Over the past year, Adara’s research team has been analysing this data. The main lesson we have learned is that although the camps are mobile, some people – especially those who are less mobile due to injury, pregnancy or disability or who have childcare responsibilities – still cannot get to the camps. Our research has emphasised the need for greater outreach and community support to overcome this.

The research team has used geographic information systems to show the differences in health-seeking behaviour among different villages in Humla. Using this technology, we can connect behaviour to the region’s geography, to understand how it affects access to health services. For example, the picture below shows patient travel by gender. It highlights that fewer men than women used the MMCs, and women travelled for longer than men did. This suggests women have a greater need for these camps, as they travel less for trade than men and thus have less access to healthcare outside the district.





EDUCATION REACHING THE MOST VULNERABLE

Humla district has some of Nepal's lowest literacy rates. However, over the past few years we have seen a huge shift in community attitudes towards education. More and more Humlis are now sending their children to school, recognising the value of education.

Adara is working hard to improve the quality of education in the region so that more children have the opportunity to learn and grow. By improving education in the district, Adara is also eliminating the need for children to be sent away from their families to receive a quality education. This also reduces the risk of exposure to child-trafficking.

“I have never been to school and neither has my wife, but due to Adara's support I am sending all my five daughters to school. They are hope of our bright future. Without Adara's support I cannot afford to send them to school and my daughters would be herding cattle, collecting cooking wood, working in the field, living the same difficult life we have been having for generations.”

– Kalu Singh, Chauganfaya village

School Improvement

Schools in Humla are usually little more than a room with four walls – many even lack furniture or carpets for children to sit on. We have created eight child-friendly classrooms in our target schools in Humla as an incentive for students to attend school. Child-friendly classrooms include good lighting, wooden walls and ceiling, floor coverings and decent furniture. Adara also works closely with the District Education Office (DEO) in Humla to improve schools through the provision of teaching and learning materials, such as whiteboards, posters, science equipment, sports materials, musical instruments and books. A total of 1,100 students from eight schools benefited from the provision of these materials.

Teacher Support

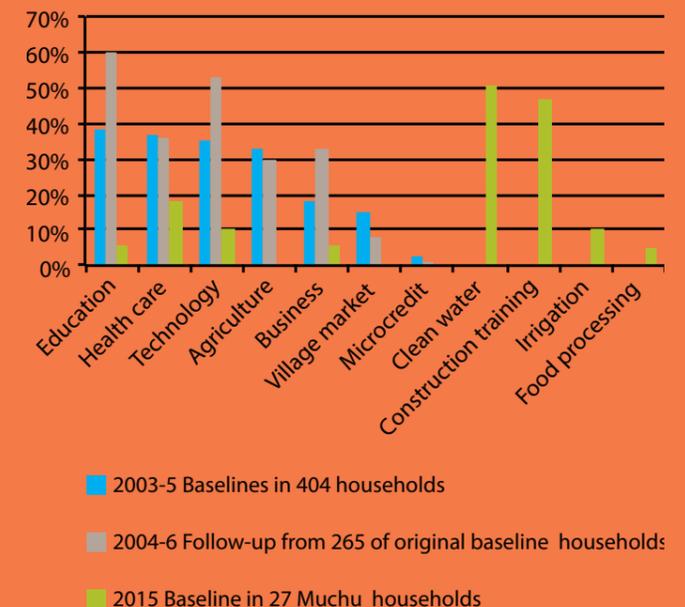
Due to Humla's remoteness, it is difficult for the government to attract and retain teachers. It is not unusual for employed teachers to fail to turn up to class. As a result, teacher-student ratios are extremely low – for students who make it to secondary school there is just one teacher for every 77 students. Adara is working to improve these ratios by funding the salaries of extra teachers in each of our target villages. We train them, mentor them and monitor their attendance. Adara has been supporting six teachers and two support staff for six schools, focussing on gaps in science, maths, English and Tibetan languages.

SPOTLIGHT ON: SHIFTING DEVELOPMENT PRIORITIES – FINDINGS FROM ADARA'S RESEARCH TEAM

Adara's research team has conducted baseline surveys and impact studies for more than 18 years to assess community needs and monitor the impact of our work.

Surveys are conducted at household level so the needs and priorities of everyone in the community – even the most marginalised people – are heard.

One of our observations from the past 12 years is the changes in how Humli villagers rank their development priorities. In the most recent baseline survey, we can see that people are less concerned with education, energy technology and healthcare relative to other needs than villagers in previous surveys. This may be due to the substantial changes in Humli communities where Adara has worked over the past 18 years. Today, people's concerns focus on issues of potable water, construction training, irrigation and food processing. These changes are probably associated with better understanding of water-borne disease, concerns arising from the earthquake, and the impact of climate change on traditional irrigation systems. We will follow up this research in Muchu in 2017, to make a similar comparison to the one we were able to make between the 2003-5 and 2006-7 baseline and follow-up studies down valley.



Educational and Vocational Scholarships

Many families can't afford school uniforms and books. Without these items, children are prevented from attending school. Adara provides school uniforms, shoes and a bag containing essential school supplies to 708 students in need so they can attend school without stigma. The uniforms also keep children warm in the cold Himalayan climate, which improves their wellbeing and focus. These school items are referred to as scholarship support. Adara provides full and partial scholarships, depending on the student's level. The scholarship support has really helped to increase students' enrolment and improve their education standard. There are now more girls (55%) than boys in our target schools. That's a milestone, as traditionally girls were excluded from education in the region. Outside of our target schools, the average percentage of girls attending school across primary and secondary is around 50%. We encourage the full attendance of both genders.

Before-Class and After-Class Support

Before and after-school classes are open to all primary and pre-school children who want to improve their education. With limited teachers in the schools and most parents being illiterate, we realised that children needed extra help with their homework and any subjects they had difficulty with. We now have 10 classes running every morning and evening for 208 students, and we have noted great progress. Parents are very happy to see their children getting extra help.

Training for Parents and School Management Committees (SMCs)

Adara wants every child in Humla to have a strong support network, and is working to ensure all children receive a quality education. In 2015, we worked with parents and SMCs to encourage them to play their part for the next generation. The SMC is the governing body of the school and plays a key role in the school's management and improvement. Eight SMCs participated in training, and 207 parents were trained in how to be more proactive and involved in their children's education.

Yalbang School

Adara has supported the Yalbang School for 18 years – it was the first project we ever worked on. The school is driven by the vision of a local leader, Kumar Lama, who wanted to provide quality education opportunities for children locally so their parents would not feel the need to send them away from Humla. There are currently 327 students enrolled in the school, and 236 stay in the on-site hostel. The school has eight government teachers and six extra private teachers. About 67% of students at the Yalbang School are girls. With literacy rates for girls in Humla at 48%, this is a huge achievement. Adara supports the running costs of the hostel, provides scholarships to students in the form of uniforms and text books, and funds the salaries of three private teachers.



HEALTH SERVICES FOR PEOPLE LIVING IN POVERTY

HEALTH SERVICES FOR KATHMANDU'S POOREST

Adara has partnered with the Himalayan Medical Foundation (HMF) since 2001 to provide free basic healthcare services to severely disadvantaged people in and around Kathmandu through three health clinics. The clinics provide free health check-ups, laboratory services, prescriptions and dental check-ups. More than 10,000 people – 58% of them women – receive these services every year. Following the earthquake, Adara and HMF partnered to deliver emergency medical care to 1,881 people.



REACHING OUT TO PEOPLE LIVING WITH HIV/AIDS

“When we started this programme we had 24 clients. The stigma against HIV in the community meant that nobody would come to the hospital for services. Today, we have more than 2,480 clients on our register, and it is incredible to see them become advocates in their communities for testing and other services available at Kiwoko Hospital.”

– William Kiwanuka, Head of HIV Department, Kiwoko Hospital.

HIV is no longer a death sentence if treated properly, but accessing treatment and support can be extremely difficult for people living in low socioeconomic areas.

With 1.6 million Ugandans living with HIV/AIDS and close to a million Ugandan children orphaned by this disease, quality services are critical to ensure they can survive and thrive.

Kiwoko Hospital offers a range of programmes for people living with HIV/AIDS to help them live healthy lives. These focus on treatment, nutrition, counselling and monitoring. The service provided by Kiwoko Hospital to its HIV clients is outstanding, and was ranked by its USAID funding body in 2015 as the second-best programme in the country for improved health outcomes. Adara supports the Kiwoko Hospital nutrition programme for more than 300 adults, funds hospital admission and treatment costs for more than 700 adults and 240 children suffering from opportunistic infections, and helps 110 orphans and vulnerable children go to school.

RURAL HEALTHCARE FOR THE NAKASEKE COMMUNITY

“Traditionally, diseases having strange signs and symptoms (such as epileptic fits), are associated to family misfortune, curses or witchcraft. This misconception makes it difficult for parents to seek help. The epilepsy clinics make such patients gets the support they need and that they adhere to their medications, which are often for life.”

– Moses Skeddide, Head of the Community Based Healthcare programme.

As 44% of Nakaseke people live below the poverty line and many are denied access to critical services. Adara's outreach healthcare services are essential to improving community health outcomes.

Adara works with Kiwoko Hospital to reach some of the most vulnerable members of the community. This includes people living with disabilities, epilepsy, mental illness and TB. The community-based healthcare programme also focusses on health promotion, hygiene education and sanitation practices.

About 300 people living with epilepsy are on the epilepsy register and are provided with lifesaving treatment each year. 37% of these clients are children under the age of 18, and 18% are girls.



CARE, SUPPORT
& REINTEGRATION
OF CHILDREN
AT RISK

AN ESTIMATED 1.2 MILLION CHILDREN FALL INTO THE GLOBAL CHILD-TRAFFICKING TRADE EACH YEAR.

For more than a decade, Adara has worked to protect children at risk of exploitation. We have provided care, support and family reintegration for children who were victims of trafficking or those forced into a life on the streets due to extreme poverty.

These two cornerstone groups of children set the scene for Adara to learn about children at risk, and have informed our wider work in child protection. Today Adara is sharing our knowledge and experience with other child-focussed organisations to improve the lot of more children around the world.

IN 2015



35

ADARA YOUTH VOLUNTEERED IN THE MOBILE MEDICAL CAMPS AFTER THE NEPAL EARTHQUAKE



31

ADARA YOUTH IN NEPAL SAT THEIR SCHOOL LEAVING CERTIFICATE AND MOST PASSED THIS EXAM



146

GIRLS LIVING IN EXTREME POVERTY IN KATHMANDU WERE SUPPORTED TO ATTEND SCHOOL EACH YEAR THROUGH THE WORK OF OUR PARTNER HANDS IN OUTREACH WITH ADARA'S ASSISTANCE



532

WOMEN AND CHILDREN WHO WERE VICTIMS OF DOMESTIC VIOLENCE IN NEPAL RECEIVED FREE LEGAL SUPPORT THROUGH THE WORK OF THE WOMEN'S FOUNDATION WITH ADARA'S ASSISTANCE



8

OF THE EBENEZER BOYS IN UGANDA HAVE GRADUATED FROM THE PROGRAMME AND ARE NOW MAKING THEIR OWN WAY AS ADULTS



5

YOUNG PEOPLE GRADUATED FROM THE ADARA YOUTH PROGRAMME IN NEPAL, TO BEGIN THEIR LIVES AS INDEPENDENT ADULTS



YOUTH DEVELOPMENT

TRAFFICKED AND DISPLACED NEPALI CHILDREN: THE ADARA KIDS

IT IS NOW 10 YEARS SINCE ADARA BEGAN CARING FOR A GROUP OF 136 TRAFFICKED CHILDREN WHO HAD BEEN TAKEN FROM THEIR HOMES, MAINLY IN HUMLA, AND BROUGHT TO KATHMANDU DURING A PERIOD OF ENORMOUS POLITICAL UNREST IN NEPAL.

It has been rewarding to see their transformation over this time. Most are now adolescents, well on the journey to independent adulthood. We are proud to see them grow into fantastic young adults.

We continue to work closely with these youth, to help them plan and get equipped with vocational skills for their futures. We are applying the skills and experience we have developed over the past 10 years to help more children in need across the globe.

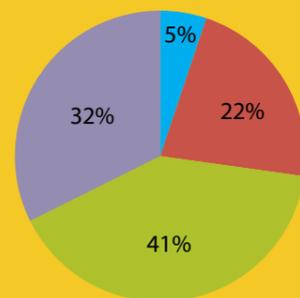
Academic Success

Passing Nepal's School Leaving Certificate (SLC) to get into higher education can be extremely difficult. It is popularly known as the 'iron gate' to reaching further education. In 2015, only 47.43% of students in Nepal who sat the exam passed.

It is a great testament to our Nepali staff that almost all of our youth who have reached this stage of education have passed the SLC and moved on to higher education or vocational studies. In 2015, 31 of the Adara youth sat the exam – the highest number of SLC candidates we have ever had in a single year. And 24 of the students achieved either distinctions (above 80%) or first division. We are very proud of their hard work. These students have since chosen vocational courses, and some have been awarded scholarships for their further studies.

WHERE THE ADARA KIDS ARE TODAY

- In boarding school in Kathmandu
- In family or community based care
- In the Youth Development Program
- Children repatriated and graduated



Reintegration

There are many benefits to reintegrating children with their communities of origin. Not only do they have the opportunity to build a strong bond with their family, culture and environment, but youth who undertake their SLC exams in disadvantaged districts such as Humla can also gain access to state subsidies and positive discrimination in education, training and employment. This year, nine reintegrated children passed their SLC from Humla and Nepalgunj. Four of them received 100% scholarships for their studies.

Youth Independent Living

Almost all of the Adara Kids who have not yet graduated, are now in the Youth Independent Living Programme. This programme teaches them about the practicalities of the real world – managing their own finances and living arrangements with the support of an Adara social worker. During this time they either finish the last two years of high school or undertake vocational training courses. In 2015, 55 youth were in the Youth Independent Living Programme. Our social workers introduced a Youth Code of Conduct, which all the youth sign as a condition of being part of the programme.

Graduation

In 2015, five of the Adara youth graduated from our care to start their adult lives. In total, 44 youth have graduated, embarking on a journey to independence. The graduates are doing well – most are either in higher education or working. Some even have families of their own.

Community Support

After the devastating earthquake, it was extremely gratifying to see the Adara kids reach out to their communities to help. So many of the youth wanted to volunteer that our team had to create a shift roster for them at the mobile medical camps – we couldn't fit them all in the car!



FROM THE STREETS OF KAMPALA TO SUCCESS: THE EBENEZER BOYS

“Life was hard on the street. Policemen would beat me and I often had nothing to eat. But when I joined Adara, life changed. They gave me shelter, medical treatment, and reunited me back to my family. I have now finished my course in Animal Production and Management and am looking forward to living independently and helping my community with my professional skills”

– Luke, one of the Ebenezer Boys

THIRTEEN YEARS AGO THESE BOYS LIVED ON THE STREETS OF KAMPALA AND WERE IN DESPERATE NEED.

It has been a real privilege to watch the 'Ebenezer Boys' grow up into hard-working and caring young men over this time. Adara has worked hard to provide the best care, family connection and educational support possible to help rehabilitate the boys, and has directly managed their care and education for the past seven years. They are a key part of the Adara family.

SPOTLIGHT ON: VOCATIONAL TRAINING

Youth unemployment is a big problem across both the developed and the developing world. In both Nepal and Uganda, rates are very high.

In Uganda, around 62% of youth are jobless. For this reason, we decided to transition the boys to vocational training a few years ago. We wanted to give them the best possible chance at employment so they could support themselves with pride. And we felt the best way to do this was to arm them with employable skills.

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

Nepal faces similar problems. According to the Ministry of Youth, around 38% of youth are unemployed, and around 300,000 enter the labour market each year. In Adara's Youth Independent Living Programme, we have also begun encouraging the youth to undertake technical or vocational education, and many have leapt at the opportunity to study subjects such as nursing, health assistance, pharmacy, dentistry, forestry and civil engineering. Learning these skills makes the youth more attractive to employers and gives them better opportunities for earning a living after they graduate.

A primary goal of the Ebenezer Boys programme is to break the cycle of destitution and poverty of their younger years, to help the boys live independently. We are now in the final couple of years of the programme, and the boys are making exciting progress in their lives.



WOMEN AND CHILDREN AT RISK IN NEPAL

ADARA SUPPORTS SEVERAL WONDERFUL GRASS-ROOTS NEPALI ORGANISATIONS WHO ARE WORKING TO PROTECT CHILDREN AND FAMILIES AT RISK.

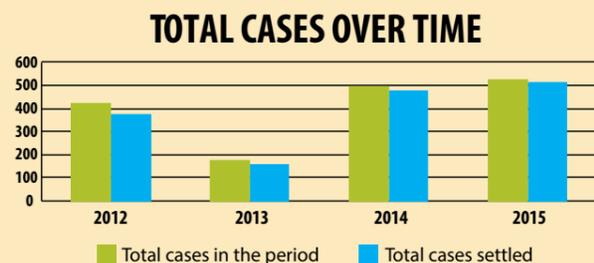
Hands in Outreach

Adara partners with Hands in Outreach (HIO) – a Nepali NGO in Kathmandu – to help more than 140 children living in poverty – mostly girls – to go to school. Adara supports HIO's staff and management costs, and helps the girls' families with healthcare costs. With support from HIO and Adara, many girls who would otherwise not be in school have educational opportunities and are excelling at school and going on to study at university.

Women's Foundation

The Women's Foundation provides legal support to vulnerable women and children who are victims of domestic violence, trafficking and sexual abuse. In 2015, 532 women and children received these services. A team of experienced legal staff is led by an Adara-supported lawyer. They seek justice and protection for hundreds of women and girls each year, to restore their dignity and realise their human rights to be free from violence. Since 2012, more than 1644 women have received justice through their work, with 94% of cases successfully settled in favour of the victim.

WOMEN'S FOUNDATION REPORT



SHARING OUR KNOWLEDGE ABOUT CHILDREN AT RISK

After working with children at risk for so long, Adara is now well respected in this field, and we are sharing the knowledge we have gained with many different groups.

For example, in Nepal, our team has worked for many years with the government's Central Child Welfare Board (CCWB) to improve practice and knowledge. In 2015, Adara was invited by the CCWB to contribute to the Government Plan for Children 2016–19. Adara also worked closely with the CCWB during the devastating earthquake in April 2015. We contributed to developing a tracing system for trafficked children; helped groups of children after the government had rescued them; and provided medical care and education materials for children affected by the quake.

The Himalayan Innovative Society

"I am a single mother with four young daughters. My husband passed away few years ago, leaving behind all the responsibility to raise these girls upon my shoulder. Due to Adara's support I have been able to send my daughters to school. I am very happy to see them doing very well in school and they will definitely make my life easier when they're grown up and well educated."

– Tsering Doma, Kermi Village

A child without a father is seen very negatively in Humli society and is often ostracised from the community.

Single mothers struggle to gain enough income to care for their children and provide them with basic needs. Many children of single-parent families do not attend school and are often relegated to a life of domestic work or sent to monasteries. Adara works with The Himalayan Innovative Society to ensure that these children are not left behind and can enjoy the same rights as any other child. We provide support and counselling to their caregivers, and give scholarships to help 60 children attend school in Humla and gain a brighter future.





NEPAL EARTHQUAKE

"WE ARE SAFE, SO NOW WE MUST HELP OTHERS" – THIS WAS THE MANTRA THAT PRALHAD DHAKAL, ADARA'S NEPAL COUNTRY DIRECTOR, USED TO MOTIVATE HIS TEAM AFTER THE EARTHQUAKE.

ON 25 APRIL 2015, A CATASTROPHIC MAGNITUDE 7.8 EARTHQUAKE STRUCK NEPAL, KILLING MORE THAN 8800 PEOPLE.

After weeks of aftershocks, another powerful quake (7.3) struck the same region on May 12, causing further devastation to a nation already in chaos. Some 8 million people were affected by the quakes, and more than 2.6 million were displaced.

We were incredibly relieved that our local teams, the children we support, our local partners and the communities we work with in Humla were safe and accounted for. Even though the ground continued to shake with epic aftershocks, in just two days Adara had mobilised a team working around the clock to help people in affected areas. Our team applied skills and experience developed over more than 18 years of working in Nepal to help people in desperate need.



92,290

KILOGRAMS OF RICE WERE DISTRIBUTED TO 2,392 HOUSEHOLDS IN NEED



US\$580,050

WAS DONATED BY ADARA'S SUPPORTERS ACROSS THE WORLD. EVERY CENT IS BEING USED ON THE GROUND



1,881

SICK OR INJURED PEOPLE WERE PROVIDED WITH MEDICAL SUPPORT AND COUNSELLING THROUGH ADARA'S EMERGENCY MEDICAL CAMPS



1,500

BARs OF SOAP WERE PROVIDED TO IMPROVE SANITATION AND PREVENT THE SPREAD OF DISEASE



1,000

PENS, PENCILS AND NOTEBOOKS WERE PROVIDED TO SCHOOLS SO THEY COULD TRY TO KEEP CLASSES GOING



9,000

SHEETS OF TIN WERE DISTRIBUTED TO 765 HOUSEHOLDS, 8 SCHOOLS AND 1 HEALTH POST TO BUILD STRONG TEMPORARY SHELTERS



OUR IMMEDIATE RESPONSE – EMERGENCY HEALTHCARE TO THE SICK AND INJURED

“I feel rewarded that I led team of doctors, health workers, a psychosocial counsellor and Adara youth volunteers to reach out and help injured and ill people because of the devastating earthquake in April 2015.”

– Menuka Rai, Adara’s Medical and Health Co-ordinator

After ensuring our teams, the children we support and our local partners were safe, Adara’s first response was to provide emergency medical aid to the thousands of sick and injured. With more than 900 health facilities across the region completely destroyed, those services were critical. In co-ordination with the Nepali Government, our team travelled to the affected areas with a mobile medical camp made up of Nepali doctors and nurses, and led by Adara’s Health Assistant, Menuka Rai.

For many years, Adara has run mobile medical camps in Humla. So our team already had the resources, supply chains and know-how to launch a similar programme in Kathmandu to deal with emergency healthcare issues.

Through the first two months alone, they provided medical care and aid to more than 1,881 people, many of them children.

HOLISITIC SUPPORT TO GHYANGFEDI

The Government of Nepal encouraged NGOs to focus their energies on providing holistic support to one area. In order not to spread ourselves too thinly, Adara focussed our food, shelter, education and sanitation projects on an area called Ghyangfedi, with a similar terrain to Humla, which was well suited to our service delivery expertise.

Located more than 100 kilometres from Kathmandu, Ghyangfedi is a very disadvantaged area (comprising nine hamlets), with literacy rates below 20% – even lower than in Humla.

One hundred per cent of Ghyangfedi’s homes, schools, health posts and other structures were destroyed by the earthquakes, so there was a huge need for support from every sector of the community. We especially wanted to ensure they had enough shelter to get through the approaching monsoon season.

Our first action in Ghyangfedi was to deliver sheets of tin to every household, to be used as temporary shelter. The traditional

emergency shelters, such as tarps, would not have provided enough protection from monsoons. A total of 9000 sheets of tin were distributed to the destroyed schools and health posts, to help people rebuild their houses.

We also distributed 92,290 kilograms of rice to households in Ghyangfedi and surrounding districts so people would have enough to eat during the monsoons – especially as crops and livestock had been largely destroyed in the earthquake. To prevent epidemics, our team also distributed water-purifying tablets and sanitation provisions such as soap.

THE WAY FORWARD – REBUILDING GHYANGFEDI

“Adara came right on time and helped us with food, tin roofs and doctors. Adara was like an angel for villagers here.”

– Sun Bahadur Tamang, Ghyangfedi, Nuwakot

The power of education

Our plan for Ghyangfedi is to take the knowledge and experience from 18 years of developing the Yalbang School in Humla to build a similar residential school in Ghyangfedi. By providing good-quality education for the community, we hope to not only increase the literacy rate but also provide opportunities for children so their parents do not feel the need to send them away or sell them to traffickers.

Rebuilding a district

Thanks to our donors’ support, Adara could provide every single family in Ghyangfedi with tin for temporary shelter to protect against the monsoon. In particular, while we provided the villagers with advice, materials and support, Adara did not step in to do the actual rebuild. We do not want the people of Ghyangfedi to become passive in their own development. Rather, we want to ensure they are involved in all decisions about their future.

Our next step is to provide all villagers in the Ghyangfedi area with enough tin to build a permanent home. The tin we provided in the emergency phase was only enough for a temporary shelter to see them through the monsoons. As they rebuild, we will advise householders on safety and how they can make their structures more earthquake-resistant. This approach will also increase local capacity in building and construction, and the villagers will maintain the buildings themselves.



SPOTLIGHT ON: REBUILDING HAMSTRUNG BY NEPAL BLOCKADE

Adara had planned to begin rebuilding work with Ghyangfedi immediately after the monsoon season. But this was severely hamstrung by an even worse humanitarian crisis – one that barely made the international news.

After the announcement of the long-awaited Constitution of Nepal on 20 September 2015, some groups in Nepal, unhappy about the constitution, began to agitate, demanding that the government refine the provisions regarding citizenship and the number of and territory included in the newly drawn seven provinces. These protests turned violent, and at least 50 people were killed.

The Nepalese Government accused India of encouraging the protesters and imposing an unofficial blockade along the border in order to pressure the Government to make changes to the constitution.

India is Nepal’s biggest trading partner, accounting for more than 60% of all trade. With the border blocked, there was very little fuel, food or medicine getting into Nepal.

As a result, Nepal – a country of 28 million people – essentially ground to a halt. Schools were forced to close, and 2 million Nepali children were out of school. Hospitals were turning away patients, as they had no medicines to treat even the most life-threatening illnesses. There was no fuel, gas or kerosene to cook food or travel anywhere. Industries closed, including 2,000 factories, leaving thousands out of work. And tourist arrivals, a mainstay in the economy, plummeted as tourists could not move around the country.

The blockade not only damaged daily life for Nepalis but also has hampered Nepal’s ability to begin the earthquake rebuilding process. Without fuel, international aid could not be delivered to some of the most affected areas. Adara’s rebuilding work with remote Ghyangfedi came to a standstill. Without fuel to get the necessary supplies to the region, we could not help this community.

Fortunately, our Humla work continued largely unchanged, though prices for many commodities increased.

In February 2016, the blockade finally came to an end, and life is slowly returning to normal for Nepal. Adara hopes our work with Ghyangfedi can now continue without disruption.

SPOTLIGHT ON: HUMAN TRAFFICKING

“If we provide opportunity for quality education for girls, a long-rooted social problem like girl trafficking in Ghyangfedi will be prevented.”

– Yeshe Dhakpa Lama, Manager, Disaster Response Programme, Adara Development

Human trafficking has become an increasing problem in Nepal over the past 50 years. Poverty, an open border with India, high unemployment, and a lack of awareness and education all contribute to Nepal’s human trafficking problem. Women and children are the biggest victims. They are often promised an education and other opportunities by the traffickers, but instead are obliged to work in a dance bar, a restaurant, the sex trade or as domestic servants.

After the earthquake, we were concerned at the potential for increased human trafficking. People who have lost everything are particularly susceptible to traffickers’ promises, as they are desperate to find a way to protect themselves and their families.

Unfortunately, our concerns were realised and there was a spike in trafficking. Thanks to our reputation in the field of child protection, in the weeks after the disaster Adara was called on several times by the Nepali Government to provide medical care and psycho-social support to more than 240 children trafficked from their homes.

Through our work with children at risk, we have gained experience in working in the complex area of human trafficking and child protection. The issue of trafficking was also one reason we were drawn to lend our assistance to Ghyangfedi, as it is the area of Nepal where human trafficking first started. One of the first things you notice when you arrive in Ghyangfedi is that there are hardly any women, as girls are trafficked from the age of 10 or so.

Through awareness-raising campaigns on the danger of trafficking and by providing good-quality education for the community, we hope to not only increase the literacy rate but also provide opportunities for young girls. This is so their parents do not feel the need to send them away or sell them to traffickers.



SPOTLIGHT ON: GLOBAL FEEDING INNOVATION TEAM

Debbie has spent many years establishing feeding protocols for sick and vulnerable infants in hospitals in Seattle, Bermuda and Uganda.

Now she will be working closely with the Global Feeding Innovation team, including the World Health Organisation and UNICEF, to help establish awareness, policies and training-and-development for feeding at-risk infants, particularly in low-resource settings.

This will include breastfeeding initiatives, and other programmes concerned with the feeding of vulnerable infants.

THE ROAD AHEAD

SCALING OUR MATERNAL, INFANT, CHILD HEALTH WORK

Adara has big plans which will leverage our experience and expertise in developing maternal and neonatal health programmes at Kiwoko Hospital. We want to improve the standard of care in the Central Ugandan region more widely. In collaboration with the Ministry of Health, local-government health systems and in-country partners, Adara will work to strengthen the quality of care available to women and infants at both a local district hospital and local government health posts. By doing this, we aim to facilitate networks in Uganda and collaboration between the public and private sectors.

Over the past year, Adara's work in maternal, infant and child health has reached a global audience as we focussed our energy on building partnerships and collaborations. Debbie Lester, Adara's Clinical Programmes and USA Country Director, has been asked to sit on many global advisory boards dedicated to improving policies, protocols and training for critical newborn health.

In particular, she has been asked to join a large collective called the 'Access to Oxygen Collective Action', which aims to improve access to and utilisation of oxygen, equipment and supplies in health systems worldwide.

ADARA IS AT AN EXCITING CROSSROAD WITH OUR WORK. AFTER WORKING HARD TO DEVELOP BEST-PRACTICE PROGRAMMES OVER THE PAST 18 YEARS, WE ARE NOW LOOKING AT WAYS WE CAN MAKE A BIGGER IMPACT.

We will continue to build our areas of expertise to reach more communities through research, service delivery and knowledge sharing with the goal of reaching many more people globally.

SCALING OUR REMOTE AND RURAL COMMUNITY DEVELOPMENT WORK

In 2012, Adara made the decision to specifically target eight villages in upper Humla, and then expand our reach slowly to other villages as we developed capacity. This strategy worked well, and in 2015, we added another village – called Muchu – to our Humla work. Muchu is in the upper part of Humla District, high in the Nepali Himalayas. It is the furthest to the north of any of the Adara project villages and is extremely remote. In 2016, Adara will continue to work hand in hand with the villagers of Muchu to introduce interventions such as clean drinking water, pit latrines and child friendly classrooms.

Adara will also scale our work outside of Humla district through our earthquake rebuilding work with the villages of Ghyangfedi. We will leverage our 18 years' experience in working hand in hand with the Humli community to help Ghyangfedi build a model residential school and a health post.

NEXT STEPS FOR OUR WORK WITH CHILDREN AT RISK

The Ebenezer Boys in Uganda and the Adara Kids in Nepal are growing up fast – grappling with issues of independence and self-identity, as all adolescents do. Over the next three years we will help steer them through this time and set them on the path to independent adulthood.

By the end of 2020, almost all children in our care will have graduated from the programme, having reached adulthood and completed their education or vocational studies. They will always be a part of the Adara family. Early in 2016 some of Adara's senior team came together in Nepal to capture the history of the programmes and set out our future work in regards to children at risk. We have learnt many lessons and feel we still have more to give, given the pressing need for child protection in Nepal.

In 2016, Adara is partnering with the SAHARA Group to conduct research into how many children have been trafficked out of Humla from the civil war to the present day. This will also determine whether the earthquake in April 2015 had any impact on trafficking in the region. The research will aim to find out how many children were displaced and the reasons for their displacement (insurgency, education, better life in cities, earnings, or natural disasters etc).

BUILDING OUR IMPACT AND INNOVATION DEPARTMENTS

Adara is extremely proud that our development work has been supported by research, monitoring and evaluation. This has helped ensure that it is evidence-based, effective and in the best interests of the communities we support.

In 2016, Adara is moving our research department from Montana, the US, to Sydney, Australia. We have hired an Impact Director, Marianne Jago-Bassingthwaighe, who will lead Adara's research, monitoring and evaluation, and help to develop strategies for even more broadly sharing our experience with a global audience. We will continue to build local teams in Nepal and Uganda to work on our research, monitoring and evaluation. Kimber Haddix McKay, who has been Adara's long-standing Research, Monitoring and Evaluation Director based in the US, will now become Adara's Innovation Director to keep abreast of changes and best practices in the development sector. This will be a pivotal role to ensure we are always considering the best and most impactful ways to do things, allowing us to dig deep into innovation and cutting-edge trends in our work and our industry.

Additionally, we will be hiring a Partnerships Manager to work in our US office, focusing on building relationships with other NGOs and with bilateral and multilateral organisations.



OUR PARTNERS AND SUPPORTERS

ADARA'S ACHIEVEMENTS IN 2015 WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE SUPPORT AND GENEROSITY OF OUR VOLUNTEERS, SUPPORTERS AND FINANCIAL PARTNERS – THEY GAVE US THE TOOLS AND THE BACKING TO RISE TO THE CHALLENGE AND REACH THE PEOPLE WHO NEEDED IT MOST.

We are so grateful and humbled by the huge support we continue to receive from one side of the planet to the other. We were blown away by the way people all over the world came together after the earthquake to help Adara reach the people most in need.

Over the past years, our amazing supporters have helped rebuild communities and protect children from trafficking. They have provided opportunities for women to give birth safely. They have helped Adara teach others about best-practice neonatal health. Simply put, they have transformed lives.

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

KEY HIGHLIGHTS IN 2015

- Over **800** individuals, foundations and companies donated to Adara.
- **US\$3,037,912** was donated to Adara, both by Adara Advisors and our other donors.
- **US\$253,506** was raised by staff of our incredible corporate partner, Aspen, helping fund life-saving work at Kiwoko Hospital.
- **US\$580,050** was raised by our supporters to help support Nepal after the devastating earthquake.
- **12** people volunteered or provided pro bono support in our Global Support Office in Sydney.
- **13** people assisted our US research and clinical teams in Seattle and Montana.
- **5** international medical volunteers undertook capacity-building at Kiwoko Hospital.
- **3** people assisted with clinical research in the Seattle office.
- **21** Deloitte staff came and helped at Adara's Sydney Office on Deloitte Impact Day.

SPOTLIGHT ON: MORE THAN 10 YEARS OF PARTNERSHIP WITH THE UNIVERSITY OF WASHINGTON

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

There are countless examples of how their training and support has helped the development of Adara neonatal health programmes. In recent years, their work on developing bCPAP devices for low resource settings has drastically changed outcomes for tiny infants in respiratory distress. In partnership with PATH and Adara, this device continues to be developed and the team are looking at ways to make it available safely to other low resource settings across the globe.

We are so grateful for the ongoing support and dedication of the University of Washington. This collaboration has saved tens of thousands of newborn lives.



SPOTLIGHT ON: DELOITTE RISES TO THE CHALLENGE THROUGH AMBASSADOR PROGRAMME

“The Deloitte Adara Partnership is a great example of how Australian corporates can make an impact on communities in need. It's a unique opportunity to showcase the power of corporate finance to effect social change.”

– Lyanne Harrison, Deloitte Ambassador 2015

It was a company vision and commitment to “impact that matters” that led to Deloitte investing its time, resources and money into a new partnership with Adara in 2015.

The Deloitte Adara Ambassador programme provides the Adara Group with a year-long secondment of a high-performing corporate advisory director and a promising chartered accountant, who use their skills to effect social change. This partnership is not only a great opportunity for Deloitte's staff to learn and grow as ambassadors but also a chance for them to apply their first-class skills for supporting people in the developing world. In 2015, Lyanne Harrison and Nicky Levy from Deloitte joined the Adara team. We cannot thank Deloitte enough for its support. It truly is an organisation prepared to put substantial resources into doing the right thing for their staff, and for people in need.



THE ADARA FAMILY



OUR BOARD



ANDREW DELLA CASA
TRUSTEE OF ADARA DEVELOPMENT (UK)



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



DEREK STAPLEY
DIRECTOR OF ADARA DEVELOPMENT (USA)



DHAN BAHADUR LAMA
DIRECTOR OF ADARA DEVELOPMENT (NEPAL)



EDITH G. CONYERS
TRUSTEE OF ADARA DEVELOPMENT (BERMUDA)



JIM RICE
TRUSTEE OF ADARA DEVELOPMENT (UK) (RETIRED JANUARY 2016)



KATE VACHER
TRUSTEE OF ADARA DEVELOPMENT (UK)



KEN FINCH
DIRECTOR OF ADARA DEVELOPMENT (UGANDA)



PRALHAD KUMAR DHAKAL
DIRECTOR OF ADARA DEVELOPMENT (NEPAL)



RICHARD DEUTSCH
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)



LAINI LIBERMAN
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)



DR PHILIPPE ROUJA
TRUSTEE OF ADARA DEVELOPMENT (BERMUDA)



RICHARD HOUGHTON
TRUSTEE OF ADARA DEVELOPMENT (UK)



RICHARD WEST
DIRECTOR OF ADARA DEVELOPMENT (AUSTRALIA)



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



THOMAS R. DICKSON
DIRECTOR OF ADARA DEVELOPMENT (USA)



TOM GLYNN
DIRECTOR OF ADARA DEVELOPMENT (USA)



UDDHAV RAJ POUDYA
DIRECTOR OF ADARA DEVELOPMENT (NEPAL)

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

ACCOUNTABILITY

FINANCIAL OVERVIEW FOR 2015

Adara has received an incredible total of US\$25.5 million (A\$30.2 million) since we began in 1998. Of this, more than US\$7.6 million (A\$9.3 million) has been contributed from the Adara businesses towards Adara Development's administration and infrastructure costs and emergency project costs.

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

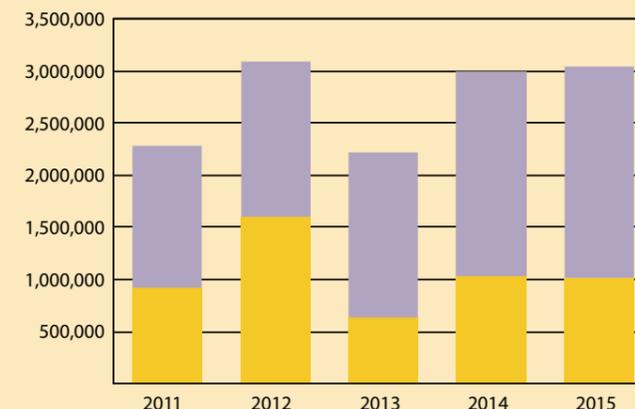
US\$738K
(A\$980K)

CONTRIBUTED FROM THE ADARA BUSINESSES

US\$2.3M
(A\$3.1M)

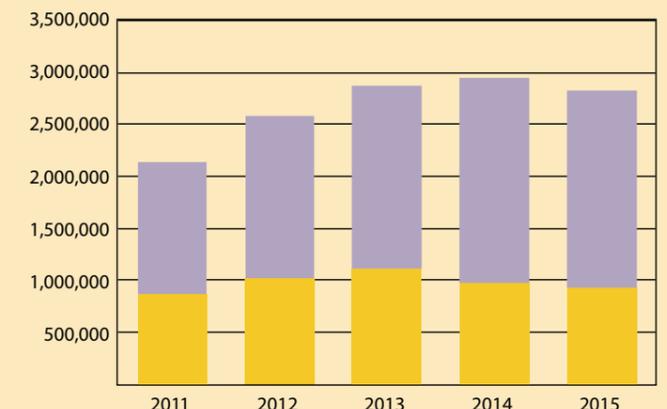
CONTRIBUTED FROM OTHER DONORS

DONATIONS TO ADARA DEVELOPMENT (US\$)



Project Partners
Adara businesses and Core Support Partners

EXPENDITURE OF ADARA DEVELOPMENT (US\$)



Project costs
Core support

*The loan of A\$250k from Adara Advisors Pty Ltd is included in revenue in 2013. In 2014 the loan was subsequently donated. The graph represents our cash receipts for the relevant periods. Core support expenses, including administration expenses, are funded by Adara Advisors Pty. Limited ("Adara Advisors"), and a small number of other Core Support Partners. This ensures that 100% of the donations received from other donors are used for Adara projects in Nepal and Uganda, partner organisations, staff on the ground and specialist managers working in the USA for research, medical advisory and equipment collection programmes

ADARA DEVELOPMENT
SUMMARY COMBINED STATEMENT OF PROFIT OR LOSS AND OTHER
COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2015
PRESENTED IN UNITED STATES DOLLARS (USD)

	2015	2014
	\$	\$
REVENUE FROM CONTINUING OPERATIONS		
Donations		
Uganda restricted	777,631	703,940
Nepal restricted	910,805	1,049,402
General unrestricted	334,306	208,464
Core support	1,011,010	1,255,932
Other income	5,624	1,760
Total revenue	3,039,376	3,219,498
EXPENSE		
Maternal infant child health	742,260	800,589
Children at risk	307,283	331,058
Rural and remote community development	391,199	523,001
Emergency response - Nepal earthquake	180,565	-
General management in country	117,153	142,185
Research and Knowledge Sharing	162,055	176,784
Core support	925,131	973,251
Total expenses	2,825,646	2,946,868
NET SURPLUS FOR THE YEAR	213,730	272,630
Other comprehensive income		
Foreign currency translation	(10,173)	(11,220)
Other comprehensive (loss) for the year	(10,173)	(11,220)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	203,557	261,410

ADARA DEVELOPMENT
SUMMARY COMBINED STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED 31 DECEMBER 2015
PRESENTED IN UNITED STATES DOLLARS (USD)

	2015	2014
	\$	\$
ASSETS		
Current assets		
Cash and cash equivalents	1,002,579	843,770
Other current assets	35,489	27,510
Total current assets	1,038,068	871,280
Non-current assets		
Investments	-	707
Property, plant and equipment	15,462	15,877
Intangible assets	42,376	20,617
Other non-current assets	3,243	-
Total non-current assets	61,081	37,201
Total assets	1,099,149	908,481
LIABILITIES		
Current liabilities		
Trade and other payables	145,955	110,826
Employee benefits	79,218	84,363
Other liabilities	405	1,515
Total current liabilities	225,578	196,704
Non-current liabilities		
Employee benefits	13,416	11,024
Other liabilities	-	408
Total non-current liabilities	13,416	11,432
Total liabilities	238,994	208,136
NET ASSETS	860,155	700,345
Accumulated funds	969,653	766,096
Foreign currency translation reserve	(109,498)	(65,751)
Total accumulated funds	860,155	700,345

NOTES

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

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2015 are an extract taken from the full financial report available at www.adaragroup.org. The Operations Report 2015 does not include the Summary Combined Statement of Cash Flows, Summary Combined Statement of Changes in Equity and Directors' and Trustees' Declaration.

Reporting entity

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

Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The special purpose financial report has been prepared in accordance with the requirements of the recognition, measurement and disclosure requirements of all applicable Australian Accounting Standards - Reduced Disclosure Requirements ("AASB-RDR") adopted by the Australian Accounting Standards Board ("AASB") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 27 April 2016.

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.



Report of the independent auditor on the summary financial statements to the directors and trustees of Adara Development

The accompanying combined summary financial statements, which comprises the combined summary statement of financial position as at 31 December 2015, and the combined summary statement of profit or loss and other comprehensive income, related notes and the directors' declaration, are derived from the audited financial report of Adara Development (the Group) for the year ended 31 December 2015. We expressed an unmodified auditor's opinion on that financial report in our report dated 27 April 2015.

The summary financial statements do not contain all the disclosures required by Australia Accounting Standards – Reduced Disclosure Requirements. Reading the summary financial statements, therefore, is not a substitute for reading the audited combined financial report of Adara Development.

Directors' responsibility for the summary financial statements

The directors are responsible for the preparation of a summary of the audited financial report on the basis described in the Statement of Compliance.

Auditor's responsibility

Our responsibility is to express an opinion on the combined summary financial statements derived from the audited financial report of Adara Development based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

Auditor's opinion

In our opinion, the combined summary financial statements derived from the audited financial report of Adara Development for the year ended 31 December 2015 are consistent, in all material respects, with that audited financial report, on the basis described in the Statement of Compliance.

KPMG



Cameron Roan
Partner

Sydney

9 May 2016

KPMG, an Australian partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative (“KPMG International”), a Swiss entity. Liability limited by a scheme approved under Professional Standards Legislation.

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

MATERNAL INFANT CHILD HEALTH	US\$ 742,260
Clinical Support at Kiwoko Hospital Uganda	
- 67 local NICU, ANC and maternity nurses, 3 doctor and 23 ward support staff each year	
- Medical equipment, drugs and medical supplies for the NICU and maternal health department	
- Nutrition support for mothers caring for babies in the NICU	
- Training and development for NICU and maternity staff	
- CBHC programme support for safe motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services	
- 8 other local hospital support staff including a finance manager, finance officer, junior finance officer, HR officer, lab technician, electrician and a NICU manager each year	
Clinical Advisory USA and Uganda	
- Clinical Directors Office	
- Work to collaborate with the clinical team at Kiwoko Hospital to plan and implement strategies to improve maternal, infant and child health outcomes	
- Regular and sustained capacity building for Kiwoko Hospital NICU and maternity ward clinicians	
- Introduction of new technologies and treatments for patients	
- Development and management of international medical volunteers programme, where experts visit the hospital for short periods of time to train and advise local clinicians	
- Analysis of NICU data from Kiwoko Hospital	
- Telephone and email medical advisory service	
- Collection of medical supplies and equipment from 10 US hospitals, the organisation and hosting of the final year of the Packathon and the shipment of the container to Kiwoko Hospital	
- Work to share globally Adara's knowledge on maternal infant child health	
CARE, SUPPORT AND REINTEGRATION OF CHILDREN AT RISK	US\$307,283
Adara Kids Nepal	
- Care and support of children who were previously trafficked (7 children in boarding school in Kathmandu, 55 children in the youth development programme, 30 children in family/community-based care or and 44 children repatriated or graduated)	
- 6 local staff and related office costs each year	
- Education, nutrition, health, post-school options, life skills and independent living training	
- Reconnection and reintegration with families of origin	
- Work to share knowledge on Adara's experience of non-violent care and reintegration of children at risk	
Ebenezer Boys Uganda	
- 21 boys in vocational education	
- 1 local social worker and related office costs	
- Education, nutrition, health and post-school options for the boys.	
- School holiday workshops on life skills and independent living	
- Reconnection with families of origin	
- Volunteer programme for the boys to learn how to contribute to their community	
Women's Foundation Nepal	
- 1 local lawyer who leads a team of lawyers	
- 532 cases of abuse supported by legal team	
Hands in Outreach Nepal	
- 2 local staff and related office costs	
- Healthcare assistance for 146 girls so they are healthy enough to attend school and learn	
- Living supplies to support 30 families in need	

REMOTE AND RURAL COMMUNITY DEVELOPMENT	US\$391,199
Local Programme Staff Nepal	
- 12 local staff members, including Humla programme manager, agriculture assistant, community health coordinator, community education coordinator, and a technical consultant	
HUMLA – REMOTE HEALTH PROJECTS NEPAL	
Hygiene and sanitation	
- Build and repair of communal micro hydro power systems, gristmills and drinking water systems	
- Construction and repair of pit latrines, initiated by villagers	
Nutrition	
- Household level solar driers, greenhouses and smokeless metal stoves	
- Food security projects, such as nursery development	
Health post improvement	
- Local health post infrastructure, medicines and staff to ensure Humlis have access to year round healthcare	
Mobile healthcare to the community	
- Plan and implementation of mobile medical camp held annually treating over 771 people	
- Tibetan health practitioner, or 'Amchi', to travel through Humla for eight months at a time providing medicines and health care to 1,048 people in Humla villages	
Training and health awareness programmes	
- Regular training and awareness programmes on child malnutrition and infant and maternal mortality with women's groups	
- Carpentry and masonry training for local people to help build micro hydro and other health related infrastructure projects	
HUMLA – REMOTE EDUCATION PROJECTS NEPAL	
- Provision of learning materials for local schools	
- Teacher training for 8 teachers	
- Support to students in each target village, providing them with stationery, notebooks, warm track suits, school bags and other necessities	
- 8 scholarships for Humla's best and brightest to obtain vocational training	
- Non-formal education classes for 208 children	
Himalayan Children Society Nepal	
- 7 local staff and related office costs	
- School supplies, uniforms, textbooks and music class materials for children	
- Food and hostel support for children from families living in poverty	
- Teacher workshops to improve the quality of education provided in the school	
- District workshops to share information about the Yalbang school model	
Himalayan Medical Foundation Nepal	
- 6 local staff and related office costs	
- 3 free health clinics in the outskirts of Kathmandu for people unable to afford care	
- Medicine and laboratory materials for the 3 clinics – Benchin, Nagi and Pharping	
The Himalayan Innovative Society Nepal	
- 4 local staff and related office costs	
- FM radio programme to raise awareness about child trafficking and child abuse in Humla	
- 60 educational scholarships for children of single parents	
HIV and Diabetes Clinics at Kiwoko Hospital Uganda	
- Nutrition, treatment and counselling support for adults and children living with HIV/AIDS	
- Education support for orphans and vulnerable children affected by HIV/AIDS	
- Weekly diabetes clinic operating at Kiwoko Hospital	
Community Outreach Services at Kiwoko Hospital Uganda	
- CBHC programme servicing 44 villages and providing support to people living with chronic conditions such as epilepsy, TB and people living with disabilities	

RESEARCH MONITORING AND EVALUATION	US\$162,055
- 2 Montana based PhD Anthropologists	
- Research support to Nepal and Uganda	
- Mobile medical camps – embedded researchers	
- Household re-surveys in Humla	
- Maternal health baseline study in Nakaseke Uganda to understand community health needs	
- Menstruation programme research and review	
- Monitoring and evaluation of all projects	

GENERAL MANAGEMENT IN NEPAL AND UGANDA	US\$117,153
Nepal	
- 3 local staff including the Country Director and related office costs in Kathmandu	
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring all partners exercise good governance and maximum impact	
Uganda	
- 4 local staff including the Programme Manager and related office costs	
- Management of project planning, implementation, capacity building and coordination with partner organisation ensuring good governance and maximum impact	

CORE SUPPORT	US\$925,131
Core support expenditure during 2015 ensured all areas of our project-related work have the necessary resources and help they need to operate effectively. These costs were all paid for directly by Adara Advisors and a small number of core support partners, ensuring that 100 cents in every dollar of all other financial partners' support went directly to project and project related costs.	
- 8 global support staff (plus 3 pro bono staff) and related office costs	
- Leadership and development of short and long-term strategy and direction	
- Global coordination of activities and policies to ensure projects have the resources and assistance to be effective as they partner with communities on the ground	
- Managing global governance, compliance, legal, human resources, information technology and administration	
- Financial compliance including global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction	
- Global communications internally and externally	
- Fundraising and regular reporting and liaising with existing financial partners worldwide	
- Office support for research and clinical programmes, finance, fundraising and communications	
- Office of the Chief Executive Officer	

EMERGENCY RESPONSE	US\$180,565
Nepal Earthquake	
- Emergency mobile medical service in the Kathmandu area	
- Emergency support to one of the most affected and inaccessible areas – Ghyangfedi	
- Costs include medical staff, supplies and equipment and transport to get all these supplies to the people	
- Food was provided to more than 2200 households	
- Over 9,000 sheets of tin were distributed for shelter	

PHOTO CAPTIONS

- Pg 2 – Children in Ghyangfedi, Nepal
- Pg 4 – Susan Biggs and Audette Exel in Ghyangfedi, Nepal
- Pg 6 – Founding Adara Panel Members
- Pg 7 – Children at the Kiwoko Hospital HIV clinic
- Pg 8 – Bath time at Kiwoko Hospital
- Pg 10 – Mother and Father welcome twins at the Kiwoko Hospital neonatal intensive care unit
- Pg 11 – Maternity staff with their Pronto training certificates
- Pg 12 – Baby being weighed in the community health clinic
- Pg 12 – Mother and baby in remote Humla
- Pg 13 – Debbie Lester, Adara's Clinical Programmes Director, with Anna Hedstrom, IMED volunteer, and a senior nurse in the Kiwoko Hospital NICU
- Pg 14 – CPAP workshop at Kiwoko Hospital
- Pg 15 – Mother and baby at Kiwoko Hospital
- Pg 16 – Girl with clean drinking water in Humla, Nepal
- Pg 18 – Community meeting in Humla, Nepal
- Pg 20 – Children in school in Nepal
- Pg 22 – Children attending the Afaayo Kids Club at Kiwoko Hospital
- Pg 26 – Adara Kids dancing
- Pg 27 – Two of the Ebenezer Boys on their graduation day
- Pg 28 – Girls from HIO after visiting the dentist
- Pg 29 – A woman weaving a scarf to sell at the Women's Foundation
- Pg 30 – Rebuilding Ghyangfedi after the earthquake
- Pg 32 – The mountains of Ghyangfedi
- Pg 33 – A young girl in rural Ghyangfedi
- Pg 34 – Children playing at Kiwoko Hospital in rural Uganda
- Pg 36 – Aspen ambassadors playing games with children at the Kiwoko Hospital Afaayo kids clinic
- Pg 37 – Dr James Nyonyintono (Kiwoko Hospital), Debbie Lester (Adara), Dr Anna Hedstrom (University of Washington), Dr Manesh Batra (University of Washington)
- Pg 37 – Nicky Levy and Lyanne Harrison, 2015/16 Deloitte Ambassadors

