

A close-up photograph of a woman with dark skin and her hair styled in intricate braids. She is wearing a bright blue top and is gently kissing a baby on the cheek. The baby is wearing a white onesie with blue stars and is being held in the woman's arms. The background is softly blurred, showing hints of a bright, indoor setting.

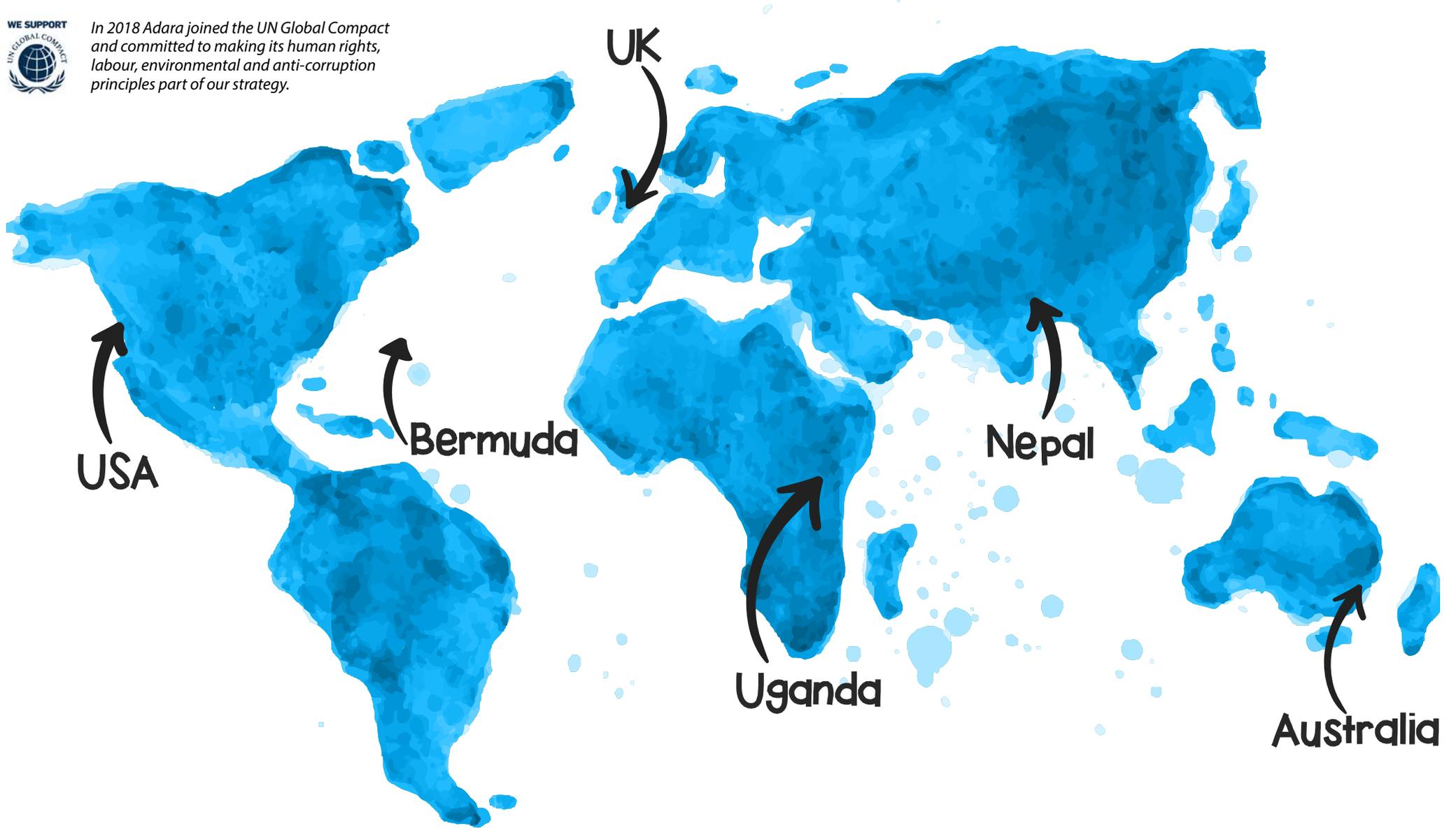
# Big Dreams

**ADARA**  
GROUP  
— BRIDGING WORLDS —

Operations Report 2019



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



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

# Who we are

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

The first part of the Adara Group is an international development organisation called Adara Development that has expertise in maternal, newborn and child health, and remote community development. Adara Development has worked in Nepal and Uganda since 1998.

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

Each year we directly reach more than 50,000 people living in poverty and countless more through knowledge sharing.

## Our Values



Compassion



Teamwork



Mutual respect



Integrity and excellence



Passion



Unconventionality

# Contact us

## Adara Development (Australia)

### Adara Development (UK)

### Adara Advisors Pty Limited

### Adara Partners (Australia) Pty Limited

Level 1, 21A Elliott St  
Balmain NSW 2041  
Australia  
PO Box 887  
Rozelle NSW 2039  
Australia  
T: +61 2 9395 2800  
F: +61 2 9555 5988

## Adara Development (Nepal)

Muchu VDC – 1, Yalbang  
Humla, Nepal  
Phone: +977 9948 70257

### Contact offices:

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

### Kathmandu:

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

# Table of contents

<b>Big Dreams, Big Impact</b>	<b>4</b>
<b>2019 at a glance</b>	<b>5</b>
<b>The Adara businesses</b>	<b>6</b>
<b>Maternal, newborn &amp; child health</b>	<b>8</b>
<b>Remote community development</b>	<b>20</b>
<b>Best practice service delivery and knowledge sharing</b>	<b>31</b>
<b>The power of partnership</b>	<b>32</b>
<b>The Adara family</b>	<b>34</b>
<b>Our governance</b>	<b>36</b>
<b>Finances and accountability</b>	<b>37</b>

## Adara Development (Bermuda)

48 Par-La-Ville Road  
Suite 1126  
Bermuda HM 11

[www.adaragroup.org](http://www.adaragroup.org)  
[www.adarapartners.org](http://www.adarapartners.org)

 /AdaraGroup

 @AdaraGroup

 /company/Adara-Group

 /AdaraGroup

Email: [info@adaragroup.org](mailto:info@adaragroup.org)

# Big Dreams, Big Impact



As Adara's Global Leadership Team, we ended 2019 delighted by all that had been achieved in the preceding 12 months and excited to begin 2020. 2019 was the second successful year of our current three-year plan, and we could all see the amazing scale and impact that lay ahead. We had big dreams, based on 22 years of continuous effort and learning.

Little did we know how much was going to change so quickly and in such a frightening way – for Adara, for the communities we have the privilege to work with, and for our world. As we began the new decade, the ugly face of COVID-19 was just about to make itself felt.

As this Operations Report goes to print, COVID-19 is now firmly dominating the landscape of global public health and creating havoc with economies from one end of the world to the other. As a result, we have set aside our existing 2020 Plan and agreed and mapped an entirely new 2020 COVID-19 Response Plan.

And yet the achievements of 2019, and all that has gone before, are incredibly important and directly relevant to the challenge we now face. In this report, we highlight and celebrate that work and those achievements, across Remote Community Development; Maternal, Newborn and Child Health; and Business for Purpose. We are proud to lead our incredible teams whose skill and commitment will serve us well for the challenges we have ahead as we deliver service during this pandemic.

The achievements of 2019 also create a marker for us to return to when the crisis is behind us and as our world moves to rebuild itself. Adara will be ready to pick up where we have left off, to touch many more lives in the years ahead. We will hold our big dreams high – and we will come back to them as soon as we are able.

We want to particularly mark our gratitude to all those who are standing with Adara – our teams, our donors, our volunteers and supporters, our Panel Members and business clients, and our boards.

As we face 2020, we will do our best work, thanks to all of you.

## Adara Global Leadership Team, June 2020

# Global Leadership Team



**Susan Burns**  
General Counsel



**Melanie Champion**  
Chief Operating Officer



**Pralhad Dhakal**  
Nepal Country Director



**Audette Exel**  
Founder & Chair



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



**Daniel Kabugo**  
Uganda Country Director



**Heidi Nakamura**  
Global Health Director



**Madeline Vaughan**  
Senior Programmes Director



58

Adara staff



177

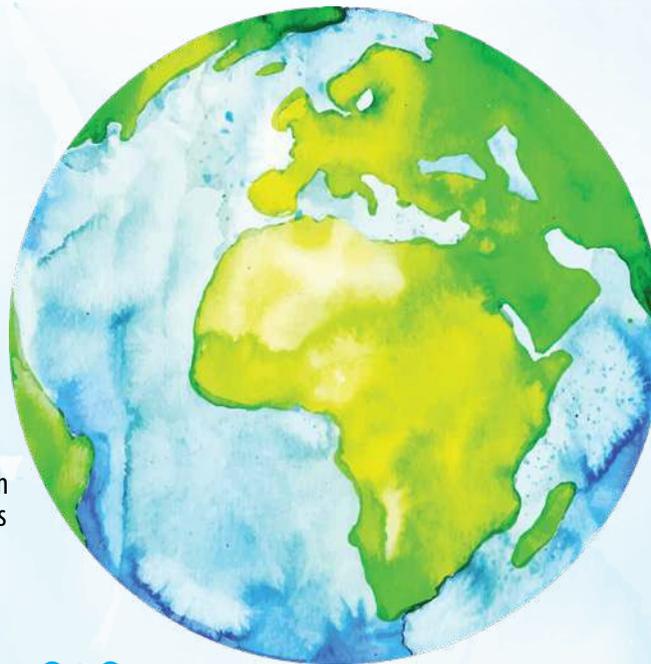
staff funded by Adara through our community partners



7

secondees from Deloitte, EY and MinterEllison

# 2019 At A Glance



110+

amazing volunteers and community health workers around the globe



100%

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

## Maternal, newborn and child health highlights

We continued sharing the knowledge we have gained through more than 20 years of work with Kiwoko Hospital. Kiwoko has been named a centre of excellence in newborn care by the Ugandan Ministry of Health.



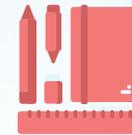
1,311

newborns cared for in the Kiwoko Hospital neonatal intensive care unit



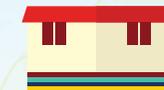
4,010

women received care in Kiwoko Hospital maternity ward



1,590

children enrolled in the 16 Adara-supported schools



75.5%

increase in enrolments in Adara-supported schools in Humla since 2011



8,501

immunisations given to children in need



from 61%-88%

increase in survival for low-birthweight babies (weighing <2.5kg) between 2005 and 2019



100

community health workers trained for the launch of our Hospital to Home programme



53%

of students across 16 Adara-supported schools are girls



4,800

patients treated in four Adara-supported health posts in Humla



696

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

# Corporate advice with a difference: the Adara businesses



Just a few years ago, Adara Partners was little more than a crazy dream. Fast-forward to the end of 2019, and it now stands as a boutique corporate advisory firm with a proven track record. It has generated millions of dollars for our work with people living in poverty and pioneered a business-for-purpose model in the financial services sector. Adara Partners has shown what is possible when people reach across divides to bridge worlds.

The year 2019 marked four years since the launch of Adara Partners, which built on 15 years of learnings from Adara Advisors, our first for-purpose corporate advice business. After seeing the growth and success of that business, Audette Exel envisioned a new model that would widen our service offering to our clients and increase the power of our business-for-purpose model.

Audette imagined a panel which would provide a platform for the most senior members of the Australian financial

services sector to use their mastery directly for purpose. Working in pairs, they would give corporate advice entirely outside of their home firms. Panel Members would receive no compensation – instead all revenue from their work, after payment of costs, would be used to fund our programmes with people living in poverty. Some of Australia's most respected men and women in the financial services industry believed in the potential of the concept and nine of them joined as Founding Adara Partners Panel Members.

Adara Partners' innovative structure provides clients with advice from the expertise of two Panel Members who jointly lead engagements supported by Adara's corporate advisory team. Adara Partners provides wise counsel, independent financial and strategic advice, and complex commercial problem-solving services to both public and private companies.

Adara Partners ended 2019 with a four-year track record, 14 engagements under its belt and 15 amazing active Panel Members. Our hope is that Adara Partners will generate millions of dollars each year to support our work with people in need, while also showcasing a model that can one day be replicated in all the world's greatest financial services centres.



Some of our Adara Partners Panel Members gather with the Adara team for a strategy lunch

## Welcoming two new Panel Members

*"I am delighted to join the Adara Panel. I have been cheering Adara on since Adara Partners was launched four years ago and am delighted to be able to apply my corporate advisory background to help grow the business and have a positive impact on many vulnerable lives."*

– Cynthia Whelan

*"I am proud to join the prestigious Adara Panel and to be able to use my skills to support Adara Partners and its innovative model. It is enormously important for all of us in the financial services sector to reach across divides and to find ways to use our experience to help others."*

– Tony Osmond

In 2019 we were excited to welcome two new Panel Members to Adara Partners: Tony Osmond (Citigroup's Managing Director and Head of Banking, Capital Markets and Advisory) and Cynthia Whelan (former Chief Strategy and Business Development Officer at Scentre Group).

Tony and Cynthia provide their time and expertise pro bono to Adara Partners so that fees generated from their work support people living in poverty. We are grateful for the generosity of all our Panel Members who have stepped forward to support Adara's work.

US\$12.4m  
(A\$15.6m)

donated to support Adara  
Development between  
1998 and 2019



US\$1.3m  
(A\$1.9m)

donated in 2019

## The Adara Partners Panel



Ilana  
Atlas AO



Catherine  
Brenner



Tim  
Burroughs



Guy  
Fowler



David  
Friedlander



Graham  
Goldsmith AO



David  
Gonski AC



Matthew  
Grounds AM



Christian  
Johnston



Diccon  
Loxton



Peter  
Mason AM



Tony  
Osmond



Mike  
Roche



Philippa  
Stone



Cynthia  
Whelan

## Adara Partners in action: advisor to the Paul Ramsay Foundation

In 2019, Adara Partners provided strategic advice to the Paul Ramsay Foundation, Australia's biggest charity by assets and among the top 50 philanthropic foundations globally. Through Paul Ramsay Holdings, the Foundation owned 32% of Ramsay Health Care, one of the largest and most diverse private healthcare companies in the world.

Subsequently, in September 2019, Adara Partners acted as the financial

and commercial advisor to Paul Ramsay Holdings on the A\$1.36 billion block trade\* of Ramsay Health Care shares. 22 million shares were sold overnight. This was the largest Australian block trade outside of the oil and gas sector in the last 10 years.

Fees generated from this engagement go directly to support our work with people living in poverty.

*\* a sale of a large number of shares often outside of the open market*

## The Adara Partners secondee programme



*"The MinterEllison/Adara Partnership showcases how businesses can make an impact on social change and help communities most in need. I am humbled by Adara's incredible work, which touches so many lives, and am immensely grateful for the opportunity to join Adara on this journey."*

– Yvonne Teh, MinterEllison Ambassador



Luke  
Smith, EY



Sarah  
Cook, EY



Yvonne Teh,  
MinterEllison

*"It has been great to have the opportunity to see the work Adara does as a leading business for purpose. It's a real eye-opener to see the engagement from a group of Australia's leading businesspeople in putting their skills and experience to work to support people in extreme poverty."*

– Luke Smith, EY Ambassador

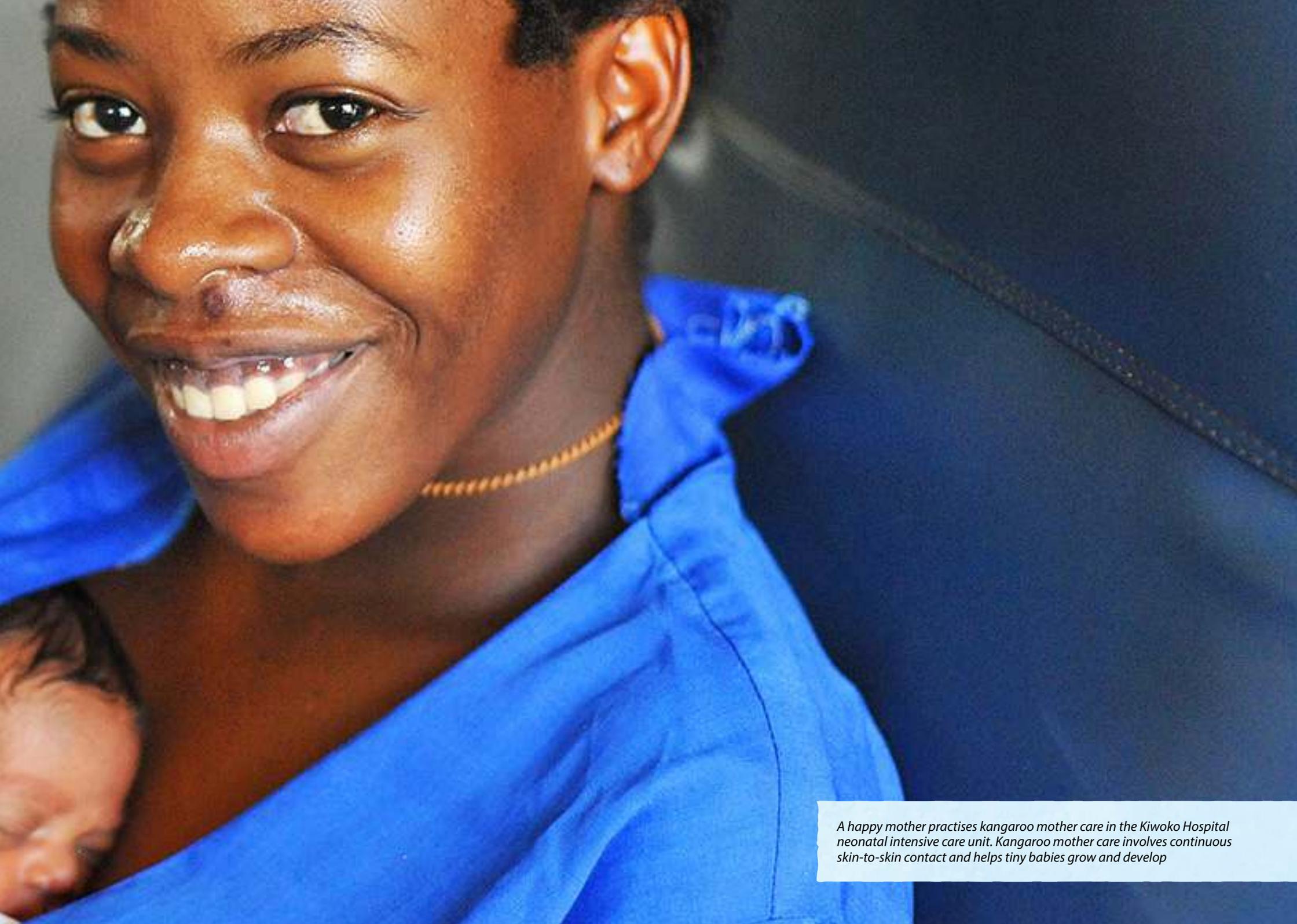
We are fortunate to have generous secondee programmes with some of Australia's leading professional services firms. This programme sees senior staff joining the Adara Partners team for 6–12 months, working alongside our CEO, our General Counsel, our Corporate Advisory Director and the Adara Panel Members.

# Maternal, Newborn and Child Health



We believe in a world where **every woman** gives birth safely, **every newborn** receives the right care at the right time and **every child** survives and thrives. As the global community drives the United Nations' Sustainable Development Goals (SDGs) forward, this world is not only possible but is within reach.

To bring this vision to life, we deliver high-quality healthcare to women, newborns and children at health facilities, in the community and at home. We work with facilities to build their capacity, with the goal of strengthening Uganda's newborn health system and reducing preventable maternal, newborn and child deaths.



*A happy mother practises kangaroo mother care in the Kiwoko Hospital neonatal intensive care unit. Kangaroo mother care involves continuous skin-to-skin contact and helps tiny babies grow and develop*

# The Global Context

3 GOOD HEALTH AND WELL-BEING



Improving the health of mothers, newborns and children is a pressing global challenge. Across the world, about 810 women still die each day from causes related to pregnancy and childbirth, and 7,000 babies die during their first month of life. Most of these deaths are preventable. To meet the SDG targets, there is need for greater attention to maternal, newborn and child health (MNCH).

We have worked in this space since 1999, developing deep expertise and implementing significant projects that contribute to the wellbeing of mothers and their children. We have carried out much of this work in partnership with Kiwoko Hospital, a 200-plus-bed non-profit hospital in Nakaseke district in Central Uganda.

We now stand as one of the global leaders in care to preterm and low-birthweight babies in low-resource settings. Over the last few years, we have been taking steps to bring this work to scale and share our knowledge to touch many more lives.

## An hour at a safe-motherhood clinic

It's approaching midday in Nakaseke, Uganda. That means it is peak hour at the safe-motherhood clinic. Women and children are emerging from their homes, walking along red-dirt roads to the building that has been set aside for today's clinic.

"Our work targets women and children across different life stages," says Moses Ssekidde, Director of the CBHC programme. "Not everyone can afford to visit the hospital for care. We want to ensure they still have access to the services they need."

Over the next hour, more than 15 women and children visit the clinic for antenatal services, health advice or immunisations. Expert nurses and midwives from Kiwoko Hospital make their way through the group, giving advice, taking pregnant women into the building for check-ups or delivering vaccinations to children.

Nearly an hour later, the original group of women has left, and a new group of women and children has taken their places. The rest of the day will follow a similar rhythm: people arrive, receive the services they need and then head home, healthier and safer than when they first arrived.

## Community based healthcare: bringing care to the community

For women and children living in Uganda, easy and affordable access to health services can be difficult to come by. To widen access to quality care before and after birth, we partner with Kiwoko Hospital to support its important community based healthcare (CBHC) programme.

This programme includes safe-motherhood clinics, which bring health services – antenatal and postnatal care, health education, immunisations, growth monitoring and family planning – to the

community. The programme also involves working with trained village health team (VHT) members. VHTs are community health workers, trained to share basic health information with the community. Their role also involves mobilising mothers for the clinics and reminding them to attend when it is time for their child to receive vaccinations.

Each month, the Kiwoko team run nine of these clinics, creating access to health services for more than 30,000 people who live in the programme area. These clinics complement the services offered at Kiwoko Hospital, providing an accessible health solution for families.



Immunisation time! Mother and baby at a safe-motherhood clinic

## Maternal care: safe mother, safe baby

*"There's been an increase in mothers admitted here... Since we are doing good work, we receive referrals from different centres because we are well equipped and prepared."*

– Sister Hajara Nabunya, head of Kiwoko Hospital maternity ward.

Making motherhood safer has been at the heart of our work from the beginning. Through our partnership with Kiwoko Hospital, we have built a comprehensive maternal health programme that supports women across the continuum of care, from pre-conception, throughout pregnancy, during birth and beyond. Our work with Kiwoko has included supporting the design, construction, staffing and equipping of a new maternity ward, as well as providing ongoing training to staff.

This programme is vital in low-resource settings such as Uganda. Here, women have a 1 in 47 risk of dying due to challenges related to pregnancy or childbirth. Research shows that most maternal deaths can be prevented if pregnancies are attended by skilled health workers before, during and after childbirth.

A total of 4,010 women received care in the Kiwoko Hospital maternity ward in 2019. This represents a 48% increase in admissions since the opening of the Adara-Kiwoko maternity ward in 2010. It means many more women are now giving birth safely.

**48%**  
increase in maternity ward admissions since 2010



Baby in the Kiwoko NICU

## The neonatal intensive care unit: critical care for newborns

*"Recently we got a mother from Mityana and Mityana is far from here. We asked her why she has come here because it is far for her. She said, 'The moment I delivered my baby and it was preterm, the nurses told me to go to Kiwoko.'"*

– Sister Josephine Nakakande, head of Kiwoko Hospital NICU.

The first week of life is the most vulnerable time for a child's survival. In Uganda, 82% of newborn deaths occur during this critical window. We know that many more

newborns can survive and thrive if they have access to quality inpatient newborn care, like that provided by Kiwoko Hospital's neonatal intensive care unit (NICU).

Over the past 22 years, we have worked with Kiwoko Hospital to turn the tide in newborn survival. We worked together to introduce a NICU in 2001 and built a new NICU in 2010 to accommodate increasing numbers. We have a laser focus on providing care to at-risk babies; designing and delivering nurse and midwife training; and equipping and resourcing Kiwoko Hospital to ensure high-quality care in the NICU.

The Ministry of Health in Uganda has recognised the unit as a centre

of excellence in newborn health. Many consider the Kiwoko NICU one of the best equipped and staffed units of its kind in Uganda. We are proud of the unit's impact and progress. Survival for low-birthweight babies (those weighing less than 2.5kg) has increased from 61% in 2005 to 88% in 2019. More than 1,311 babies received care in the NICU in 2019.

The Ministry of Health is now calling on Adara and Kiwoko to help train others in the care of small and sick babies. Facilities in Uganda are looking to Kiwoko as an example of what is possible in newborn health. In 2019, 63 people from 24 health facilities or organisations visited to learn about the NICU and receive training from Kiwoko's experienced and knowledgeable staff. These visits have inspired many groups to establish newborn units of their own.

"When we visited the Kiwoko NICU, we got so challenged by the high standard of infection control, staff commitment and good patient management," says Dr Ajambo Mirian, Medical Officer at Gulu Regional Referral Hospital. "We returned with determination to make a difference! Using available resources, we are improving the survival of neonates."

Adara has a team dedicated to training and monitoring staff visiting the Kiwoko NICU. This includes Sister Christine Otai as our Newborn National Trainer and Sister Hilda Namakula as our Clinical Educator.

This unit is at the centre of our work in maternal, newborn and child health. We are ready to take all we have learnt from our work here to touch many more tiny lives across Uganda and the developing world.

## Meet Immaculate: support across the continuum of care



Immaculate Nakku cradles three-month-old Joseph on her lap. They sit on the front porch of a house on the Kiwoko Hospital grounds. Birds chirp and people chatter in the distance; Joseph occasionally lets out a small cry in response. Immaculate smiles down at him as if it's the most beautiful sound in the world.

Immaculate is a seasoned midwife, having worked in the Kiwoko Hospital maternity ward for eight years. She could tell thousands of stories about hearing the cries of newborns as they're born and the contented sighs of new mothers as they gaze lovingly down at their babies. This time though, she has her own story to tell.

Baby Joseph had a difficult start to life. He was delivered by caesarean section and Immaculate began to haemorrhage shortly after his birth. Immaculate was bleeding to death and needed immediate emergency care. The nursing team and medical staff were able to control the haemorrhage and Immaculate was saved.

"After being resuscitated, I came back to life and then Joseph got a problem," Immaculate recalls. He wasn't breastfeeding and was experiencing problems with his digestive system.

Joseph was admitted to the Kiwoko Hospital NICU. On arrival, staff began to monitor Joseph's vitals. He was connected to a feeding tube and IV to ensure he received the medicine and nutrients his little body needed.

For many days, Joseph showed no signs of improvement. He struggled to absorb nutrients and was losing weight as a result. For the next two weeks, Immaculate stayed by her son's side in the NICU.

"The people there in the NICU working on Joseph were so encouraging. Really, they gave me hope," Immaculate says.

Eventually, under the skilled care of the NICU staff, Joseph started to breastfeed and grow. Immaculate was able to take her new son home.

But the support Immaculate and Joseph received doesn't stop there. Until six months of age, they will receive in-home follow-up care to help Joseph thrive. Through a programme called Hospital to Home, Immaculate received training in the NICU on what to expect after taking Joseph home.

"This means you don't live in fear," Immaculate says. "I know what is taking place in my baby because I was told, 'When you see that his temperature is rising, please call. When you see that the baby is getting yellow, please call. When you see that the baby is not breastfeeding, please call!'"

Now Joseph is flourishing and Immaculate has returned to work in the Kiwoko maternity ward. She is armed with a new perspective of the challenges that sick newborns and their families face.

When facilities are supported to provide quality maternal and newborn care, stories of success like Immaculate and Joseph's become the norm. Women are provided with the care they need during and after birth; newborns have access to high-quality care through dedicated newborn units; parents receive support on taking their children home; and families and communities thrive.

# Hospital to Home: newborn follow-up

In March 2019, we launched our Hospital to Home (H2H) programme, which is designed to give newborns the best start in life and ensure vulnerable infants receive support after discharge from the Kiwoko Hospital NICU.

We know that more newborns in low-resource settings are surviving due to increased access to advanced newborn care services. However, we also know that infants who are born small or sick are at higher risk of complications after discharge from the hospital. Our H2H programme provides vigilant, in-home follow-up support, helping these babies not just survive but thrive.

The H2H programme has two components to maximise babies' chances of a healthy life: strengthening hospital discharge processes in the NICU and a follow-up programme for babies after discharge.

In the first part of the programme, the 'hospital' component, H2H promotes care that encourages growth and good brain development. It also focuses on parent education, including lactation, breastfeeding, newborn development and essential newborn care. Parents are equipped with the knowledge and skills required to care for their baby upon returning home.

For the second part of the programme, the 'home' component, we work with a network of 100 Adara-trained village health

team (VHT) members. These VHTs provide ongoing care to families at home for the first six months following discharge. The VHTs conduct home visits, provide support to newborns and mothers, and refer patients when additional care is needed. By following up these babies, we can identify issues and intervene early. This gives these infants the opportunity to reach their full potential. In 2019, 99% of eligible babies received follow-up from a H2H VHT.



**99%**

**of eligible babies received follow-up care from a H2H village health team member**



*A village health team member and the Community Midwife attend an in-home follow-up meeting with mother and baby*

# Meet Tom: supporting families through follow-up care



Miracle and Gift sit next to their dad, smiling shyly around the thumbs lodged firmly in their mouths. Their sister Mercy sits on the other side of their dad, chattering happily. Tom, their dad, beams down at them. He considers being dad to triplets one of the greatest joys of his life.

Miracle, Mercy and Gift were born in 2016. Like many triplets, they were born too soon and too small. They spent nearly a month in the Kiwoko Hospital neonatal intensive care unit (NICU), getting stronger and bigger each day. After they were discharged, they were required to go back to hospital for regular follow-up visits.

"The return visits to the hospital were very difficult," Tom says. "I always had to hire more than two motorcycles to take them to hospital, which was expensive."

This is a challenge faced by many families after their newborns are discharged from the NICU. Although follow-up care is critical to ensuring vulnerable infants survive and thrive after discharge, they might live hundreds of kilometres away or be unable to afford the cost of transport. As a result, many families simply don't take their children back to the NICU for follow-up care. This challenge motivated Tom to become a VHT as part of our Hospital to Home programme.

"I became a VHT because I wanted to help my family and my community," Tom says. "I was not assisted as I'm assisting others now. Now I can support others to help their newborns grow up."

With the skills he received through his H2H training, Tom can help other families like his. In his role as a VHT, Tom visits babies who have been discharged from the NICU. His job is to assess their weight gain and the presence of any danger signs; provide breastfeeding support and health education; encourage parents to vaccinate their children; and refer babies to higher levels of care when necessary. Tom is determined to use his experience to make life easier for his community.

"What I learnt in the Hospital to Home training is determination first," Tom reflects. "You have to be determined if you want to help others. I also realised that if somebody knows the danger signs, they can easily assist others."



H2H is supported by Saving Brains. Saving Brains is a partnership of Grand Challenges Canada, Aga Khan Foundation Canada, the

Bernard van Leer Foundation, the Bill & Melinda Gates Foundation, The ELMA Foundation, Grand Challenges Ethiopia, the Maria Cecilia Souto Vidigal Foundation, the Palix Foundation, the UBS Optimus Foundation and World Vision Canada.

# 100

village health team members received training on newborn care for our Hospital to Home programme



## Newborn Guidelines of Care: implementation by the Ministry of Health

Over the last four years, we have developed Guidelines of Care for nurses in low-resource settings on topics including thermoregulation, infection control, jaundice and sepsis. These tools provide step-by-step guidance for nurses in neonatal units in complex settings.

Our teams crafted the Guidelines of Care thinking of the newly-graduated nurse – who would have little or no experience in caring for the newborn.

In easy-to-understand language, the Guidelines not only explain how something is done but also provide the important 'why'.

In 2019 we were proud to hand over these guidelines to the Ugandan Ministry of Health, which is in the process of adopting them nationally. We plan to develop additional guidelines to ensure a complete set of materials for use throughout the country.



Our international medical volunteer team of experienced Seattle-based nurses refine the Guidelines of Care

# Innovation to help babies breathe: PATH bubble CPAP kit with blenders

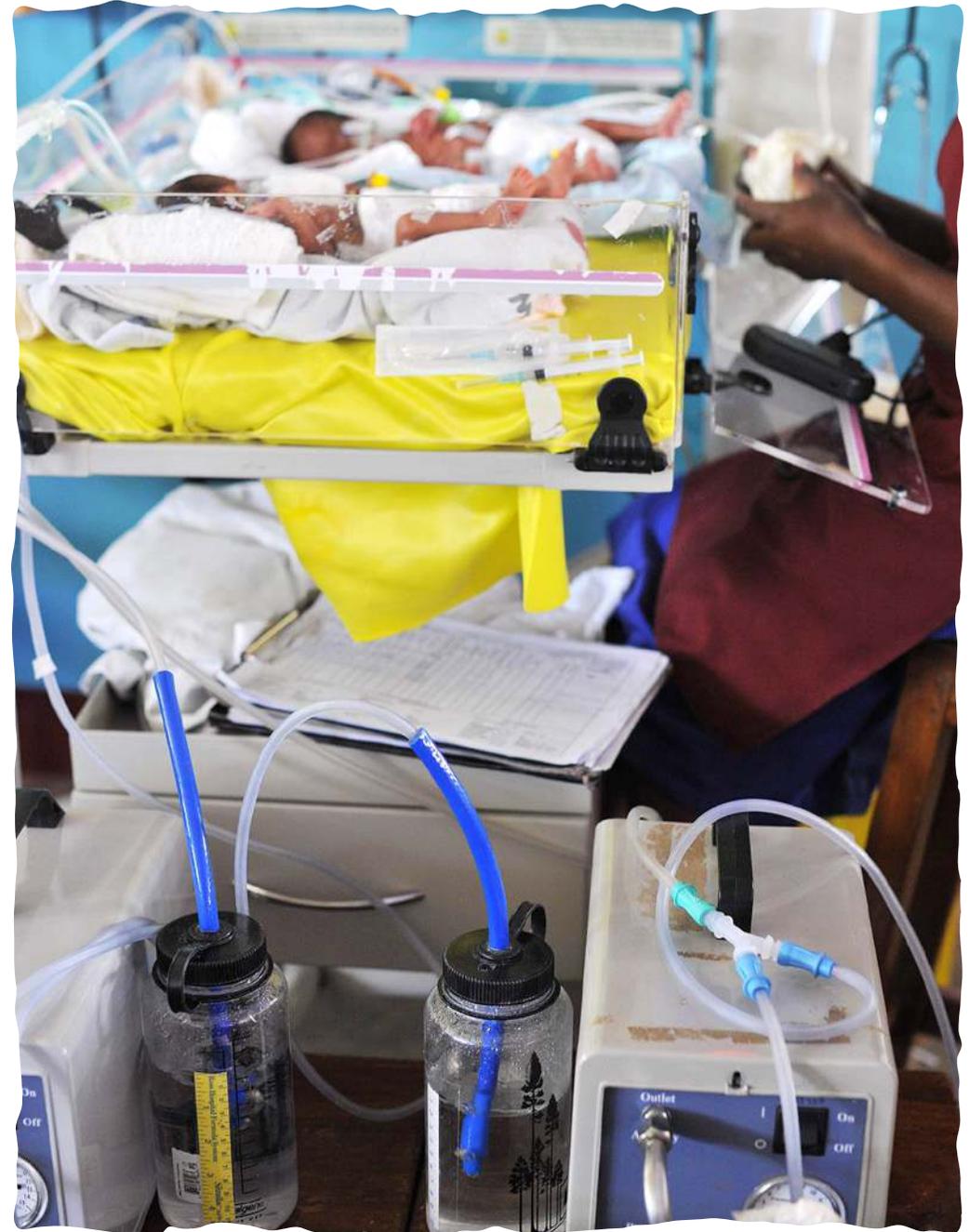
The Adara Global Health team has worked with our partner, PATH, in Seattle for many years. PATH is one of the world's leaders in global health innovations, working with partners to accelerate health equity so all people and communities can thrive.

This PATH bCPAP kit with blenders is a safe and affordable treatment for respiratory distress syndrome (RDS) – one of the most common problems experienced by babies born before 34 weeks' gestation. In developed countries, elaborate machines and treatments are available to ensure babies get the support they need to breathe and survive. But for babies in low-resource settings, RDS is often a death sentence as most facilities do not have the necessary equipment, training or power supply to provide such treatment.

This team has developed an inexpensive bCPAP kit that can be operated without a power source. It includes the use of fixed-rate blenders that blend room air with an oxygen source, allowing staff to administer safer, more appropriate levels of oxygen to newborns when needed. For premature

babies, delivery of 100% oxygen can be toxic and can result in blindness, lung injury or brain damage. This PATH bCPAP kit with blenders will help tiny babies breathe and could save tens of thousands of lives in low-resource settings every year.

We ended 2019 with plans to take the next huge step – to conduct a research study on the ease of use and acceptability of the device at Kiwoko Hospital. After testing, we will do all we can to ensure that this low-cost device is available to newborn facilities across the developing world. Many tiny lives could be saved as this critical work offers new hope to so many.



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

# Sharing our knowledge to save more newborn lives: Nakaseke Hospital

From our 22 years of experience, we have developed a holistic model for establishing newborn units in low-resource settings. The model encompasses multiple components including adequate infrastructure, equipment, staffing and biomedical support. It also includes mentoring and training for staff. We are committed to sharing our learnings and this model to save more newborn lives.

To test the model, over the last two years we have been piloting a newborn training programme with Nakaseke Hospital. Nakaseke is a government hospital with limited resources, located 17km from Kiwoko Hospital. It serves an area of more than 1.7 million people. We have assisted Nakaseke to develop a small special care baby unit (SCBU) designed for babies who are not critically ill but need more care than healthy newborns.

Since the programme began in 2018, we have provided training to staff on the care of sick newborns. Our National Newborn Trainer continues to mentor staff in the SCBU. In 2019, 368 babies received care in the SCBU, with a remarkable 99% survival rate.



The Adara and Nakaseke team in the SCBU

In April 2019, we helped Nakaseke develop and implement a quality improvement process to monitor and evaluate quality of care in the unit. This is based on the standards for maternal and newborn health set by the World Health Organisation. The process was developed with staff from the SCBU, maternity ward, postnatal ward and members of hospital leadership. It allows staff to identify gaps in quality of care, set goals and celebrate achievements. The quality improvement committee meets each quarter to assess progress and make action plans to ensure the unit has all the necessary inputs and processes in place for providing quality care. This has created greater accountability among the team, and we have seen significant improvements since the programme was implemented. From April to December 2019, the Quality of Care score in the unit improved from 56% to 92%.

**99%** survival rate for babies in the Nakaseke special care baby unit



## Meet Jane: quality newborn care at Nakaseke Hospital



It's early afternoon and Jane has just finished feeding her two-month-old daughter Hope. Jane stands outside her home, located in Nakaseke Hospital's staff quarters. Hope is nestled in her arms.

Hope was born in late 2019. After a quick labour and smooth birth, Jane welcomed Hope into the world in Nakaseke's maternity ward where she has worked for the past six years. Staff declared Hope to be happy and healthy, so Jane and her husband were able to take her home soon afterwards.

Two weeks later, while Jane was at home, she noticed that Hope was breathing rapidly in a helpless effort to draw enough oxygen into her lungs. Jane knew the best place for her daughter was in the Nakaseke SCBU, so she immediately took her to the hospital.

On her arrival, the nurses recognised her breathing difficulties as a possible sign of infection. They provided Hope with antibiotics and oxygen therapy.

Jane recalls seeing Hope's health immediately improve. "Hope received all the necessary treatment and drugs were readily available," she says. "The staff on duty would always call the doctor for review and the nurses provided excellent care."

Hope spent four days in the SCBU before being discharged.

"I am so grateful for all the support and care we received in the SCBU," Jane says.

Now Hope is thriving and hasn't faced any health challenges since she left the SCBU. Her story is just one of thousands which demonstrate the impact of access to essential newborn care.

# AdaraNewborn model



We believe that simple, high-impact interventions save lives.

## Building newborn health expertise



- Upskilling and encouraging health workers, with a focus on increasing competency in nurturing inpatient newborn care for sick and vulnerable newborns, and enhancing care for high-risk pregnancies and childbirth
- Didactic and hands-on training with both physicians and nurses
- Ongoing clinical mentoring from newborn health experts

## Bridging community with facility



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

## Engaging stakeholders



- Collaborating with government
- Engaging communities
- Family-centred approach

## Strengthening facilities for quality



- Ensuring adequate number of staff, appropriate drugs, infrastructure, equipment and supplies are available and procurement processes in place
- Developing biomedical engineering expertise
- Improving systems, including referral systems

## Using data to improve outcomes



- Implementing newborn data management systems and feedback loops
- Establishing a culture of quality improvement
- In the future, developing a global knowledge sharing platform to provide opensource performance data and make programme methods and practices available for replication

## The ABAaNA early intervention programme

Throughout 2019, Adara and our collaboration partner the MRC/UVRI & LSHTM (Medical Research Council/Uganda Virus Research Institute & London School of Hygiene and Tropical Medicine Uganda Research Unit) Uganda Research Unit continued trialling an early intervention programme. This is for infants at high risk of developmental disability and their caregivers. It is called the ABAaNA Early Intervention Programme and is funded by Saving Brains, Grand Challenges Canada.

ABAaNA is a community-based training programme delivered in small groups to young children living with a disability and their caregivers. It provides a holistic and cost-effective solution to caring for affected children to improve their health, wellbeing, growth and functioning. The training is focused on empowering caregivers

and their wider family by increasing understanding of their child's needs and boosting their confidence. It also creates a strong social support system for the caregiver, which is important for families living in low-resource settings where there are few family assistance programmes.

The research study examines whether the ABAaNA programme is feasible to implement in Uganda, and whether it has an impact on the family's quality of life. It was completed in December 2019 and we are awaiting results. Our team, as well as families that have received the ABAaNA programme, believe so strongly in the impact of the programme that we will continue to run groups at Kiwoko Hospital in 2020. We will continue to work with colleagues who are implementing the programme in other parts of Uganda as well as other countries to share learnings and continue to grow the programme.

In the past year, our collaborators have launched a website to provide the ABAaNA tools to others. If you are interested in learning more about the programme, [visit this link](#).



*Mother and baby attend an ABAaNA assessment*

## Support for people living with HIV/AIDS

In Uganda, HIV prevalence among adults (aged 15–49) is 5.7%. In the Kiwoko community, this number is thought to be even higher, at around 7%.

We have partnered with Kiwoko Hospital to support clients with HIV/AIDS since 1999 through programmes that focus on both prevention and treatment. Through counselling, health education, medication, nutrition, and inpatient and outpatient hospital treatment, we have helped tens of thousands of people, including many

children, living with this disease. Our partnership with Kiwoko also supports the education of orphans and vulnerable children, giving them the opportunity to attend school without stigma or fear of unpaid school fees. Adara's support also provides more than 2,000 people with critical nutrition support.

# The road ahead

## Responding to COVID-19

Our current maternal, newborn and child (MNCH) strategy has been disrupted by the emergence of COVID-19. Some of the new projects we planned to start in 2020 have had to be delayed as we shift our focus to ensuring we continue to deliver the most essential services and reduce the potential impacts of COVID-19 on the communities we support.

Maintaining services is critical, with modelling released by The Lancet estimating that if coverage of basic life-saving maternal and newborn interventions is reduced by 15% over the next 6 months due to COVID-19, we could see a 9.8% increase in under-five child deaths per month. If coverage reduces by 45%, we could see a 44.7% increase in mortality per month. We are determined to do all we can to prevent these unnecessary deaths.

Our MNCH goals for 2020 focus on five overarching activities: prevent the spread of COVID-19 as much as possible, support Kiwoko Hospital to respond to COVID-19, protect health workers, undertake public health awareness campaigns and ensure continuity of essential MNCH services.

We will bring these goals to life by providing training and raising awareness of COVID-19 signs, symptoms and methods of prevention among health workers and the broader community. This involves

creating training materials for use in facilities and by community health workers. We are exploring alternate methods for conducting training and communicating updates, including over the phone or via text messages. This will ensure continuity of services during periods of lockdown.

We will protect health workers and support health facilities with the necessary protocols, equipment and supplies for addressing COVID-19. We will work with Kiwoko Hospital to source personal protective equipment for health workers in both the facility and community. We are also creating protocols to assist in the management of COVID-19 patients at Kiwoko Hospital, including specific protocols for NICU and maternity wards. Where appropriate, we will share our guidelines, protocols and training materials with the Ugandan Ministry of Health so they can be used country wide.

During this period, we will maintain and adapt essential health services including maternity, NICU, H2H, HIV, diabetes, immunisation and family planning. Health services to the world's most vulnerable people are, and will continue to be, absolutely critical. Our work is more important now than ever.

## Expanding our AdaraNewborn model

*"I started by convincing the Newborn Steering Committee...to take a learning visit to Kiwoko Hospital, which has a fully-fledged NICU. I wanted them to see and believe that we can indeed improve newborn care in this country... The visit to Kiwoko was mind changing. Upon return they realised they had most of the things needed to make a start. They were idle in the stores. Now from the cleaners, to the administrators, everyone is interested in the functionality of the NICU."*

– Margaret Nakakeeto, Chair of Uganda National Newborn Steering Committee.

We have ambitious plans to expand the high-impact maternal and newborn care model that we have pioneered at Kiwoko Hospital to other Ugandan facilities. We know we can help many more lives as we move to scale.

We call our model 'AdaraNewborn'. This model has three components: antenatal, delivery and facility-based newborn care, and community outreach. We know that this model can reduce health facility maternal and newborn deaths to the levels required by the Sustainable Development Goals (SDGs) in high-need settings across Uganda.

In partnership with the Ministry of Health, we will identify key health facilities from the public, private and non-profit sectors. As we scale, we will work together in those facilities to establish dedicated newborn units and to upgrade maternity and community services where needed. We will provide regular staff training and mentoring from a strong team of Ugandan specialists. We also plan to establish an open-access, online knowledge-sharing platform to facilitate best practices among partners and encourage further replication of the model to other low-resource settings.

The advent of COVID-19 will slow our scale plans but will not defeat them. We are ready to take the next steps and contribute more widely through AdaraNewborn. We are passionate to play our part in creating a game-changer for newborn health in Uganda.



One of the most effective ways of preventing COVID-19 is by practising good hand hygiene. That's why procuring soap for the communities we partner with is a key element of our COVID-19 response

A group of children, including a boy standing on top of others, are smiling in a mountainous landscape. The background shows rugged mountains under a clear blue sky. The children are wearing blue and brown jackets. The overall mood is positive and hopeful.

## Remote Community Development

We believe in a world where **every child** goes to school, **every person** has access to quality health services and **all people** living in remote communities have the essential services they need to lead happy and healthy lives.

To bring those beliefs to life, we deliver quality health and education services to people living in some of the world's remotest places. As part of these programmes, we work across 16 Nepali schools, alongside local partners, communities and the government, with the goal of reducing preventable deaths and ensuring all children have access to a quality early-childhood, primary and secondary education.



*Remote education. School students in Humla, Nepal*

# The Global Context



Across the developing world, rural and remote communities face significant challenges. An estimated 3 billion people – around 40% of the global population – live in the rural areas of developing countries. Despite the decrease in global poverty since 1990, a person's place of residence still largely determines their access to health and education.

To meet the targets set by the Sustainable Development Goals (SDGs), the world needs to invest urgently in the health and education of people living in remote communities.

We have worked with very isolated communities since 1998, improving access to health and education services for people in Humla, Ghyangfedi and Kathmandu in Nepal. In 2019, we continued our work in 16 schools, including two that are now model remote schools. We also strengthened delivery of health services in those remote regions which focus on both prevention and treatment of disease.

# Ensuring access to quality education

Education represents the hopes, dreams and aspirations of children, families and communities around the world. It's the most reliable route out of poverty and a critical pathway towards healthier and stronger societies.

Yet there are still 777,000 children aged 5-12 years who are out of school in Nepal. Research shows that educated women are twice as likely to send their children to school, and for every year a girl stays in school, her income could increase by 15-25%.

To help remote communities access quality education, we partner with 16 schools across Nepal on school improvement initiatives, community engagement events, extra-curricular activities and vocational education. These education programmes supported more than 1,590 children across Nepal in 2019, contributing to their health and prosperity, as well as their families'.

**more than**  
**1,590**  
**children attend the 16 schools we partner with**

# Developing model schools in Humla

*"Our school education and higher education projects have the potential to produce skilled communities, improve the lives of families and help societies that have been trapped into the vicious cycle of poverty and illiteracy for generations."*

– Angjuk Lama, Nepal Programme Manager

We have partnered with Yalbang School in remote Humla since 1998 – it was our first ever project. Back then, it was a one classroom school with only a handful of students. Today, it is a model for remote education with 318 students – 57% are girls.

We work hand in hand with Humla-based organisation the Himalayan Children Society to support one of the school's hostels and to provide learning materials, additional trained staff and scholarships for marginalised students. In 2017, the government named the school as the fifth best in the country based on exam results. This school sits at the centre of all our work in education. We believe it shows what is possible in remote education, providing a blueprint for other schools to follow.

Since partnering with Yalbang, we have expanded our work to include seven other schools in Humli villages. We want to ensure children can access a quality education closer to home. Our work with these schools focuses on the employment of trained teachers and school helpers. It provides training to strengthen school management committees from the local community; builds new classrooms; helps make existing ones more children-friendly; and provides school learning materials, children's uniforms and basic school supplies. We also ensure students are

educated about their rights, health and safety, and are empowered to participate in their school communities.

The impact of this programme has been significant. School enrolments in these target schools have increased by 75.5% since 2011, meaning many more students are now receiving a quality education.

**75.5%**  
**increase in admissions to Adara-supported schools in Humla since 2011**

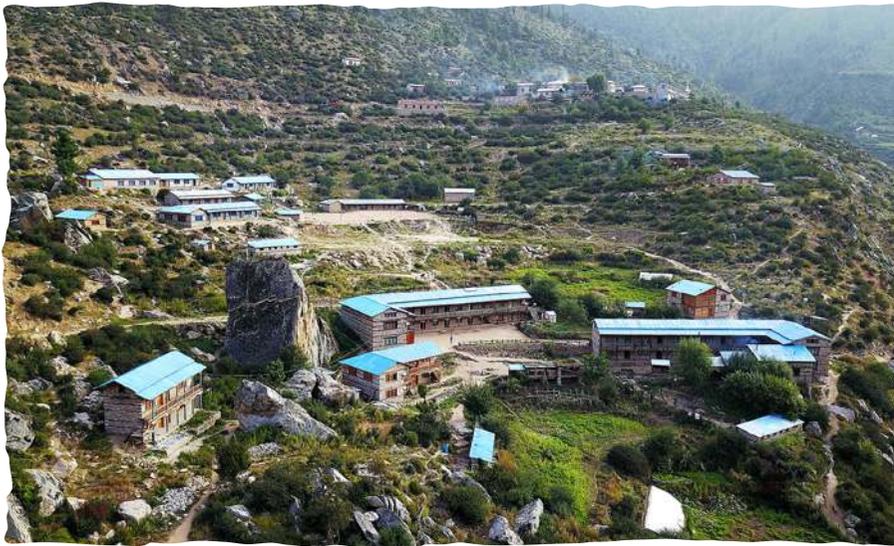


Student at Yalbang School

## How remote is Humla?

Humla is perched in the Himalayas of far north-western Nepal. It is one of the remotest districts of Nepal and one of the poorest. It is one of the last districts to be connected to the national road network. Journeys here are measured in days' walk, rather than miles or kilometres – and when we first started working in Humla, it was 25 days' walk to the nearest Nepali road. It still takes more than a week to walk to the nearest road, which is being built by the government from the neighbouring district.

This remoteness creates huge challenges for the community. Humla ranks in the bottom three of Nepal's 77 districts on almost every measure of development. The community also faces food shortages each winter when families are sometimes snowed in for months. We are committed to working with the Humli community to improve quality of life, focusing particularly on health and education services.



Aerial view of Yalbang School in Humla

## Meet Hirkala: determination to go to school

"We have big health issues in our community. There is not a single doctor in our area, and I have seen many of our villagers get very sick," says 15-year-old Hirkala. "I really want to improve this health situation."

Hirkala lives in Chauganfaya, a village in upper Humla that we have worked with for many years. Like other families in Humla, Hirkala's parents primarily make a living through farming. But due to the harsh climate, supporting the family through the long, hard winter is a challenge.

"I do not own much land and we have shortages of water in our village," says Hirkala's father. "Because of this, we cannot irrigate our fields and crop production is very low. My wife and I must do lots of other hard work to feed our family."

As the eldest child, Hirkala is responsible for helping to raise her younger siblings while her parents are busy working to support the family.

"It's not easy to do all this work, particularly walking several hours carrying heavy firewood," says Hirkala. "But I have to do it to support my family."

Despite these duties, Hirkala has always been determined to go to school and receive an education so she can fulfil her dreams of becoming a doctor.

In the past, many families would have dismissed the importance of education as they needed their children to help them



work. If they did send a child to school, parents prioritised their sons. Historically daughters were excluded from education. Over the years this mindset has started to shift: we are seeing many more children in school. Hirkala's family now recognise the value of education and have sent all their children, including their daughters, to nearby Chauganfaya School.

There, Hirkala is first in her class and chairs the Child Club. These clubs are designed to ensure students are educated about their rights and can contribute to the running of their school. They also organise extracurricular events for students.

"I really like to go to school and getting involved in all the activities," Hirkala says.

Later this year, Hirkala will finish school at Chauganfaya. She looks forward to continuing her education in Kathmandu before bringing her skills back to Humla.

"I am grateful for the support I have received to educate my daughter and secure a bright future for her and us," says Hirkala's father.

## Rebuilding Kermi School

We have supported the local government school in Kermi since 2011, providing teacher training, school supplies and classroom improvement works. Since then enrolments have increased four-fold. The original school block, constructed in the 1970s, struggled to cope with the increasing demand.

As a result, in 2019, we constructed a new earthquake-safe six-classroom school block. A construction like this is no small feat in such a remote part of the world. With Humla having just experienced its biggest snowfall in the past 10 years, construction was disrupted as the community could not transport materials during

this time. However, our team and the local community overcame these challenges and finished construction by the end of 2019. It is now providing nearly 200 students with a safe place to play and learn.



Nearly **200** students have a safe space to learn thanks to the newly rebuilt Kermi School

Progress photos of Kermi School rebuild

## Giving hope to the Ghyangfedi School

*"A lot of children did not get an education until now. They used to ignore school and ignore education, but now they're so excited to come. They think education is the most essential part of their life."*

– Usha Lama, teacher at Shree Ghyangfedi School

For many families living in Ghyangfedi, a small community five hours' drive from Kathmandu, its school represents hope. The community was severely affected by the devastating earthquake that hit Nepal in 2015. All buildings, schools and homes were either damaged or destroyed and 86 people died.

Immediately after the earthquake, we began to help affected regions by providing mobile medical camps, child protection services, shelter and nutrition support. During this time, we reached more than 10,000 people in need. However, in the weeks and months that followed, we knew that short-term support wasn't enough. The Ghyangfedi community faced huge issues of girl trafficking, illiteracy and poverty. Working with them, we decided to create a significant new school to provide a quality education for children, to tackle these issues. And so we got to work.

In June 2017 the newly rebuilt Shree Ghyangfedi School reopened its doors. Since then, it has developed into a model school, even featuring robotics classes and computer labs. Students are provided with

midday meals – for many students, this might be the only nutritious meal they eat each day.

At the end of 2019 the school had 321 students – 47% are girls. Before the school was destroyed in the earthquake it has just 32 students. It is clear Ghyangfedi school is transforming the futures of hundreds of children in the area.

**47%**  
of students at Yalbang School are girls



Student at Shree Ghyangfedi School

## Meet Nisha: dreams for the Shree Ghyangfedi School



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

These words were spoken by Nisha in 2016 when she was 13 years old. At the time, the Shree Ghyangfedi School was still under construction.

It was one year after the 2015 earthquake. One year after the Ghyangfedi community felt the loss of 80 lives and witnessed the destruction of all schools and buildings. The earthquake was catastrophic, so it's hard to believe that in just a few years, many of Nisha's dreams have already become a reality.

"When the school opened, my dream to continue my studies was fulfilled," says Nisha.

Now Nisha is in Grade 10 at Shree Ghyangfedi School. She has spent the last few months preparing for her Secondary

Education Examination (SEE) and will be part of Ghyangfedi's first cohort of students to be able to sit these exams in their own village.

Nisha is committed to her studies and is now one of the top students in her year. Her teachers say her friends are drawn to her because of her caring and helpful nature.

A few years ago, there would have been very few girls Nisha's age at Ghyangfedi School. Many would have been trafficked out of the region. But now that there is an excellent school in the region, more girls are in school and parents are seeing the enormous value of education.

"Education is so important for children," says Nisha's mother. "We do not want them to face hardships and difficulties like us."

## Working with seven surrounding schools to build capacity

The quality of education at Shree Ghyangfedi School led to an unexpected number of children from remote villages walking long distances to school. At the beginning of 2019, the Shree Ghyangfedi School was bursting at the seams with over 370 students enrolled. The school had reached capacity.

That's why in 2019 we expanded our work to include seven schools surrounding Shree Ghyangfedi School, to keep children in those schools and lift educational standards across the area. Students in these seven schools now receive a midday meal, a uniform, school supplies and educational support. In April we co-ordinated two training sessions for teachers from these schools. Topics included early child development, effective communication skills, first aid and positive discipline.

Our Nepal team has visited each of the schools several times, distributing educational materials and first aid kits, and training staff and students.

This expansion has taken the burden off the Shree Ghyangfedi School, which now has 321 students enrolled. An additional 272 students are supported in the seven feeder schools.



*A beautiful friendship. Students from the Adara supported Nava Sikhya Niketan School*

# Adara Youth: supporting children who were once trafficked

In 2004 we found 136 children – some as young as three – living in horrendous conditions in Kathmandu, after being trafficked during the ten-year conflict in Nepal. During this time, hundreds of children disappeared from Humla – many forever. Traffickers promised children’s parents that they would take them to the city for a better life. But rather than sending them to children’s homes or boarding schools, parents inadvertently put the children in the hands of child traffickers.

Little did we know that a 16-year journey was ahead of us which would transform their lives and ours, and would teach us a great deal about child protection through all the phases of the life of a child at risk. Those learnings have informed all our wider work on child protection, impacting and improving our service delivery to thousands of children in need every year.

When we found these children, they were living in overcrowded homes and basements. They had little food and were forced onto the streets to beg. After working with the police and Social Welfare Council, we were granted custody of the children. And so they affectionately became known as the ‘Adara Kids’.

To ensure their immediate safety, we set up 10 residential homes and hired teams of social workers, educators and cooks to provide round-the-clock care. As the Nepal



conflict subsided, we worked to reconnect them with their families of origin. It took nearly two years to find all the families of the Adara Kids. From there we moved to kinship care and independent living.

As the Adara Kids have grown and become Adara Youth, we have worked with them and their families on vocational education and independent living – providing them with a monthly stipend that they manage themselves to pay for their rent, food and other expenses. Many of the Adara Youth have now graduated from our care, equipped with the skills to lead happy lives on their own. But they remain as members of the Adara family

By the end of 2019, 123 youth had graduated from the programme.

# 136

children rescued from trafficking



## Meet Kalsang: from Nepal to Australia



*Kalsang and Audette reminisce over old photos in Sydney*

Kalsang is the second eldest of all the Adara Kids. We have known him for more than 14 years.

His journey from then until now has been astounding. He has grown and flourished into an independent and successful young man, now working as a chef at a prestigious restaurant in the Blue Mountains of Australia. Before this, he had spent two years working as a sous chef at a prominent restaurant in Sydney after spending 6½ years learning his trade in Dubai.

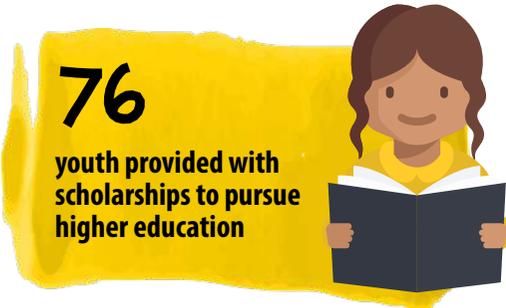
During his time in Sydney, Kalsang volunteered in our office once a week,

helping with our administration. It is heartening to see his huge desire to give back and contribute to our ongoing work with children in Nepal.

Kalsang’s story of success is just one from 136 Adara Kids. They have taught us so much about the joys and struggles of rescuing, rehabilitating, and reintegrating at-risk children. With many of the Adara Kids now graduated from our care, our focus is to take those learnings across all our wider work in child protection and education for children living in extreme poverty.

# Providing access to higher education for disadvantaged students

Through our work with the Adara Youth, we have gained deep knowledge of how to support young people from disadvantaged communities in accessing higher education opportunities. As a result, we broadened the Adara Youth Programme to include providing scholarships to talented Humli and Ghyangfedi students for vocational training, technical training and higher education. In 2019, we supported 76 students pursuing degrees such as nursing, dentistry, science and forestry.



## Child protection

The issue of child rights and protection remains at the forefront of our work in Humla and throughout Nepal. Over the past two decades, we have seen a huge shift in understanding of how important education is in Humla, and more parents are now sending their children to school.

Despite this incredible progress, some children are still being sent away from remote areas in the name of better education and falling victim to the human trafficking trade. To address this, in 2019 we increased our anti-trafficking work and child protection training throughout all our programmes.

In 2020, we will continue our work on influencing national, provincial and local government policy to strengthen guidelines and processes to keep kids safe. We will also continue our long-standing partnership with The Himalayan Innovative Society (THIS), which includes a twice-weekly anti-trafficking radio show that is broadcast throughout Humla. Lastly, we will continue to improve the conditions that lead families to send their children away for a better life, including developing excellent schools and health posts in Humla, to reduce some of the push factors from the district.

# Women's Foundation Nepal

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

One of those partners is the Women's Foundation Nepal. They provide rescue, support, shelter, vocational training and educational support to vulnerable women

and children. They also provide critical legal support to vulnerable women and children who are victims of domestic violence, trafficking and sexual abuse. A team of experienced legal staff is led by an Adara-supported lawyer to seek justice and protection for hundreds of women and girls each year. In 2019, the Women's Foundation team took on 461 legal cases, and touched the lives of thousands of those most in need more broadly.

# Hands in Outreach

We have partnered with Hands in Outreach (HIO) since Adara began.

For over three decades, HIO has given thousands of marginalised girls living in slum areas of Kathmandu access to education and pathways to more promising futures. HIO gives girls and their

families the tools and opportunity to lift themselves from deep-rooted poverty. In addition to their work in early learning and women's literacy, they help more than 160 children – mostly girls – living in poverty to go to school each year. We support the girls' families with health and dental check-ups, periodic food distribution and emergency support.



HIO students attend class

# The Himalayan Innovative Society

For more than 15 years we have worked with The Himalayan Innovative Society (THIS), a Humla-based organisation that supports marginalised children from single-parent families in receiving an education. Their work includes the rescue of children who have been the victims of child trafficking, transit homes for those children and reconnection with their families of origin.

They also case manage many Humli children of single mothers. That support includes a scholarship programme which provides at-risk students with essential school supplies. THIS also work to reduce the incidence of child trafficking from Humla through two anti-trafficking radio programmes which reach the 30,000 people in Humla who have a radio.

"I do not have words to describe the happiness, thankfulness and gratitude for the help and support provided," says 14-year-old Jamma, who received a scholarship to go to school through THIS.

Jamma does not know her father. Her mother, the sole breadwinner for the family of five, is often unwell. Not only does a single-parent family face a financial burden, but Humli society can view a fatherless child negatively. Such children will often grow up ignored by the community.

The scholarship for Jamma to go to school is life-changing. It means her uniform, stationery, school bag and before- and after-school classes are paid for. Students and their mothers are also given training about children's rights. And each student has case management to ensure they are coping with the demands of school.



School students gather with the community in Humla, Nepal

## Meet Choedon: impact of maternal, newborn and child health training



Choedon holds her three-month-old son in her arms. He's wrapped in a bundle of blankets to protect him against Humla's harsh winter air. It's early afternoon in the Kerma birthing centre and Choedon is visiting for a postnatal check-up.

Choedon is from Kerma, a village in upper Humla that is home to about 90 households. She lives here with her husband, their two children and her husband's parents.

Two years ago, Choedon had her first child. She delivered the baby at home as there wasn't a birthing centre in the village at the time. It was a painful experience and Choedon worried about ever having to do the same thing again.

This experience led Choedon to start attending Adara's maternal, newborn and child health training, which taught her about safe delivery and the importance of antenatal and postnatal care.

"We learnt in the training that a lot of women and children die from delivery

complications and it is much safer to deliver a baby at a birthing centre where there are medicines, birthing kits and skilled midwives," says Choedon.

When it came time for her to have her second child, she was determined to go to a birthing centre where she could be assisted by a skilled midwife. Thankfully, the Kerma health post was upgraded to a birthing centre in 2018.

With the help of the Kerma birthing centre's midwife, Choedon gave birth to a healthy baby boy. "My delivery was much easier this time and I felt much safer as I had a skilled midwife next to me," Choedon reflects.

She believes that the training she received has changed beliefs about home births in Humla. Kerma birthing centre delivered just four babies in 2019, so there is still a long way to go to change community attitudes and encourage facility-based birth. But as more women like Choedon share their experiences, we expect to see these numbers rise and more babies delivered safely in remote Humla.

# Our holistic approach to health

Historically, Humla has had serious gaps in health service access. Many villagers have gone their whole life without seeing a doctor. The region has one underequipped and understaffed hospital for a population of more than 60,000. Many areas do not have government health posts and people must walk for hours or even days to seek treatment.

To improve health in Humla, we take a two-pronged approach, addressing both prevention and treatment. To reduce the likelihood of disease occurring, we run prevention programmes with three main focuses: health awareness education, nutrition improvement, and hygiene and sanitation. Our second area of focus is health infrastructure, including hydro and solar power; indoor lighting; smokeless metal stoves; pit latrines; drinking water systems; greenhouses; and solar driers.

Our teams also work with local communities to increase access to quality services if Humlis do become ill. They do this through health post improvement projects and through our Tibetan medicine practitioner, Amchi Kelsang, who travels by foot to treat people in 25 remote Humli villages for up to nine months of the year.



Health worker in Kermi conducts a check-up

## Life saved at Kermi health post

“Many villagers lost their lives without seeking any medical treatment in the past,” says Kunchok. “But that’s not the case now as we have a fully functioning health post in our village. People are receiving health services, health education and becoming more health-conscious.”

Kunchok is 40 years old and lives in Kermi village. This past summer, Kunchok and his wife left Kermi to travel deeper into the Himalayas in the hopes of finding better land for their yaks.

Kunchok was out early one morning trying to herd his yaks when he

slipped off a cliff. He suffered a severe head injury. He was able to make it back to his wife, who enlisted the help of some villagers to transport Kunchok back to Kermi by horse. Fortunately, Kermi has a health post, with staff who are practiced in treating injuries like Kunchok’s.

If not for health posts like these, villagers would have to walk for days to seek treatment. Many people would simply be unable to make this trip.

“I got new life. We are so lucky to have the health post in our village,” Kunchok says.

## Himalayan Medical Foundation

For decades we have partnered with the Himalayan Medical Foundation (HMF) to provide free basic healthcare services to severely disadvantaged people in and around Kathmandu through three health clinics.

The clinics provide health check-ups, laboratory services, prescriptions and dental check-ups. In 2019, the HMF team gave over 9,800 free medical consultations to some of the most vulnerable and poor members of the community.

Adara and HMF also deliver free health camps. As an example, on Children’s Day HMF provided free health services to children participating in the day’s activities. We also organised a second health camp in collaboration with the National Child Rights Council (NCRC) and HMF. The purpose of this camp was to provide health support to a number of children who had been rescued by NCRC.

HMF have worked through many crises when demand for their services was high. This includes the tragic 2015 earthquake and 2017 floods. HMF’s clinics are absolutely critical in ensuring the most vulnerable receive the care they need.

# The Road Ahead

## Responding To COVID-19

To ensure we continue to provide access to quality health and education services, we have developed a COVID-19 response plan that will guide our remote community development work for the remainder of 2020.

This plan hinges on three key areas of work: mitigating and preventing the spread of COVID-19 as much as possible; protecting health workers; and ensuring continued access to essential services for communities in need, including health, education, nutrition and psychosocial support.

We will train and equip health workers, educate the community and ensure continuity of essential health services. This work is already underway, with our teams developing and collating COVID-19 training materials to share with health workers and the wider community. They are also developing local language COVID-19 awareness messages to be played over the radio and over speakers placed in the community in Humla. We have also procured personal protective equipment to keep the health workers we work with safe and have established handwashing stations throughout Humla and Ghyangfedi.

We will ensure children are safe from abuse and can access education. Many children in Nepal are facing an interruption to their education due to lockdowns. As Humla is

very remote with poor internet, electricity and television coverage, distance learning and use of mass media is very challenging. We will develop alternate methods for educating students, including broadcasting lessons over the radio and distributing home learning kits. These kits will include books, magazines and pre-recorded devices such as portable radios or MP3 players. We plan to distribute these kits to all students of Grade Three and above in all 16 schools we support in Humla and Ghyangfedi.

We will ensure the most vulnerable in the community have access to adequate nutrition. With traditional import routes interrupted due to border closures, there is the potential for widespread food insecurity in Humla and Ghyangfedi. Working with the local government, we will identify vulnerable families and provide food relief. We will also distribute seeds and greenhouse materials for farmers in Humla to grow more crops.

We will continue to work in collaboration with partners, government, and Adara staff to maintain services, and resume regular operations when it is safe to do so. We will do every single thing we can to ensure we support the communities that we have worked alongside for more than two decades.

## Crosscutting our maternal, newborn and child health work

We have dreamt for many years of finding ways for our maternal, newborn and child health (MNCH) teams and our remote community development teams to share and 'crosscut' their expertise across all our programmes.

That dream became true in late 2019, when Angjuk Lama (Nepal Programme Manager), Kyamma Lama (Health Coordinator) and Manuka Rai (Health Programme Manager)

visited Kiwoko Hospital in Uganda. This team are some of the leaders of our remote community development work in Nepal. The goal of the trip was to provide them with the opportunity to learn more about our MNCH programmes in Uganda, do hands-on training with our Uganda teams, and to see what is possible in newborn care for remote populations.

It was an amazing experience of sharing and cross-cultural collaboration. Angjuk, Kyamma and Menuka could immediately see elements from our work in Uganda that could be applied to our work in Nepal.

This included mobilising female community health volunteers to support women and children, as we do through our Hospital to Home programme. The team saw that we can further develop birthing centres in Humla to encourage institutional delivery, and to provide care to mothers and newborns. Big plans and big dreams.



Student at Yalbang School attends a COVID-19 education session

# Our commitment to best practice service delivery and knowledge sharing

To touch more lives, we are committed to deepening our service delivery and sharing our knowledge widely. We are taking our very best ideas and our biggest mistakes, distilled from more than two decades of

working in the field, and sharing them locally, nationally and globally. Throughout 2019, we shared our knowledge in many ways. Set out below are a few examples.

## World Prematurity Day in Uganda

Our work in maternal, newborn and child health in low-resource settings is widely respected and globally recognised. In 2019, we were invited to join the World Prematurity Day celebrations in Uganda, alongside key non-government organisations, health facilities and the Ministry of Health.

During these celebrations, members of our team were called on to deliver presentations and produce magazine articles in their areas of expertise. Topics included the development of the Kiwoko Hospital neonatal intensive care unit (NICU) and our Hospital to Home programme. During this event, we also had the chance to meet the first baby born at Masafu Hospital. This was one of the hospitals that had visited Kiwoko and was inspired to start its own newborn unit. The impact of the Kiwoko NICU is reverberating throughout Uganda.

At the conference, members of the Adara and Kiwoko Hospital teams were also officially recognised as newborn health champions by the Ministry of Health. Sister Christine Otai (our Newborn National

Trainer), Sister Cornety Nakiganda (our Community Midwife), Sister Josephine Nakakande (head of Kiwoko NICU) and Sister Teddy Asaba Rusoke (head of Nakaseke special care baby unit) received awards recognising their dedicated service to improving the health of newborns. This team stands at the forefront of our knowledge-sharing work, so seeing them recognised at this level was a matter of immense pride for the Adara family.



The team recognised as newborn health champions by the Ugandan Ministry of Health

## Karnali Development Dialogue

We take every opportunity to share our knowledge and collaborate with governments and other non-profits.

In June, Our Nepal Country Director, Pralhad Dhakal, was instrumental in organising the Karnali Development Dialogue event, along with the Association of International NGOs (AIN) in Nepal, and the Social Development Ministry of the Karnali Province.

The objective of the event was to establish a positive working relationship between the provincial government and AIN members (including Oxfam, Plan International and Save the Children). By all reports, the dialogue was a huge success and helped to strengthen relationships between the government and the international development community.

## Documentary: “Big Mountains, Big Dreams”

At the end of 2019, we launched a documentary about our work in Humla, titled “Big Mountains, Big Dreams”.

The documentary was shot, directed and edited as a gift to Adara by Bermudian filmmaker, Robert Zuill, who spent three weeks with our teams in Nepal. The film gives incredible insight into the daily lives of many Humlis, and the change that has occurred in our target communities over the past 20 years since we began working in the region. We are so grateful to Robert for this incredible gift, which we believe shows all that is possible when people

stand together to make change. We will release the documentary more widely in 2020.



Adara team and Robert Zuill attend a documentary screening

# The power of partnership



We know that our work would not be possible without the help of so many. The generosity and commitment of our supporters from one end of the globe to the other has achieved incredible things. It has empowered thousands of children by improving access to quality education and health services. It has ensured the survival of many more tiny, premature babies, and helped women give birth safely. It has uplifted entire communities and transformed countless lives.

**So to all our supporters, we say thank you.**

**Thank you for your kindness and commitment.**

**Thank you for opening your hearts and standing with us to make an impact on some of the most vulnerable lives.**



## Moose Toys: a partnership to make kids super-happy



*“At Moose, we have the deepest respect for Audette and her team at the Adara Group. The truly incredible work they are doing is the embodiment of everything our Moose Happy Kids Foundation stands for... We are in awe of this work and incredibly proud to see the impact of our partnership on these communities.”*

– Manny Stul, co-owner and CEO, Moose Toys

It was a company mission and commitment to “make kids super-happy” that led Moose Toys to begin a new partnership with Adara in 2018.

Moose Toys is an Australian toy company with over 30 years’ industry experience in making children happy. They do this by

making brilliant and innovative toys, as well as forming powerful partnerships to make a positive difference to children and their communities.

We have been blown away by Moose Toys’ support. It has underpinned our work with children and communities living in one of the world’s remotes places: Humla, Nepal. This support helps Adara to ensure that children have the opportunity to go to school to learn and play. It has safeguarded their access to consistent health services. More than that, it has contributed to the bright futures of thousands of young Humlis.

We are so grateful for Moose Toys’ ongoing support and look forward to continuing this partnership into the future. Thank you, Team Moose!

**US\$3.5m (A\$5m)**  
was donated to Adara Development, by both the Adara businesses and our other donors.

Nearly **580**  
individuals, foundations and companies donated to Adara

More than **110** people in **5**  
different countries volunteered or interned with the Adara Group

# Our community of supporters

Our community of supporters is made up of donors, financial partners, volunteers, changemakers, innovators and trailblazers across the world. We are appreciative of every single individual, family, foundation, trust and organisation that has joined us on this journey. Whether giving time or

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

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



The 2019 Aspen Ambassadors in Uganda

# Special thanks to our corporate partners and major donors

## Major financial partner



## Corporate partners and supporters



## Major donors

ACME Foundation

Andrew Banks and Dame Pamela Gordon

English Family Foundation

Garrett Riggelman Trust

Greenlight Foundation

Hillsdale Fund, Inc.

IAS Foundation

John Charman

Knox Foundation

Michael and Zoe Butt

Navitas Education Trust

Paul Ramsay Foundation

Portland House Foundation

Ray and Rachel Itaoui

Ripple Foundation

Susan Burns in honour of Hilda Burns

The L & R Uechtritz Foundation

The Pickles Foundation

Many wonderful anonymous supporters – you know who you are!

# The Adara Family





# Our Governance



**Andrea McCormick**  
Director of Adara Development (Australia)



**Andrew Della Casa**  
Trustee of Adara Development (UK)



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



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



**Derek Stapley**  
Director of Adara Development (USA)



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



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



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



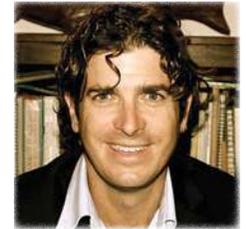
**Kate Vacher**  
Trustee of Adara Development (UK)



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



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



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



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



**Richard Houghton**  
Trustee of Adara Development (UK)



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



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



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



**Tom Glynn**  
Director of Adara Development (USA) (joined October 2019)



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

# Finances and Accountability

Adara Development has received a total of US\$37 million (A\$46 million) since we began in 1998. Of this, more than US\$12.3 million (A\$15.6 million) has been contributed from the Adara businesses towards Adara Development's administration, infrastructure and emergency project costs.

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



**US \$24,736,119**  
**A \$30,442,480**

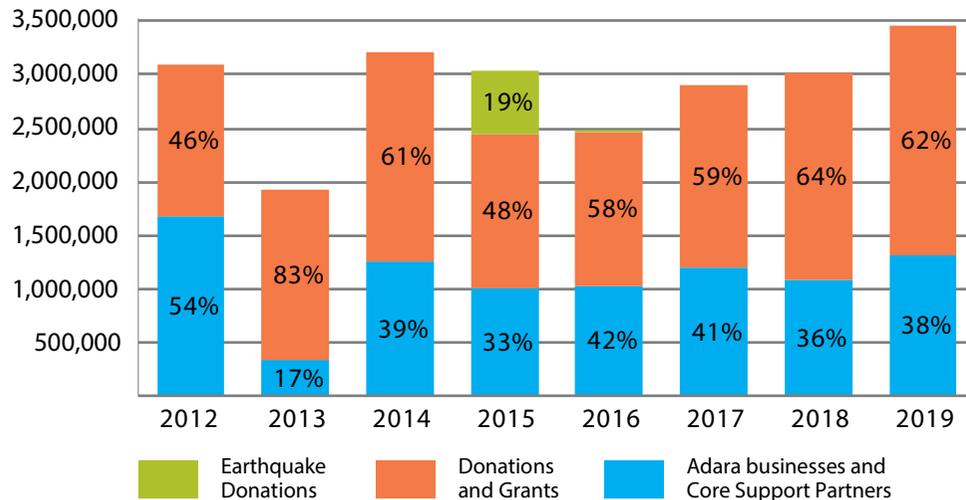
**contributed by other donors**



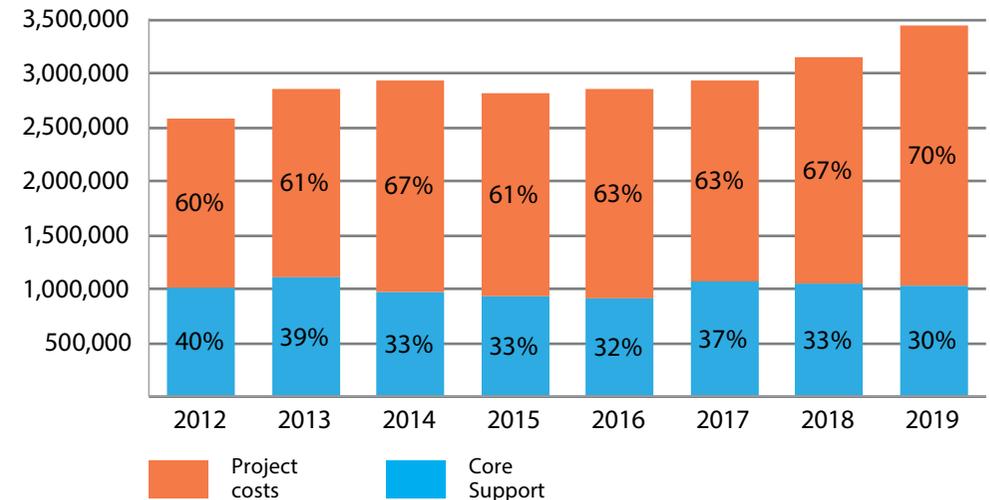
**US \$12,362,925**  
**A \$15,649,157**

**contributed by the Adara businesses**

## Donations to Adara Development (US\$)



## Expenditure of Adara Development (US\$)



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

For The Year Ended 31 December 2019  
Presented In United States Dollars (USD)

	2019	2018
	\$	\$
<b>REVENUE FROM CONTINUING OPERATIONS</b>		
Donations		
Core Support	1,324,068	1,078,613
General restricted	842,406	805,857
Maternal Newborn Child Health	454,281	475,963
Remote Community Development	687,378	560,645
Grants		
Maternal Newborn Child Health	143,911	14,528
Other Income	15,208	107,191
<b>Total revenue</b>	<b>3,467,252</b>	<b>3,042,797</b>
<b>EXPENSES</b>		
Programme costs		
Maternal, Newborn and Child Health	1,331,575	1,117,178
Remote Community Development	920,620	872,121
Innovation, Learning & Evaluation	152,887	123,997
<b>Total Programme costs</b>	<b>2,405,082</b>	<b>2,113,296</b>
Core Support	1,036,543	1,045,741
<b>Total expenses</b>	<b>3,441,625</b>	<b>3,159,037</b>
<b>NET SURPLUS/ (DEFICIT FOR THE YEAR)</b>	<b>25,627</b>	<b>(116,240)</b>
<b>Other comprehensive income</b>		
Foreign currency translation gain / (loss)	(17,825)	(18,458)
<b>Other comprehensive income/(loss) for the year</b>	<b>(17,825)</b>	<b>(18,458)</b>
<b>TOTAL COMPREHENSIVE INCOME/ (LOSS) FOR THE YEAR</b>	<b>7,802</b>	<b>(134,698)</b>

# Adara Development summary combined statement of financial position

For The Year Ended 31 December 2019  
Presented In United States Dollars (USD)



	2019	2018
	\$	\$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	494,037	571,931
Trade receivables and other current assets	98,223	49,629
<b>Total current assets</b>	<b>592,260</b>	<b>621,560</b>
<b>Non-current assets</b>		
Property, plant and equipment	81,870	59,122
Intangible assets	5,095	11,585
Other non-current assets	750	750
<b>Total non-current assets</b>	<b>87,715</b>	<b>71,457</b>
<b>Total assets</b>	<b>679,975</b>	<b>693,017</b>

	2019	2018
	\$	\$
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	67,763	76,376
Deferred Revenue	58,786	140,142
Employee benefits	129,694	114,525
<b>Total current liabilities</b>	<b>256,243</b>	<b>331,043</b>
<b>Non-current liabilities</b>		
Employee benefits	18,300	10,613
Lease Liability	46,269	-
<b>Total non-current liabilities</b>	<b>64,569</b>	<b>10,613</b>
<b>Total liabilities</b>	<b>320,812</b>	<b>341,656</b>
<b>NET ASSETS</b>	<b>359,163</b>	<b>351,361</b>

## NOTES

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2019 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2019 available at [www.adaragroup.org](http://www.adaragroup.org). The Operations Report 2019 does not include the Summary Combined Statement of Cash Flows, Summary Combined Statement of Changes in Equity, notes to the Combined Statement, and Directors' and Trustees' Declaration.

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2019 and related Notes were extracted for the purpose of providing a summary of the financial position and performance of Adara Development.

## Reporting entity

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

## Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The financial report has been prepared in accordance with the requirements of the recognition and measurement of all applicable Australian Accounting Standards adopted by the Australian Accounting Standards Board ("AASBs") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 28 April 2020.

## 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.

## Accumulated funds

Accumulated funds	449,978	424,351
Foreign currency translation reserve	(90,815)	(72,990)
<b>Total accumulated funds</b>	<b>359,163</b>	<b>351,361</b>

## Functional and presentation currency

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

All Adara Development entities are audited annually under International Standards on Auditing. Adara Development (Australia), Adara Development (USA) and Adara Development (Bermuda), have been audited by HLB Mann Judd. Adara Development (UK) and Adara Development (Uganda) are audited by Somerbys and Markhouse Partners, respectively. If you would like a copy of our audited financial accounts, they are available on our website, or by contacting us at [info@adaragroup.org](mailto:info@adaragroup.org).

The Summary Combined Financial Statements are prepared taking into account Adara Development (Australia)'s Financial Statements. Adara Development (Australia) is a member of the Australian Council for International Development (ACFID) and adheres to the ACFID Code of Conduct. The Adara Development (Australia) Financial Statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct and these can be viewed on our website, [2019 Financial Statements](#). For further information on the Code please refer to the [ACFID website](#).

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

### REPORT ON THE AUDIT OF THE FINANCIAL REPORT

#### Opinion

We have audited the Summary Combined Financial Report of Adara Development ("the Group"), which comprises the summary combined statement of financial position as at 31 December 2019, the combined statement of profit or loss and other comprehensive income for the year then ended, and the notes to the Summary Combined Financial Statements.

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

#### Summary Combined Financial Statements

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

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

#### Audited Combined Financial Report

We expressed an unmodified audit opinion on the audited Combined Financial Report in our report dated 28 April 2020. That report also includes Emphasis of matter paragraphs that draw attention to the Notes in the audited Combined Financial Report.

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

Note 17 of the audited Combined Financial Report describes the uncertainties and possible effects on the Group arising from its management of the on-going issues related to COVID-19.

#### Emphasis of Matter – Basis of Preparation

We draw attention to notes, which describe the basis of preparation. The Summary Combined Financial Report has been prepared to meet the needs of the Directors and Trustees of the entities within the Group to present a summarised combined view of the global not-for-profit activities conducted by the Group. As a result, the Summary Combined Financial Report and this Auditor's Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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

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

#### HLB Mann Judd (SE Qld Partnership)

Level 15, 66 Eagle Street, Brisbane QLD 4000 | GPO Box 5225 Brisbane QLD 4001  
T: +61 (0)7 3001 8800 F: +61 (0)7 3221 0812 E: [infobne@hlbqld.com.au](mailto:infobne@hlbqld.com.au)  
Liability limited by a scheme approved under Professional Standards Legislation.

HLB Mann Judd (SE Qld Partnership) is a member of HLB International, the global advisory and accounting network.

Our audit report relates to the Summary Combined Financial Report which will be published on the Australian website ([www.adaragroup.org](http://www.adaragroup.org)) (the website). Management is responsible for the integrity of the website. We have not been engaged to report on the integrity of the website. We also do not opine on any other information which may have been hyperlinked to/from the Summary Combined Financial Report or contained within the Adara Group Operations Report 2019.

#### Emphasis of Matter – Events after balance sheet date

We draw attention to the uncertainties and possible effects on the Group arising from its management of the on-going issues related to COVID-19. Our opinion is not modified in respect of this matter.

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

The Directors and Trustees are responsible for the Other Information. Other Information comprises both financial and non-financial information included in the Group's operations report for the year ended 31 December 2019.

Our opinion on the Summary Combined Financial Report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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

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

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

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

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

Our objectives are to obtain reasonable assurance about whether the Summary Combined Financial Report is consistent, in all material aspects, with the audited Combined Financial Report on our procedures, which were conducted in accordance with Australian Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.



**HLB Mann Judd**  
**Chartered Accountants**

Brisbane, Queensland  
28 May 2020

# Where our money goes



## MATERNAL, NEWBORN AND CHILD HEALTH

US\$ 1,331,575

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

- 86 local staff. Includes a surgeon and 2 doctors; 71 NICU, ANC and maternity nurses; 12 cleaners; and medical officers
- 7 local hospital support staff including finance staff, HR Assistant, Business Manager and lab technicians
- Medical equipment, drugs and medical supplies for the NICU and maternity ward
- Nutrition support for mothers caring for babies in the NICU
- Training and development for NICU and maternity staff
- Purchase of an ambulance to transport patients who need additional care at other facilities
- Upgrade of the maternity ward bathrooms

### HIV and Diabetes Clinics at Kiwoko Hospital Uganda

- Nutrition, treatment and counselling support for adults and children living with HIV/AIDS
- Education support for orphans and vulnerable children affected by HIV/AIDS
- Weekly diabetes clinic operating at Kiwoko Hospital
- 24 local staff for the period January to June, subsequently funded by Mildmay from July 2019

### Community Outreach Services at Kiwoko Hospital Uganda

- Community based health care (CBHC) programme servicing 44 villages providing safe-motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services
- Clinical support and health education to people living with chronic conditions such as epilepsy, tuberculosis and people living with disabilities
- 17 staff within the CBHC programme including a CBHC programme manager, nurses, field workers, records assistants and a security guard

### Hospital to Home

- Develop and pilot a holistic, low-cost discharge and follow-up package for vulnerable infants discharged from the Kiwoko Hospital NICU
- Work with a network of 100 Adara-trained volunteer village health team (VHT) members to follow-up and provide on going care to families at home
- 2 staff members and 100 VHTs are supported with allowances and airtime for their work
- VHTs are supported by a Community Midwife, and attend monthly meetings for updates and additional training

### Newborn Health Scale Up

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

### Safe Bubble CPAP

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

### Early Intervention for High Risk Newborns

- Final year of a collaborative research study to help evaluate whether an early intervention programme can improve the quality of life for babies at risk of disability.
- 1 physiotherapist to conduct assessments of infants and to teach parents exercises for their infant at home.

### Programme support

- 8 staff including 4 programme management staff based internationally, 4 local staff and related local office costs
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring good governance and maximum impact
- Our global maternal, newborn and child health (MNCH) team works in collaboration with the clinical team at Kiwoko Hospital to plan and implement strategies to improve MNCH outcomes through regular and sustained capacity building
- Development and management of international medical volunteers programme, where experts visit the hospital for short periods of time to train and advise local clinicians, and develop training materials
- Analysis of NICU data from Kiwoko Hospital

## REMOTE COMMUNITY DEVELOPMENT

US\$ 920,620

### Adara Kids

- Care and support of children who were previously trafficked (28 at the start of the year reducing to 13 by the end of the year) who are in our independent living programme either undertaking vocational training courses or completing Plus Two).
- Education, nutrition, health, post-school options, life skills and independent living training

### Humla

#### Remote Health Projects

- Advised farmers on greenhouse construction and repair, provided vegetable seeds and supplied solar driers to be used to dry food for winter
- Repaired 29 greenhouses
- Distributed seeds to 192 farmers
- Regular training and awareness programmes to reduce child malnutrition and infant and maternal mortality with women's groups. 447 people were trained in 2019
- 201 people from five target villages were trained on hygiene, sanitation and waste management
- Equipment and medicines to support 4 health posts so the community has access to year-round health care
- 2 health assistants to ensure the health posts are attended by skilled health professionals
- Tibetan health practitioner, or 'Amchi', travelled through Humla providing Tibetan medicines and health care to 741 people in Humla villages
- Scholarship for a local Humli student studying traditional Himalayan and Tibetan medicine including college fees, monthly stipend and travel costs whilst accompanying the Amchi

#### Remote Education Projects

- Rebuild of the Kermi Tatopani lower secondary school with six classrooms
- Provision of learning materials for 8 local schools including white boards, markers, pens, posters, science lab resources and other materials related to creating a child-friendly teaching and learning environment
- 704 kids from each of our nine target villages received scholarship support (stationery, notebooks, warm tracksuits, school bags and other necessities)
- 7 daily before and after school classes in six of our nine target villages
- 6 teachers and 2 school helpers

### Infrastructure

- Completion of Micro Hydro Project for Kholsi, Lama Kholsi and Khagalgaun villages which will supply electricity to more than 1,300 people

### Ghyangfedi

- 1 programme manager and related travel expenses
- Provision of education support including stationery, learning materials, school uniforms and girls education scholarships
- Midday meals provided daily to 321 students at the Shree Ghyangfedi School
- 9 teachers
- Health camp providing cardiovascular diagnosis and treatment, treating 278 patients
- Eye camp in partnership with Tilganga Eyes Hospital which tested the eyes of all students at Shree Ghyangfedi School
- Training of health post staff by Adara health manager
- Emergency support for women and children requiring urgent medical treatment
- Work with 7 feeder schools supporting 272 children with meals, utensils, learning materials, uniforms and teacher training
- Procurement of materials for construction of 14 toilets in the 7 feeder schools

### Hands in Outreach

- 165 children are receiving continued support from Hands In Outreach Nepal for their education.
- Adara supported healthcare and dental care for 163 children in need

### Himalayan Children's Society

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

### Himalayan Medical Foundation

- 6 local staff and related office costs
- More than 9,700 men, women and children received treatment during the year
- Medicine and laboratory materials for 3 clinics – Benchen, Nagi and Pharping

### The Himalayan Innovative Society

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

### The Women's Foundation

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

### Programme resources

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

### INNOVATION, LEARNING & EVALUATION

US\$ 152,887

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

### CORE SUPPORT

US\$ 1,036,543

- Core support expenditure during 2019 ensured all areas of our project-related work have the necessary resources and help they need to operate effectively. These costs were all paid for directly by the Adara businesses and a small number of core support partners, ensuring that 100 cents in every dollar of all other financial partners' support went directly to project and project related costs.
- 16 global support staff (plus 1 pro bono and 2 secondees) including the COO, finance, legal, partnerships and communications team members together with related office costs
- Leadership and development of short and long-term strategy and direction
- Global coordination of activities and policies to ensure projects have the resources and assistance to be effective as they partner with communities on the ground
- Managing global governance, compliance, legal, human resources, information technology and administration
- Financial compliance including grant reporting, global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction
- Global communications internally and externally
- Fundraising and regular reporting and liaising with existing financial partners worldwide



# We Value Your Feedback



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

**Designed by Joshua Binns**

[www.joshuabinns.com](http://www.joshuabinns.com)



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

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

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

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

Adara Development (UK) is a registered charitable trust in the United Kingdom (No. 1098152). UK taxpayers can make UK tax-deductible donations through Adara Development (UK).

Adara Development (USA) is a registered charity in 37 states and has 501(c)3 status to receive tax-deductible donations. Our USA state fundraising disclosures are available [here](#). EIN: 980634789.

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

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

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

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

For more information, please see [www.adaragroup.org](http://www.adaragroup.org) and [www.adarapartners.org](http://www.adarapartners.org).

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

Photographs © Adara Group, 2011–20, are courtesy of our amazing staff, supporters and volunteers, unless otherwise credited.

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

Complaints relating to alleged breaches of the code can be lodged with the ACFID Code of Conduct Committee at [code@acfid.asn.au](mailto:code@acfid.asn.au). Information about how to make a complaint can be found at [www.acfid.asn.au](http://www.acfid.asn.au).

