



**ADARA**  
GROUP  
— BRIDGING WORLDS —

**Impact.**

**Influence.**

**Inspire.**

Operations  
Report 2021



## ABOUT ADARA

We believe that each and every person should have access to quality health, education and other essential services, no matter where they live.

The first part of the Adara Group is an international development organisation called Adara Development that has expertise in Maternal, Newborn and Child Health, and Remote Community Development. Adara Development has worked in Nepal and Uganda since 1998.

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

Each year we directly reach more than 200,000 people living in poverty and countless more through our influence, networks and knowledge sharing.

## OUR VALUES



Compassion



Teamwork



Mutual respect



Integrity and excellence



Passion



Unconventionality

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

# CONTENTS

<b>Impact. Influence. Inspire</b>	<b>4</b>
<b>2021 at a glance</b>	<b>5</b>
<b>The Adara business: Adara Partners</b>	<b>6</b>
<b>Maternal, Newborn &amp; Child Health</b>	<b>8</b>
<b>Remote Community Development</b>	<b>20</b>
<b>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>



*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.*



# Impact. Influence. Inspire

As the Adara family charted our path in 2021 – another year marked by uncertainty and turmoil – three words guided our every step. Impact. Influence. Inspire.

These three simple concepts signify the difference Adara seeks to make to our world. We strive to impact hundreds of thousands of lives every year through best-practice service delivery. We influence change through our deep commitment to knowledge sharing and our networks. And we strive to inspire others to use their skills, resources and voices to make our world a better place.

As we look back on the year that was, we can see exactly how we did that thanks to our amazing teams, our supporters and the communities we work alongside every day. While 2021 was another year profoundly impacted by the COVID-19 pandemic, our teams continued to do their best work. We are proud that we not only maintained essential services across Maternal, Newborn and Child Health and Remote Community Development, but we also adapted our programmes to the changing environment and grew our work against all odds.

At the same time, our teams continued to use their influence at all levels to build on our work in Knowledge Sharing, leveraging our influence and expertise to touch even more lives. We also aim to lead by example with our business-for-purpose corporate advice business, Adara Partners, to showcase the use of financial services skills to support those in extreme need. To end of May 2022, we have put more than AUD\$60 million to work – \$20 million has come from our businesses.

As we write this report, our world is now facing multiple crises. COVID-19 is still a reality for communities across the globe, exacerbated by vaccine inequity. Military conflicts are bringing economic chaos and volatility. And we are now squarely facing the escalating climate crisis, impacting lives and livelihoods. Yet while some may feel the world is hopeless, we are hopeful. It is our hope that this complex time will lead to meaningful change. We believe that this period of history will be marked by greatness, as people rise to help others. We know that our work delivering essential health and education services to communities living in poverty, and sharing that knowledge, is critical.

As always, this report comes from a place of deep gratitude – for our supporters, our teams, our partners, and every single person who is part of the global Adara family. As you read our 2021 Operations Report, we hope you can see the impact that you helped create.

From the bottom of our hearts, thank you for standing with us to impact, influence and inspire others.

**Audette Exel and Madeline Vaughan on behalf of Adara's Global Leadership Team**

## GLOBAL LEADERSHIP TEAM



**Audette Exel AO**  
Founder and Chair



**Brooke Magnusson**  
Global Health Director  
(appointed January 2022)



**Daniel Kabugo**  
Uganda Country Director



**Heidi Nakamura**  
Global Health Director  
(stepped down as Global Health Director December 2022)



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



**Madeline Vaughan**  
Chief Executive Officer



**Pralhad Dhakal**  
Remote Community Development  
and Nepal Country Director



**Sarah Lecoutre**  
Chief Financial Officer  
(appointed April 2022)



**Susan Burns**  
General Counsel

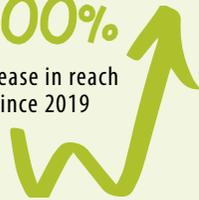
# 2021 AT A GLANCE

## GLOBALLY

**200,000+**

people reached directly, as well as countless others through knowledge sharing

that's a  
**300%**  
increase in reach  
since 2019



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



**63**

direct staff



**168**

staff funded through our community partners



**133**

volunteers/  
secondees

## 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.**



AdaraNewborn officially launched! We're sharing the knowledge and expertise we have developed at Kiwoko Hospital to partner with 10 facilities across Uganda over the next decade



Our bubble continuous positive airway pressure (bCPAP) device was trialled at Kiwoko Hospital after years of development. This device could save tens of thousands of lives every year



Provided Kiwoko Hospital with deep COVID-related support, ensuring continued operations at this life-saving facility



**1,290**

newborns cared for in the Kiwoko Hospital neonatal intensive care unit with an 87% survival rate



**889**

infants enrolled in our Hospital to Home programme after leaving the Kiwoko Hospital NICU



**3,034**

women admitted to the Kiwoko Hospital maternity ward with a 99.8% survival rate

**97%**

received at least one at home follow-up visit from a community health worker



**363**

newborns cared for in the Nakaseke Hospital newborn unit with a 96% survival rate

## 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 live happy and healthy lives.**



Delivered COVID-19 emergency support across the country – from launching Ghyangfedi's first children's ward, opening nurses' accommodation and providing critical health services



Contributed to the establishment of the 'Humla Declaration' that outlines the district's commitment to child protection



More than **120,000** people at India/Nepal border supported with handwashing stations and health kits as they returned home to Nepal during spikes of COVID-19



Approximately

**17,000**

children reached through our distance education programme in Humla



**8,063**

appointments held for patients at five Adara-supported health posts



**1,655**

students enrolled across all 18 Adara-supported schools – 54% are girls

a **21%**  
increase since  
2020



**304**

people across nine villages received greenhouse and nutrition training

# Business for purpose:

# Adara Partners



## THE POWER OF CONNECTION: BRIDGING WORLDS

**In 2021, Adara Partners stepped forward to take its place working at the highest levels of independent corporate advice in Australia. As Adara Partners moves into its seventh year, we have completed 23 engagements for some of Australia's most important companies and generated more than A\$20 million in fees for our work with people in poverty. We are proud to have demonstrated what is possible when people stand together to bridge worlds and change lives.**

Adara Partners is a boutique corporate advisory firm, providing independent and conflict-free advice to Australian boards, senior management and significant shareholders of public and private companies. Adara provides independent advice, second opinions, complex commercial problem-solving and capital raising advice.

Adara Partners was set up to help fund the Adara Group's health and education work with women and children in extreme poverty in some of the world's remotest places.

Adara Partners builds on 15 years of learnings from Adara Advisors, our first

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

Our advisory services are provided by the Adara Panel - 15 of the most well-known financial service advisors in Australia. Undiluted access to these individuals working collaboratively on a mandate is not otherwise available in the market. Panel Members work for Adara without recompense, to support our work in low- and middle -income countries.

Since launch, the Adara Panel has provided advice to many of Australia's largest listed companies. At this time of crisis and division in our world, Adara Partners stands as an example of what can be achieved when we reach across divides and use our skills to help others in need.

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

## THE ADARA PARTNERS PANEL



Ilana  
Atlas AO



Catherine  
Brenner



Andrew  
Best



Tim  
Burroughs



Guy  
Fowler



David  
Friedlander



Graham  
Goldsmith AO



David  
Gonski AC



Matthew  
Grounds AM



Christian  
Johnston



Diccon  
Loxton



Tony  
Osmond



Mike  
Roche



Cynthia  
Scott



Philippa  
Stone

# THE ADARA GROUP BUSINESSES AT A GLANCE

US\$13.9M  
(A\$17.7M)

donated to support Adara Development between 1998 and 2021



US\$1M  
(A\$1.4M)

donated in 2021

## ADARA PARTNERS IN ACTION: ADVISOR TO AUSNET

**Adara Partners is proud to have acted as the independent advisor to the board and management of AusNet Services on strategy and takeover defence, including negotiation and management of a complex and highly contested bidding process. This resulted in the sale of all shares in AusNet Services (AST) to Brookfield Asset Management for a total value of \$18.2 billion, and the de-listing of the Company from the Australian Securities Exchange.**

Adara Partners, led by our incredible Panel Members Tim Burroughs and Andrew Best, advised the AusNet board and management alongside Citi and Allens, achieving an outstanding outcome for all stakeholders. The transaction has received wide commentary in the market and has been applauded for maximising value for all shareholders. The result is a tribute to the board and management of AusNet.

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



## STRATEGIC PARTNERS AND SUPPORTERS

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

Our ambassador programme brings high performing individuals from Deloitte, EY and MinterEllison to Adara on a secondment basis for 6-12 months. Through our Pledge 1% partnership with Ansarada, we utilise their market-leading

virtual data rooms and management information platform. Our newest strategic partnership began with financial services firm Barrenjoey in March 2021. Through this partnership, Barrenjoey provides the opportunity for selected staff to volunteer their time on Adara Partners' client engagements when appropriately conflict-cleared.



*We believe that our support of the Adara Group and Adara Partners will help take the model and the firm to the next level. We hope that our support of the Adara Group will be a template for, and the first of, many partnerships for Adara with the other investment banks and corporate advisors in the market.*

Guy Fowler  
Executive Chairman, Barrenjoey



# Maternal, Newborn and

# Child Health

Every day across the globe, more than 800 women die from causes related to pregnancy and childbirth, and 7,000 babies die during their first month of life. Most of these deaths are preventable.

We're on a mission to strengthen maternal, newborn and child health services in low-resource settings. And thanks to our generous supporters, we're making progress every day.

We specialise in delivering high-quality healthcare to women, newborns and children at health facilities, in the community and at home. By working to upskill and equip facilities, we aim to reduce preventable maternal and newborn deaths. We do much of this work in partnership with Kiwoko Hospital in Central Uganda, which the Ugandan Ministry of Health recognises as a Centre of Excellence in newborn health.

With more than 24 years' experience, we are now scaling our work and sharing our knowledge to accelerate change across Uganda.

We strive to help achieve targets for Sustainable Development Goal 3: ensuring good health and promoting wellbeing.



# ADARA NEWBORN: HALVING NEWBORN MORTALITY AND STILLBIRTHS

**Sister Christine Otai, Adara's Newborn National Trainer, understands the acute need to innovate to save the lives of women and children better than many. A Ugandan midwife of more than 30 years, she has seen the decades of progress in maternal and newborn health. Yet, she says, the progress hasn't been quick enough.**

Uganda is not on track to reach the Sustainable Development Goal (SDG) for newborn survival. With COVID-19 undoing progress, the question is: how can organisations support Uganda to achieve the SDGs?

Health workers like Sister Christine know the answer. When she first began working with Kiwoko Hospital in Central Uganda, the hospital had a small maternity ward with a handful of beds and no specialised newborn unit. Now, the hospital has a newborn unit that is recognised as a Centre of Excellence in the country. In 2021, survival in the unit was 87%. As Christine says, "This work has saved the lives of many mothers and babies."

The secret to this success? An evidence-based model that provides support to mother and baby from the time of pregnancy through to when they return home after birth. It includes five arms of care: antenatal, intrapartum, inpatient, postpartum, and follow-up.

We have pioneered this model – called AdaraNewborn – at Kiwoko Hospital since 1999. For the past five years, we have also worked with Nakaseke Hospital,

demonstrating impressive improvements in survival rates. We now have ambitious plans to expand this model across 10 facilities in Uganda over the next decade, with the goal of halving newborn mortality and stillbirths in these facilities.

In partnership with the Government of Uganda and other implementation partners, we will strengthen two regional Centres of Excellence that will work with surrounding target hospitals, health centres and community health systems.

To facilitate the adoption of best practices across the 10 AdaraNewborn sites, and to encourage the uptake of the model in other health facilities, we will maintain an open-access online knowledge sharing platform for the duration of the programme.

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

You can learn more about AdaraNewborn [here](#).

## Creating champions

We know that Sister Christine is a champion of newborn health. We will inspire many more nurses and midwives to be the visionaries at their facilities. These changemakers will drive continued, sustainable change.



## Mentorship

For many years, we have run a mentorship programme with talented health workers developing Uganda's next generation of nurses and midwives. We will scale this programme and provide mentorship through a network of experienced health workers who will model and promote best practices and create resilient systems for ongoing support.



## Giving the right people the right skills

Our team of experienced nurses and clinicians have contributed to the establishment of clinical guidelines and comprehensive training programmes that provide practical guidance for the provision of quality care. In rolling this out, we have learnt the importance of not continuously rotating nurses after receiving specialised training, as is a common practice in Ugandan health facilities. This training will be paired with an equipment package and infrastructure upgrades that we will roll out to all AdaraNewborn facilities.



## Quality improvement

We will implement quality improvement processes to improve quality of care. We'll ensure onboarding processes for new staff to continue implementing these changes, as well as simple education programmes for families.



***Together, these interventions create a sense of hope. The first time a nurse sees a small baby survive and go home in their mother's arms, they begin to have hope. It's hope that builds passionate staff, and it's passionate staff that save lives.***

Heidi Nakamura





**Our AdaraNewborn model**

## CELEBRATING OUR HEROES IN HEALTH



From our very beginnings, our work has been led by talented, dedicated local staff who understand the unique needs of their communities. In November, we were proud to see staff and partners recognised for their dedicated service to healthcare in Uganda at the Heroes in Health Awards. These awards were instituted in 2019 by the Ministry of Health.

Our Newborn National Trainer, Sister Christine Otai, was awarded the Lifetime Achievement Award for her unwavering commitment to newborns. Sister Christine could not be more deserving of this award. She has saved thousands of newborns' lives over her distinguished career, having

helped establish the Kiwoko Hospital neonatal intensive care unit (NICU). She is now using her skills and expertise with Adara to train the next generation of NICU nurses across Uganda.

Our Community Midwife, Sister Cornety Nakiganda, was also a finalist in the Midwife of the Year category and our partner, Kiwoko Hospital, was a finalist in the Mission/Faith Based Facility of the Year category. Congratulations to Sister Christine, Sister Cornety and Kiwoko Hospital for these extraordinary achievements.



## KIWOKO HOSPITAL: MAINTAINING QUALITY CARE DURING COVID-19

**Since 1999, we have worked with Kiwoko Hospital in the Nakaseke District of Uganda to turn the tide in maternal and newborn survival.**

Together, we worked to introduce a neonatal intensive care unit (NICU) in 2000 and built a new unit in 2010 to accommodate increasing numbers of admissions. In developing the unit, we've focused on providing care to sick and small babies, designing and delivering nurse and midwife training, and resourcing and equipping Kiwoko to ensure quality care in the NICU.

Supporting Kiwoko Hospital through COVID-19 has been critical to ensure ongoing quality of care. As the first AdaraNewborn site, Kiwoko's resiliency will also positively impact the region.

In 2021 we did this by:

- Sourcing additional supplies of personal protective equipment (PPE) to ensure staff safety.
- Securing and purchasing adequate amounts of oxygen concentrators and pulse oximeters to save lives.
- Constructing isolation units within the NICU and maternity ward and establishing an 18-bed respiratory ward to support the care of patients with COVID-19.
- Working with Kiwoko Hospital to develop staffing contingency plans and funding additional staff to ensure appropriate coverage in case of staffing shortages due to COVID-19.
- Supporting staff with protocols, guidelines and research around best practices in COVID-19 prevention and management.
- Providing emergency nutrition support to communities in need.



# PROVIDING QUALITY CARE FOR JUSTINE AND SAMUEL'S QUADRUPLETS

**"At first, I did not know that I was having quadruplets," Justine Okello says. "The first time we went for a scan, I was told I had four gestation sacs and I was so surprised because it was something very rare."**

While Justine and her husband Samuel were initially thrilled about Justine's pregnancy, they became nervous when they learnt they would be adding not one, but four babies to the family.

"I wondered how we were going to take care of these children since both of us are teachers and we were not working because of the lockdown, and we already had two children."

Justine and Samuel live on the Uganda-Sudanese border where access to healthcare is limited. As Justine's pregnancy progressed, she began to experience frequent bleeding that meant she had to regularly travel to a hospital 65km away.

Multiple births can be scary anywhere in the world. But in low-resource settings, it almost invariably means loss of lives for babies, mothers, or both. Justine and Samuel knew that they would require specialised medical attention at birth. To give their little ones the best possible start to life, they began learning all they could about delivering and caring for quadruplets.

"We went to the internet and logged into apps about multiple pregnancies," Samuel explains. "And we enrolled on other online systems where people have four babies and we saw their experiences and they kept advising us about what happened to them and what they did about it. Then, because I was helpless, I started looking for where I could get help and who could support us."

This led Samuel to get in touch with a woman in the US, Mary Slaman, Founder and President of The Twin to Twin Transfusion Syndrome Foundation.

Mary promised to support Samuel and Justine to find a facility that was equipped to care for them. And that was how they learnt about Adara and Kiwoko Hospital.

After reading about Kiwoko Hospital's Centre of Excellence NICU, Mary reached out to Adara to coordinate Justine and Samuel's transport to the hospital. They arrived in the dark of the night, to the Adara and Kiwoko teams ready to provide immediate emergency care.

The next morning, Justine went into labour. She was only six months pregnant.

In the early hours of the morning, Justine and Samuel welcomed four babies into the world. They were all very small, ranging in size from 700g to 900g.

"They all came out and what looked like a dream now became a reality," Samuel says.

The babies were immediately rushed to the NICU so the staff could provide them with specialised care. Within days, the babies started to improve, except for one – the second born – who was struggling. Sadly, on her third day of life, she passed away, despite staff's best efforts to help her survive.

The remaining three continued to grow and develop until they could eventually go home after 51 days at Kiwoko Hospital. At discharge, the babies all weighed between 1.55kg and 1.88kg. They were still small, but were breastfeeding well, so Justine was confident they would continue to thrive.

Now, Samuel and Justine have big hopes for their children.

"It is our responsibility as parents to care for the children," Samuel says. "I even told my wife that I pray that when these children grow up, they all become medical workers."

These quadruplets are four of the 1,290 newborns who received care in the Kiwoko NICU in 2021. They are four of the 200,000 people who Adara reached in 2021, and every single one of them matters.

The Kiwoko Hospital NICU continues to be a beacon of hope for countless families across Uganda.



# WELCOME TO THE NEW NAKASEKE HOSPITAL NEWBORN UNIT

**“My hope is to save more babies and save more mothers,” says Daniel Kabugo, Adara’s Uganda Country Director. “But I also want to see that this programme can be adopted by the Uganda Ministry of Health as a model that can really be applied in Uganda and other low-resource settings.”**

It’s early morning in rural Uganda and already Daniel is talking important business: saving lives. In this instance, he’s talking about the November 2021 opening event of the upgraded newborn unit at

Nakaseke Hospital. But if you ask Daniel, he will tell you that this launch represents so much more than just the opening of a building. Instead, it’s a sign that our plans to scale our AdaraNewborn model are working.

“When Adara first started working with Nakaseke in 2017, nothing was in place for newborn care,” Daniel says. “The hospital was able to identify one small, single room to establish a unit for babies who are not critically ill but need more care than healthy newborns.”

Together, Adara and Nakaseke opened the hospital’s first newborn unit. Adara’s Newborn National Trainer, Sister Christine Otai, also introduced a training programme and began providing regular bedside mentoring to staff.

“To start with at Nakaseke, we had just one radiant warmer and one nurse, then two, then three,” Daniel says. “As we speak now, currently there are five nurses with an additional two away for training, but we are discussing getting more staff.”

Since the partnership began, Nakaseke has maintained excellent survival rates – in 2021 it was 96%. We also implemented a quality improvement system in the newborn unit and have seen a 75% improvement in the quality-of-care score between April 2019 and May 2021. As we continue to upskill special care baby unit (SCBU) staff, we will also expand these systems into other departments, starting with maternity.

“Eventually, we were able to identify another huge building that was vacant, and renovated the room to a 14-bed newborn unit that can provide more advanced care. That is the unit that we were very excited to launch.”

Thanks to Adara’s incredible equipment partners such as the DAK Foundation and FREO2, this new unit has been supplied with medical equipment and an innovative oxygen system.

“Everything about this unit is on another level. More babies are going to come in and the quality of care that can be provided is much higher,” Daniel says.

As we begin to scale our AdaraNewborn model across Uganda, Nakaseke Hospital is serving as the second site.

“We are really looking at this as an opportunity of understanding how AdaraNewborn works in another facility,” Daniel says. “We are ready to implement

all of the five arms of AdaraNewborn at Nakaseke. The idea is that after that, we will roll this out to other public health facilities in partnership with the Ministry of Health.” The launch of the unit was attended by key officials, including Permanent Secretary of the Ministry of Health, Dr Diana Atwine, and Chair of the National Newborn Steering Committee, Dr Margaret Nakakeeto.

“

***This is a great testimony of your commitment to championing maternal, newborn and child health in the communities where you operate. I would love to see this kind of support extended to many other health facilities in our country.***

Dr Diana Atwine

”

After attending the opening event, Dr Diana Atwine said: “It is commendable to note that throughout your collaboration with Nakaseke Hospital, more than 1,300 babies have been admitted to the SCBU, with most of them surviving.”

Daniel agrees with this sentiment. “Our vision is big, and I believe that we can’t do this all on our own,” he says. “By working in partnership with others, we will be able to make this vision a reality. I cannot wait to see this work grow.”





# IMPACT OF THE EARLY COVID-19 PANDEMIC ON SURVIVAL OUTCOMES IN A UGANDAN NEONATAL UNIT

In late 2021, we released a paper showcasing the impact of early COVID-19 and associated lockdowns on mortality for vulnerable newborns in the NICU at Kiwoko Hospital.

Together with our collaborators, we found a 35.7% rise in mortality for newborns attributable to the COVID-19 pandemic and related disruptions to healthcare. For patients born outside Kiwoko, there was a 55% increase in mortality.

In addition to lockdowns and restrictions on transport, the increase of mortality was also impacted by maternity staffing and supply shortages, significant community

and staff fear of COVID-19, patients' decreased access to antenatal care, and patients struggling with expenses.

This research highlights the pandemic's far-reaching impacts on the tiniest lives, even in facilities recognised for their quality care. As COVID-19 continues to devastate health systems across the world, we must do better to ensure it does not undo gains in maternal and newborn care. We vow to continue pushing forward to achieve the Sustainable Development Goals.

Read the full paper [here](#).

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

**Each year, hundreds of thousands of babies are born prematurely and before their lungs have finished developing. Many of these babies experience respiratory distress syndrome (RDS), which is a leading cause of death for premature newborns.**

In high-income countries, elaborate machines and treatments are available to ensure babies get the support they need to survive. But for babies in low-resource settings, RDS can be a death sentence as facilities may not have the necessary equipment, training or power supply to provide such treatment.

Fortunately, an inexpensive bubble continuous airway pressure (bCPAP) device is on the horizon thanks to a group of innovative organisations including global health non-profit PATH, Seattle Children's Hospital, the University of Washington, Kiwoko Hospital and Adara. Together,

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

Dr James Nyonyintono, Surgeon and Clinical Programmes Manager at Kiwoko Hospital, has spent decades working in the Kiwoko NICU. In that time, he has worked alongside staff to manage countless newborns suffering from RDS. He understands the significance of a low-cost device that will allow staff to deliver blended air and oxygen to newborns.

"Many babies actually do not need high levels of oxygen," Dr James says. "What they need is some pressure and diluted oxygen."

In fact, for premature babies, delivery of 100% oxygen can be toxic and result in blindness, lung injury and brain damage.

After years of collaboration to develop this device, we were pleased to be able to test the bCPAP Kit at Kiwoko Hospital in 2021. We assessed the feasibility and usability of the device, with 14 babies and 27 health workers enrolled in the study. This process allowed us to gain valuable insights into the use of the device and feedback for suggested improvements. Overall, early feedback from nurses was promising.

"The nurses are very happy and wanting to use the kit because it's quite easy to set up and they see it makes a difference," says Dr James. "We think we are finding a solution to our problem."

After evaluating feedback and making necessary adjustments, we hope to see the kit manufactured and commercialised. We believe countless lives could be saved and impacted by making this technology available across low- and middle-income countries worldwide.



# HOSPITAL TO HOME: HELPING NEWBORNS TO SURVIVE AND THRIVE



**Taking a newborn home from the hospital can be a daunting experience. The complexity of the situation can be further magnified when a newborn is sick and small.**

For parents of babies admitted to the Kiwoko Hospital newborn unit, it can be comforting to know they have access to a programme that supports them and their baby both before and after discharge. That programme is called Hospital to Home (H2H), and it is designed to help newborns survive and thrive.

H2H strengthens hospital discharge processes, provides comprehensive parent education, strengthens lactation and breastfeeding practices, and promotes

care that encourages healthy brain development.

It also provides vigilant, at-home follow-up support to families for up to a year after discharge. These follow-up visits are led by a network of volunteer community health workers (CHWs) that have received specialised training in the care of small and sick newborns.

In 2021, we continued to strengthen the H2H programme by delivering refresher training for all CHWs and adding 20 new volunteers. We were also proud to have continued this critical work during COVID-19 lockdowns. During 2021, 889 babies were discharged into H2H and 97% received at least one follow-up visit from a CHW.

## Hospital to Home shows improvements in:



### Breastfeeding

Rates of exclusive breastfeeding at six months increased for mothers participating in H2H.



### Infant growth

Infants in the H2H programme made notable improvements in growth and weight gain, both at time of discharge from hospital and at six months of age.



### Vaccination

Vaccination rates increased for infants in the programme.



### Neurodevelopment

Infants who received H2H showed reduced risk of neurodisability.



### Hope

Parents and community health workers in the H2H programme had more hope that preterm babies could survive and thrive.



## BABY UBUNTU: EARLY INTERVENTION FOR CHILDREN WITH DISABILITY



**When Joyce was born with brain damage, it affected her vision, hearing and communication abilities. Her mother, Rebecca, was faced with an impossible choice: take Joyce for expensive further testing and medication, or watch her daughter experience regular seizures.**

Rebecca's experience is not an unfamiliar one for families in Uganda, where there are often few resources for children with a neurodisability. As a result, parents can feel ostracised from their community, unsupported and at times, hopeless.

"Relatives from my husband's side say that I am cursed," Rebecca says. "My father-in-law told my husband that this baby won't heal and such babies end up dying."

Despite a limited support network and few resources, Rebecca was determined to do her best to care for her child.

On World Disability Day, she took Joyce to Kiwoko Hospital for an event run by organisations that support people with disabilities. While there, she received medication to improve Joyce's health, and eventually was introduced to Sister Christine Otai, Adara's Newborn National Trainer.

Christine is experienced in providing support to caregivers of children with disabilities, having worked with our Baby Ubuntu programme (formerly ABAaNA) since its beginnings in 2017. Run in partnership with the London School of Hygiene and Tropical Medicine, Adara implements Baby Ubuntu across three districts in Central Uganda.

The programme provides emotional and practical support, empowering caregivers to maximise child development, health and quality of life. This community-based programme is led by healthcare workers and expert parents that have a child with a neurodisability.

Christine recommended that Joyce be admitted to Kiwoko's paediatric ward and told her that Adara would support Joyce to receive the tests she needed. She also introduced Rebecca to Baby Ubuntu.

After participating in the Baby Ubuntu programme and realising its impact on her life, Rebecca became an expert mother. Through this, she began to lead a Baby Ubuntu group, supporting and mentoring other caregivers. Rebecca enjoys sharing her experiences with the other parents. It's provided her with the support network she was sorely missing.

Rebecca was one of eight Baby Ubuntu facilitators working in the programme in 2021. There are now 32 children participating in the programme, with four groups running across three districts.

## DEEPENING THE CONNECTION BETWEEN BABY UBUNTU AND H2H

The Baby Ubuntu programme forms a key part of our AdaraNewborn model. It sits within the fifth arm, 'Follow Up Care and Early Intervention' alongside our H2H programme.

H2H and Baby Ubuntu both provide community-based care for high-risk infants and empower caregivers and families to seek support for their children. While both programmes are individually producing outstanding results, we know that increased overlap between the two programmes will create even deeper impact.

Community health workers (CHWs) in the H2H programme have already been trained in understanding developmental milestones and developmental delays in infants. By deepening this training and including an additional 12-month check-up for children in the H2H programme, CHWs will be able to identify children with possible neurodisability and refer them to Baby Ubuntu.

Together, the H2H and Baby Ubuntu programmes will allow us to provide comprehensive support, ensuring more babies survive and thrive.

# LAUNCHING THE ADARA YOUTH COMMUNITY CENTRE

**In mid 2022, doors will swing open at the Adara Youth Community Centre. After months of planning and renovations, this centre will be ready to begin providing critical support to youth.**

According to Margaret Nabaweesi, Adara's Social Worker overseeing the programme, the launch couldn't come sooner.

"A youth community centre is needed in Kiwoko community because there is not any centre that offers dedicated youth friendly services in the entire Kiwoko town council," Margaret explains.

The COVID-19 pandemic has brought up many challenges for young people and children. Since COVID-19 lockdowns and the subsequent closure of schools for nearly two years, there has been a growing pattern of domestic violence targeting children at home. There are several reports from the government showing an increase in child marriages, cases of defilement and rape, and teenage pregnancies.

The AYCC is serving as a place where young people can access information, evidenced-based education and services that address their needs. It is open five days a week and provides support to at-risk adolescents through counselling; sexual and reproductive health education and services including family planning; life skills training; and connection with Kiwoko Hospital services. These services are available to young people aged 10-24 and include outreach to 22 schools in the area.

In the lead up to launch, the Adara team conducted several focus group discussions.

"A team of 32 respondents were engaged in focus group discussions," Margaret says. "These focus groups were specifically to establish the needs of adolescents in Kiwoko town council. We wanted to do a needs assessment survey before starting work."

Through this process, Margaret was able to gain an understanding of the biggest challenges facing youth, allowing the Adara team to tailor the programme and services it offers.

The programme's motto is "An informed youth, a transformed generation." Our ultimate goal is to provide children and youth with the support they need to lead happy and healthy lives.



## CRITICAL HEALTHCARE

**We support at-risk communities in Central Uganda, including people living with HIV, diabetes, disabilities, epilepsy, mental health challenges and tuberculosis. By supporting Kiwoko Hospital's HIV, Diabetes and Community Based Healthcare (CBHC) programmes, we ensure vulnerable groups have access to essential services. This work is critical during the COVID-19 pandemic.**

In 2021, we continued supporting Kiwoko Hospital's HIV/AIDS programme. Through counselling, health education, medication, nutrition, and inpatient/outpatient hospital treatment, we have helped thousands of people, including many children living with HIV/AIDS.

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

# THE ROAD AHEAD

## TAKING ADARANEWBORN TO SCALE



**Through AdaraNewborn, we hope to reach 500,000 mothers and babies and save 7,000 lives over the next decade. We will reach many more through sharing the model and our knowledge across Uganda, the East African region, and the globe.**

Over the coming year we will continue working in our first two sites – Kiwoko Hospital and Nakaseke Hospital by strengthening the model through training, mentorship and quality improvement measures. Kiwoko will continue to serve as the Centre of Excellence at the heart of our first AdaraNewborn hub and will remain central to our Maternal, Newborn and Child health work.

During the year we plan to start scoping our third and fourth AdaraNewborn sites at nearby health centres. To facilitate this work, we will significantly grow our Uganda team by adding eight new staff members. We also plan to establish our knowledge sharing platform, allowing us to reach many more organisations and individuals beyond our immediate service delivery sites.

Throughout 2022, we look forward to engaging with prospective funders and partners who are passionate about reducing newborn deaths and stillbirths.

## DEVELOPING OUR HOSPITAL TO HOME PACKAGE

**We continue to receive positive feedback about our Hospital to Home (H2H) programme, with many commenting that it addresses a critical gap in newborn care. Other organisations are interested in learning about how they can implement a similar programme in their own areas.**

While H2H is part of our AdaraNewborn model and will be rolled out to all AdaraNewborn facilities, we also plan to make it available as a standalone package.

This year, we will continue finalising the development of an H2H package that will include all the materials and instructions necessary for other facilities to implement their own programmes. This package will include learning modules across lactation and breastfeeding, neurodevelopmentally supportive care and family-centred care.



# Remote Community

## Development

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

We're on a mission to deliver excellent health and education services to people living in some of the world's remotest places. Thanks to our community of supporters, this goal is within our reach.

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

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

We strive to help achieve targets for Sustainable Development Goals 3 and 4: ensuring good health and promoting wellbeing, and quality education.



## EDUCATION DURING COVID-19

**Ganesh Tamang is one of thousands of children in remote Nepal who have experienced disruptions to their education for more than two years. The eldest of three boys in a farming household, Ganesh is part of the first generation in his family to pursue an education.**

Already, he has big hopes for life. "I want to become a civil engineer someday and support my brothers' education and support my parents for a better life," he says.

At only 14 years of age, Ganesh carries a great sense of responsibility. He attends the Adara-supported Chauganfaya School in Humla where he gets excellent grades. Outside of school, he helps his family with farming and looks after his siblings.

While Ganesh has always had a strong vision for his future, the COVID-19 pandemic and subsequent closure of schools has left his dreams hanging in the

balance. The virus has caused schools to close for long periods of time – for much of the school year in both 2020 and 2021. When his final Grade 10 exams began approaching, Ganesh wasn't sure if they would proceed or if he would be prepared.

"My courses are totally incomplete," he explains. "Without teachers I don't know how I will learn and perform in my final exam."

In Nepal, the Grade 10 exams – called the Secondary Education Examination (SEE) – are a standardised test. They are notoriously hard. In the cities, students have access to internet, TV and other learning platforms. But in Humla, the remoteness of the region means that students have few extra resources to assist them with their studies.

But help wasn't far away for Ganesh. And when it eventually came, it was in the form of a radio and a home learning kit.

“Radio classes are very helpful,” Ganesh says. “They help me a lot with my learnings.”

Since the first wave of COVID-19 in 2020, Adara has offered distance education programmes across all 18 Adara-supported schools. In Humla, we have offered radio education to help students continue learning during school closures. Through this radio programme, teachers delivered classes on key subjects such as math, science and English four hours a day, six days a week. We have paired these with home learning kits that include textbooks and stationery. In 2021, Adara strengthened this programme to again bring remote education to the students of Humla.



As well as tuning into the radio classes, Ganesh also spent time with the younger children in his village, helping them with their studies. This is part of our 'learning units' initiative, in which children living in the same village come together to study in small groups.

While Ganesh was happy to be back in the classroom when his school reopened in September, he was also grateful that his education hadn't been completely disrupted.

Now, his dream of being an engineer is back on track.

## YALBANG SCHOOL AGRICULTURE EDUCATION PROJECT: CENTRE OF EXCELLENCE IN REMOTE EDUCATION



We have partnered with Yalbang School since 1998. Yalbang is in Humla, one of the most remote places in Nepal, set high in Himalayas. Today, it is a model for remote education and in 2017 was recognised by the Nepal government as one of the top five schools in the country. As we write this report, there are 337 students enrolled in Yalbang school – 59% of whom are girls.

Hand in hand with Humla-based organisation the Himalayan Children Society (HCS), we ensure the school is continuously developing so it remains a centre of educational excellence. In 2021, we added an agriculture and farming education project to the school's curriculum. The aim of this project is to provide young Humlis with technical and managerial experience in agriculture, animal husbandry and horticulture.

In 2021, 34 students enrolled in the new course. We also hired two additional teachers and began construction of a commercial greenhouse for practical demonstrations and growing fresh produce. To facilitate this course, we built an Agriculture Lab within the school, equipped with scientific instruments. In the first year of the project students learnt about native crops in Humla, modern farming technology and caring for different crops.

# OUR EMERGENCY COVID-19 RESPONSE

When Nepal began to experience another deadly and devastating wave of COVID-19 in April 2021, our teams immediately developed plans to provide emergency support on a local and national scale. Adara quickly began working in collaboration with the Association of International NGOs, the UN Cluster System, the Nepal government and other key COVID-19 responders.

Thanks to the generosity of our supporters who opened their hearts at this critical time, we were able to adapt existing programmes so we could continue to deliver essential services. We also developed new projects in response to emerging needs, including:



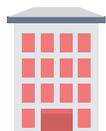
## Supporting Nepalis returning home from India

In May, we commenced work at the India/Nepal border alongside the Nepal Police, UNICEF and the Nepal Red Cross. Together, we supported more than 120,000 Nepalis to return home by supplying them with drinking water, handwashing stations, dignified menstruation kits and health kits for those who test positive to COVID-19.



## Securing PPE and essential supplies

We secured and transported countless boxes of face masks, face shields, hand sanitiser and other forms of PPE to Adara-supported health posts and the Humla District Hospital in Simikot. We also provided the hospital with fuel for their generators, oxygen cylinders and pulse oximeters, and supported the establishment of an isolation centre.



## Providing frontline worker accommodation

By June, in partnership with local organisations, we began offering frontline health workers safe accommodation, meals and medical attention at Kings College in Kathmandu. This was designed for health workers who were unable to return home due to the risk of transmitting COVID-19 to their loved ones.



## Mobilising female community health volunteers (FCHVs)

We mobilised FCHVs in Ghyangfedi to run training sessions in their local communities on personal hygiene, social distancing and hand washing. These FCHVs were equipped with health kits that contained essential PPE, pulse oximeters and thermometers that allowed them to support the home-based care of COVID-19 patients.



## Opening Ghyangfedi's first children's ward

We worked with the Ghyangfedi local government to set up a Children's Ward within an unused floor of an existing isolation centre. The ward included 10 child-safe beds, toys, child-friendly decorations and a television. Our team also provided medical kits for patients that included necessities such as toothbrushes, toothpaste and water purification tablets.



## Implementing distance learning programmes

We continued to strengthen and implement our distance learning programmes across all Adara-supported schools so children could continue learning during school closures. This included radio education, facilitating teacher home visits and learning units, and distributing home learning kits.



## SUPPORTING SCHOOLS TO SAFELY REOPEN

**“Other parents did not send their children back to school after lockdown as they need help with farming and housework to get through this crisis. Some girls of my age have even got married,” fifteen-year-old Aaliyah says.**

Aaliyah’s father passed away when she was young. She is now being raised by her mother along with her three siblings. Her mother is a farmer and survives hand to mouth through subsistence farming. Despite these hardships, she has sent all four children to school.

“I was married young and I have no education,” Aaliyah’s mother explains. “This is why I am facing so much hardship today. I do not want my children to suffer the same.”

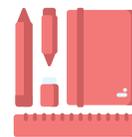
Aaliyah attends the Adara-supported Yalbang school in Humla, Nepal – a five hour walk from her village. Thankfully, Yalbang has a hostel where she stays during school term. Due to COVID-19, Yalbang school remained closed for many months over two years, affecting her learning immensely.

This was a challenging time: “My household chores at home distracted me from my learning and I was worried my mother would not send me back to school when they opened. I feel happy and lucky that she has.”

When schools in Nepal began to reopen their doors after being closed due to COVID-19, our teams knew it was critical they support children to return to the classroom.

With many students eager to return to school, the remaining few months of the year were focused on encouraging parents to send their children back to school, ensuring schools continued to operate in a COVID-safe way and catching up on the learning students may have missed. Teachers went above and beyond to provide struggling students with extra academic support, especially those who had end of year exams to prepare for.

Despite all the challenges, Aaliyah is now determined to focus on her studies and succeed in life. Aaliyah’s dream is to become a teacher to serve her community



**1,655**  
students enrolled  
across all 18 Adara-  
supported schools



**17,000+**  
students estimated  
to have been reached  
through radio  
education project

## GHYANGFEDI SCHOOL: DRAMA STUDENTS IN THE SPOTLIGHT

**During the week, Gamyia attends the Shree Ghyangfedi School where she is an active member of her school community. Come the weekend, she's an amateur actor, utilising the power of drama to end child marriage and child trafficking – all before the age of 14.**

As the President of her school's Child Club, Gamyia is one of Ghyangfedi's most passionate advocates about the importance of education. In her Child Club duties, Gamyia encourages her peers to participate in the school community and raises awareness about child rights through activities and events.

Her most recent initiative, carried out together with her friends and teachers, was an anti-child marriage musical drama. This short piece was developed by the students and first premiered at a local festival before students began to tour the drama throughout the area. Teachers and students also facilitated discussion with parents about the importance of education, as

well as the dangers and tragedy of child marriage and child trafficking.

The drama ran for a month before Nepal faced its deadly second wave of COVID-19. This meant that students and families were sensitised to the power of education before the virus closed schools for several months. We are so proud of the way Ghyangfedi School continues to foster a culture of activism among its students.

When we first started working with the Ghyangfedi community after the 2015 earthquake, things were very different. The Ghyangfedi community faced significant issues around girl trafficking, illiteracy and poverty. Working hand in hand with the community, we built and opened a new school to provide quality education to children. Later, we partnered with seven surrounding schools so that students could attend school closer to home.

After years of progress, there are now 608 students enrolled across the eight Adara-supported school in Ghyangfedi – 49% of whom are girls.



## A NEW BUILDING FOR GHYANGFEDI SCHOOL

The Shree Ghyangfedi School continues to act as a beacon of hope for its community, providing children with access to a quality education. To continue this positive impact, Adara has been supporting the Shree Ghyangfedi School in its construction of a new, two-storey school building. This extension to the existing school building contains eight classrooms, a computer lab, science lab and library, and is built to be earthquake-resistant. Adara worked with the School Management Committee and the Provincial government to push for this new building to be constructed. We're thrilled to see the students enjoying their new classrooms.

## PLUS TWO EDUCATION FOR GHYANGFEDI STUDENTS

In late 2021, the local government in Ghyangfedi announced that the Shree Ghyangfedi School will begin offering 'Plus Two' education. Plus Two is the name for the optional last two years of secondary schooling in Nepal, which can further qualify a student to apply for a university degree.

In the past, Adara has provided promising students with scholarships to pursue Plus Two studies in Kathmandu.

By offering Plus Two at the local school, students will be able to complete their secondary education much closer to home. Together with the school and local government, we are coordinating the start of the Plus Two curriculum by recruiting two new qualified teachers. The school anticipates that many of the 18 students completing their SEE exams this year will progress to Plus Two.



## HUMLA DECLARATION: FACILITATING GOVERNMENT COMMITMENT TO THE PROTECTION OF CHILD RIGHTS

**“Humla has a high tendency of child trafficking – one of the highest in Nepal,” Adara’s Nepal Country Director, Pralhad Dhakal, explains.**

The passion in Pralhad’s voice is clear. After all, he has worked in this space for many years.

“For 16 years we’ve managed a programme for trafficked children,” Pralhad says. “So, we know how bad the impact of child trafficking is. We have deep experience in this space, and we also know that child trafficking has not stopped.”

The COVID-19 pandemic has significantly impacted the lives of girls and children globally. Experts have found that widespread school closures paired with increasing inequalities have led to a devastating increase in child trafficking. This tragic reality led Adara to expand and deepen our anti-trafficking work in 2021.

“We thought we now have to put extra effort to increase awareness about trafficking among parents, the local government, officials and civil society organisations in Humla, Karnali and Kathmandu,” Pralhad says.

It was this desire to increase local, regional and national awareness of the impacts of trafficking that led Adara to hold an event on the protection of child rights. We did this in partnership with the National Child Rights Council (NCRC) and UNICEF.

“We formed a partnership to do this event and invited all the local government officials and civil society organisations in Humla. And you know, we talked about child trafficking, we talked about child rights, we talked about child protection,” Pralhad says.

The outcome from these three days of discussion was the creation of a ‘Humla Declaration’ that outlines the district’s

commitment to child protection. The declaration has nine commitments, including appointing a Child Welfare Officer, identifying and supporting at-risk children, committing to ending the practice of sending children into illegal institutional care, and operating a Child Helpline.

While the event was coordinated by Adara, NCRC and UNICEF, the creation of the declaration was led by the local government. According to Pralhad, this highlights the government’s commitment to the declaration: “I think they will definitely implement it because it’s their commitment. They drafted it, they

designed it, and they committed to make it happen.”

This activity is just one of our anti-trafficking initiatives, yet it’s a powerful example of how we are using our experience to influence change at a policy level.

“My hope is this will have a great impact to stop child trafficking and that there is a sensitivity in the government” Pralhad explains. “I hope that the municipality will be very sensitive with the systems and resources to protect children.”



## WORKING WITH THE HIMALAYAN INNOVATIVE SOCIETY TO DEEPEN OUR ANTI-TRAFFICKING WORK



The Himalayan Innovative Society (THIS) is a local NGO in Humla that works to reduce the incidence of child trafficking from the district. We have partnered with THIS since 2006 and in 2021, we agreed to further leverage our partnership to deepen our anti-trafficking work.

Together, we initiated projects including watchdog committees, conferences and radio programmes. In April, we joined THIS as they held their first anti-trafficking event of the year. The goal of the event was to raise awareness of this issue with government agencies and

policymakers. The Minister for Women, Children and Senior Citizens attended the event, which received significant media coverage in Nepal.

## OUR CONTINUING WORK WITH THE ADARA KIDS

**It's now nearly 16 years since we began caring for a group of 136 children who had been taken from their homes, mainly in Humla, and brought to Kathmandu during a period of political unrest in Nepal.**

When we first found these children, they were living in horrendous conditions in overcrowded homes or basements. After working with the Nepal Police and Central Child Welfare Board, we were granted custody. And so began our journey with the group affectionately known as the "Adara Kids".

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

As the Adara Kids have grown and become Adara Youth, our focus has shifted to independent living, higher education and vocational training. We want them to have bright futures ahead, so we've worked to equip them with the skills and education to make this possible.

Our work with these 136 astonishing young adults is now almost complete, though they will always be part of the Adara family. At the end of 2021, only three Adara Kids remain part of our programme, as they await their final exams.

Through this work, we have developed expertise in child protection and working with kids at risk. Our learning has allowed us to impact the lives of thousands of children and young people in need through our other projects across Nepal.



## MEET GANESH: SHINING A LIGHT FOR OTHERS

**Ganesh has been a member of the Adara family for more than 15 years. He was one of the Adara Kids who came into our lives after we found them in a difficult circumstance and at risk. We're proud to have worked together with his family of origin and his community to ensure Ganesh had a safe, happy and healthy childhood, and a chance at a great education.**

Fast forward to today and Ganesh recently passed his Public Service Commission exams and secured the position of Section Officer, a key entry level position in the Nepal government. He was selected out of thousands of candidates.

Our Nepal Country Director, Pralhad Dhakal, wrote a note of congratulations to Ganesh: "I am sure that you will always keep honesty, integrity, humility and quality of your delivery at high levels. We are happy to be a small part of your journey. Your hard and smart work helped you to achieve this."

Many of the Adara Kids are now leaders in their communities and we couldn't be prouder of the outstanding individuals they've grown into. They continue to show us, every single day, what's possible when people stand together to make change.





## HANDS IN OUTREACH

We have partnered with Hands in Outreach (HIO) since Adara began more than 24 years ago. For over three decades, HIO has given thousands of marginalised girls living in poverty in 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 170 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. We also support teachers at their early learning centre in Kathmandu.

## WOMEN'S FOUNDATION NEPAL

The Women's Foundation Nepal provides legal support to vulnerable women and children who are survivors 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 2021, the Women's Foundation team provided legal services to 86 women and impacted the lives of thousands more vulnerable women through advocating for change and gender equity.



## DIGNIFIED MENSTRUATION: KEEPING GIRLS IN SCHOOL

The COVID-19 pandemic is having far-reaching consequences for many people. And yet while the pandemic has changed many things about life as we know it, there are some things that remain unchanged.

An estimated 1.8 billion people menstruate, and this has not stopped because of the pandemic. They still require menstrual supplies, safe access to toilets, soap, water, and private spaces. Just as periods continue, so does our work implementing dignified menstruation projects.

In December, Adara's Health Manager Menuka Rai, ran a menstrual hygiene management awareness session with 44 young students in Ghyangfedi between grades 6 and 10. Students were engaged in a discussion about the menstrual products they have accessible to them and how they feel about coming to school during their cycle. Menuka was happy to report that girls feel increasingly confident about managing their menstrual health needs, including at school. She also noted that cultural taboos in Nepali culture surrounding menstruation have noticeably begun to shift in Ghyangfedi.

# HEALTH POSTS: SUPPORTING WOMEN TO GIVE BIRTH SAFELY

**Idha was 32 years old when she learnt she was pregnant with her third child. At the time, her elder son was 13 and her younger son was 10. She had been practising family planning for many years, and while the pregnancy was a shock, she quickly began readying for the arrival of another child.**

Fortunately, Idha lives in Kholasi, where Adara supports a health post by supplying medicines, equipment, infrastructure improvements and a health worker. Idha began attending regular antenatal check-ups at the health post, where staff also provided her with folic acid and iron supplements. As her due date approached, staff recommended that Idha give birth at the Simikot District Hospital. This would ensure she had access to quality care.

The only challenge? This would involve walking seven hours in the Himalayas while she was heavily pregnant.

"I cannot walk all the way to Simikot," Idha told her health worker. "I might die on the way."

Despite the urgings of health post staff, a few weeks later, Idha welcomed a healthy baby girl into the world at home. Shortly after birth, Idha's husband, Gagan, realised she had suffered significant damage during birth and had not yet delivered her placenta. Gagan immediately rushed to the health post to seek help.

A health worker came to Idha's home where they successfully delivered the placenta. Afterwards, he stayed with Idha

and her husband and taught them about postnatal and newborn care.

**"We are so grateful to Adara for the support and to receive the regular health services in our village. That is not the case in many villages in Humla."**

"I don't know what would happen to my wife today if we don't have the health service here," Gagan says.

Historically, Humla has had serious gaps in health service access – for a population of 60,000, the region only has one underequipped and understaffed hospital, and a small number of government health posts.

To reduce the likelihood of disease occurring, Adara runs prevention programmes with three main focuses: health awareness education, nutrition improvement, plus hygiene and sanitation. In addition, we improve health infrastructure through hydro and solar power, smokeless metal stoves, drinking water systems, greenhouses and solar driers. We also work with local communities to improve access to services if people do become ill. We do this through health post improvement, funding and supporting a

Tibetan medicine practitioner, and providing emergency medical support.

Idha and her family are in good health thanks to the healthcare worker and health post that Adara supports.

In the coming years, we have big plans to utilise our experience in maternal, newborn and child health to help more women give birth safely. You can read more about these plans on page 28.



## KATHMANDU HEALTH PARTNER: HIMALAYAN MEDICAL FOUNDATION

For decades we've 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 2021, HMF supported over 2,100 free medical and treatment consultations in Kathmandu.

HMF's dedication to the disadvantaged patients they serve did not waver throughout Nepal's COVID-19 crisis. In addition to providing care to COVID-19

patients at their clinics, they demonstrated their agility in quickly adopting telehealth services. This meant that hundreds of people could continue to receive quality care.

After more than 20 years of partnership, HMF is now ready to graduate from Adara's support, with funding structures in place, deep expertise and a plan to continue the work. The HMF team will always be connected to the Adara family, and we look forward to seeing them going from strength to strength in the years ahead.

 **1,047** patients treated by the Adara-supported Tibetan Medicine Practitioner

 **8,063** appointments held for patients at five Adara-supported health posts

# THE ROAD AHEAD

## EXPANDING OUR WORK TO THREE NEW VILLAGES IN HUMLA

**In 2022, we have begun expanding our work to three new villages in Humla: Syada, Santa and Yangu. These villages are home to almost 2,000 people, including 400 school children.**

“The majority of the population in these villages are ethnic minorities such as Dalits and Bayse who live in deep poverty and with high rates of illiteracy,” Angjuk Lama, Adara’s Nepal Programme Manager says. “Even within Humla, these three villages are considered below average in all development indices, and we will put all effort into establishing these villages as model villages for health and education services.”

There are currently two schools in these three villages. Due to lack of sufficient teachers, infrastructure, educational materials and awareness among parents about the importance of education, children from these villages are displaced throughout Humla. There is also only one health post that is unable to provide adequate care to the population.

As part of our expanded work, we will begin implementing education, health and agriculture projects in these villages. These will include:

- Supporting the schools with teaching materials, school uniforms and supplies.
- Providing training for teachers, parents and school management committees.
- Supporting the health post with

medicines and infrastructure improvements.

- Running water, sanitation and hygiene training for the community.
- Constructing greenhouses, as well as providing greenhouse training and distributing seeds.

We have conducted in-depth household surveys in these villages and have held several rounds of community consultation. This allowed us to ensure our work meets the needs of the community.

We look forward to deepening our impact in Humla by sharing our knowledge and expertise with these three new villages.

## DEEPENING OUR MATERNAL, NEWBORN AND CHILD HEALTH WORK IN HUMLA

**Maternal, Newborn and Child Health is a growing focus for our work in Nepal, as we take the expertise and knowledge we have built in this area in Uganda to guide us. Through training health workers in the care of mothers and babies, and raising awareness about antenatal and postnatal care, we aim to improve survival rates across remote communities in Humla.**

As part of this work, we plan to establish a model birthing centre in the Chauganfaya village. The Chauganfaya health post has recently received infrastructure upgrades from the local government, and a model

birthing centre will enhance these upgrades. It will benefit the community in both Chauganfaya and surrounding villages, who currently have to walk many days to access safe birth facilities at the District Hospital in Simikot. Lack of access to quality care means that currently, more than 84% of Humli women deliver at home.

We will equip the birthing centre with essential supplies, including equipment and medicines. The centre will have two skilled birth attendant nurses and solar power so there is a reliable power supply. This will enable us to provide heating to the centre to combat the harsh cold weather.



# KNOWLEDGE SHARING

As we move into our 24th year, we seek to ensure that our work is at best practice standard and that we touch as many people as possible by sharing our learnings. We strive to impact, influence and inspire as many people as we can by sharing the data, research conclusions, training packages and lessons learned.

We believe that the knowledge created through our programmes is not ours to keep. Throughout 2021, some of our knowledge sharing activities spanned several key areas:

## CENTRES OF EXCELLENCE

### Kiwoko Hospital



Together with Kiwoko Hospital, we've developed a neonatal intensive care unit (NICU) that the Ugandan Ministry of Health recognises as a centre of excellence. Over the years, we've shared the knowledge we've gained from developing this unit in many ways. We've worked with the National Newborn Steering Committee to inform national strategy, developed and shared newborn guidelines of care, and welcomed staff from other health facilities and organisations to Kiwoko Hospital to witness what's possible in newborn health.

### Model schools



We've partnered with local organisations and communities to develop two model schools in Nepal: the Yalbang School in Humla and the Shree Ghyangfedi School in Nuwakot. Throughout the year, we met with other organisations including the Ministry of Women, Children and Senior Citizens, Social Welfare Council and Association of International NGOs to share information about our educational activities during COVID-19. We particularly shared information about our distance learning methods.

## INNOVATION AND BEST PRACTICE

Adara's Innovation and Best Practice team are critical in our work ensuring that we always consider the best and most impactful ways to deliver service and share knowledge. In 2021, they developed numerous papers on topics including youth clubs, safe sleep practices for newborns, carbon offsetting, and malaria, climate change and COVID-19.

These contributions guide programme development and support the thinking of our Global Leadership Team.

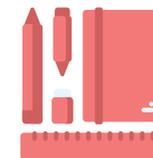
## RESEARCH

### Bubble CPAP Kit



We believe the bubble continuous positive airway pressure (bCPAP) kit we have developed in partnership with PATH, University of Washington, Seattle Children's Hospital and Kiwoko Hospital could be a game-changer for newborn units in low-resource settings. After finalising the research study on the ease of use and acceptability of the device, we will share the results to enable other health facilities to access these learnings. With our partners, we'll do all we can to ensure that this low-cost device is available to newborn facilities across the world.

### Nepal survey



In 2021, we implemented a Humla research study, including a comprehensive household-level survey and education assessment. It provides data on literacy rates, child abuse, girl trafficking, menstrual hygiene, engagement in school activities, and perceptions on traditional gender and cultural norms. We will use this data to inform programme design, contribute to national understanding, and share with others working in similar areas.

## SCALING SOLUTIONS

### Anti-trafficking



For many years we have worked with local partners to develop anti-trafficking solutions for Humla, Nepal. During 2021, we contributed to several anti-child trafficking conferences on a local, regional and national level. Adara has built strong working relationships with other key organisations in Nepal such as the Central Child Welfare Council, UNICEF and The Himalayan Innovative Society. Our Nepal Country Director, Pralhad Dhakal, was invited by these organisations to share his expertise in this area as a featured speaker at several events. We were also instrumental in the creation of a 'Humla Declaration' that outlines the district's commitment to child protection. Visit page 26 for more information.

### AdaraNewborn



We are aiming to halve stillbirth and newborn deaths in 10 facilities across Uganda over the next decade through AdaraNewborn. In 2021, we started to share our AdaraNewborn model through four global roundtables with key maternal, newborn and child health experts and leaders. As we move to implement AdaraNewborn at additional facilities, we look forward to sharing our expertise to save more lives.

In 2022, we'll begin work to create an open-access knowledge-sharing platform that will enable other facilities to access resources from this programme. Through this platform, we aim to scale our impact beyond the AdaraNewborn sites. The platform will also provide access to our AdaraNewborn training curriculum, guidelines of care, and programme packages so other facilities can benefit from the knowledge that has been created through AdaraNewborn.



# THE POWER OF PARTNERSHIP

**We know none of our work would be possible without our generous community of supporters. Thank you for standing with us through another year of uncertainty. By joining us, you've helped create change for communities in some of the world's remotest places – one life at a time.**

Together we impacted the lives of more than 200,000 people living in poverty, as well as countless others through our influence and our knowledge sharing. That's 200,000+ smiles, 200,000+ moments of gratitude, 200,000+ reasons to celebrate! With your support, we impacted more lives

## I=CHANGE: MAKING IT SIMPLE AND POWERFUL TO GIVE BACK

**"One of Adara's many strengths is their deep expertise. Their work can be very complex, yet I've seen how their focus over many years on delivering best-practice maternal health in Uganda and anti-trafficking work in Nepal enables Adara to create life-changing impact. We are very proud of our partnership with Adara and the impact we are helping create."**

**– Jeremy Meltzer, CEO i=Change**

Adara and i=Change have been partners in the work of transforming lives since 2013. In that time, i=Change has raised close to A\$200,000 to prevent trafficking with education in Nepal, and help tiny babies survive in Uganda. This generosity is made possible thanks to some remarkable Australian retail brands that donate \$1 from every sale to our work.

than ever before. And did so in a year with enormous challenges – devastating waves of COVID-19, school closures, civil unrest and vaccine shortages. We could not be more grateful for your support during this time.

Much work still lies ahead in 2022, but we know that with our wonderful supporters by our side, anything is possible.

i=Change was founded almost 10 years ago on the idea that they can make it simple and powerful for retailers to give back. They do this by providing online brands with a platform that allows them to support extraordinary development projects with every sale. What an incredible testament to the power of small actions making a big difference for the lives of people living in extreme poverty!

"At i=Change, we are galvanising Australian retailers and consumers to make every purchase equal change," Jeremy explains. "By supporting NGOs like Adara, we remain clear on our role – where it begins and ends, and when to stay out of the way so life-changing organisations like Adara can deliver their best work, in this fragile and tumultuous time."

### IN 2021



### US\$4.4M

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



More than

### 235

individuals, foundations and companies donated to Adara.



### US\$45M

donated since our work began in 1998



### 133

people in

### 5

different countries volunteered or interned with the Adara Group



# OUR COMMUNITY OF SUPPORTERS

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

## Corporate Partners & Supporters



Barrenjoey<sup>o</sup>

Deloitte.



MinterEllison.



RenaissanceRe

Seventh Street Ventures

## Major Philanthropic Partners

- ACME Foundation
- Anhui Ryzur Medical Equipment Manufacturing Co. Ltd
- Christian Johnston
- David Ezekiel & David Pickering
- Dominic Price
- FRE02
- Henry Chou & Joyce Cheng
- Jagen Pty Ltd.

- Jeff & Ede Conyers
- John Charman
- Lily Pearl Foundation
- Michelle Garnaut
- Navitas Education Trust
- Oranges & Sardines Foundation
- P & S Bassat Foundation
- Peter Osborne
- Portland House Foundation

- Ray & Rachel Itaoui
- River Capital Foundation
- Ripple Foundation
- Roberts Pike Foundation
- The Garrett Riggleman Trust
- The Greenlight Foundation
- The DAK Foundation
- The Knox Foundation
- The L&R Uechtritz Foundation

- The MaiTri Foundation
- The Pickles Foundation
- The Seneca Trust
- The Shine On Foundation
- Zitra

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)  
(retired 21 December 2021)



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



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



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



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



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



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



**Jo Brennan**  
Director of Adara Development  
(Australia) (appointed 1  
November 2021)



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



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



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



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



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



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



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



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



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



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



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



**Yangchen Lama**  
Director of Adara  
Development (USA)

# FINANCES AND ACCOUNTABILITY

Adara Development has received a total of US\$45m (A\$57.1m) since we began in 1998. Of this US\$13.9 (A\$17.7) has been contributed from the Adara businesses towards Adara Development's administration, core support and emergency project costs.

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



**US\$13,883,260**

**A\$17,728,770**

contributed by the Adara businesses since 1998

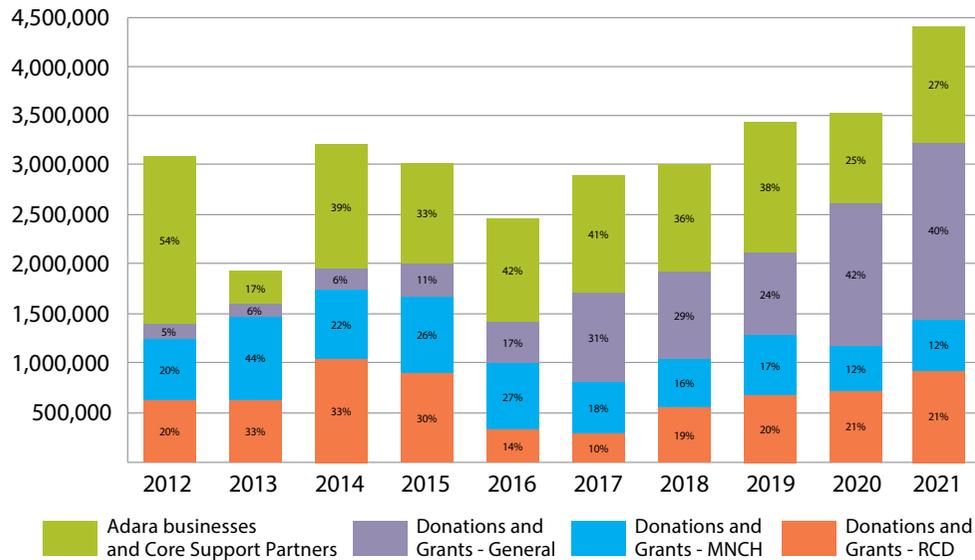


**US\$31,150,379**

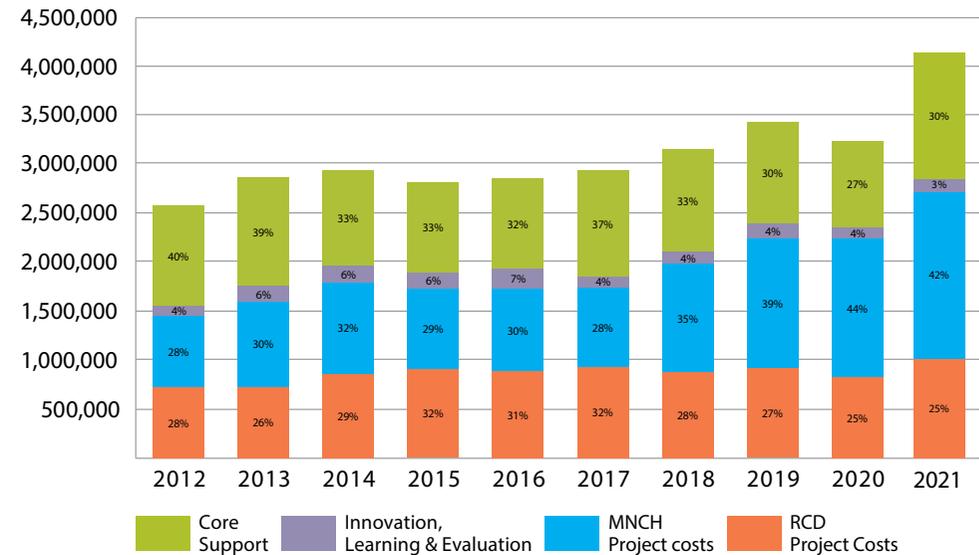
**A\$39,336,645**

contributed from other donors

Donations to Adara Development (US\$)\*



Expenditure of Adara Development (US\$)



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

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

For The Year Ended 31 December 2021  
Presented In United States Dollars (USD)

	2021	2020
	\$	\$
<b>REVENUE FROM CONTINUING OPERATIONS</b>		
Donations		
Core Support	1,051,122	588,431
General restricted	1,326,130	1,469,757
Maternal, Newborn and Child Health	431,038	372,019
Remote Community Development	923,632	726,892
Grants		
Maternal, Newborn and Child Health	97,591	67,467
Other Income	587,611	302,434
<b>Total revenue</b>	<b>4,417,124</b>	<b>3,527,000</b>
<b>EXPENSES</b>		
Programme costs		
Maternal, Newborn and Child Health	1,699,443	1,418,661
Remote Community Development	1,003,184	822,731
Innovation, Learning & Evaluation	131,407	126,442
<b>Total Programme costs</b>	<b>2,834,034</b>	<b>2,367,834</b>
Core Support	1,240,815	873,432
<b>Total expenses</b>	<b>4,074,849</b>	<b>3,241,266</b>
<b>NET SURPLUS</b>	<b>342,275</b>	<b>285,734</b>
<b>Other comprehensive income</b>		
Foreign currency translation (loss) / gain	(66,240)	16,627
<b>Other comprehensive (loss)/income for the year</b>	<b>(66,240)</b>	<b>16,627</b>
<b>TOTAL COMPREHENSIVE SURPLUS</b>	<b>276,035</b>	<b>302,361</b>

# ADARA DEVELOPMENT SUMMARY COMBINED STATEMENT OF FINANCIAL POSITION

For The Year Ended 31 December 2021  
Presented In United States Dollars (USD)

	2021	2020
	\$	\$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	729,735	886,482
Trade and other receivables	97,195	119,308
Other current assets	295,802	-
<b>Total current assets</b>	<b>1,122,732</b>	<b>1,005,790</b>
<b>Non-current assets</b>		
Plant and equipment	85,822	39,963
Intangible assets	17,783	12,688
Other non-current assets	750	750
<b>Total non-current assets</b>	<b>104,355</b>	<b>53,401</b>
<b>Total assets</b>	<b>1,227,087</b>	<b>1,059,191</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 2021 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2021 available at [www.adaragroup.org](http://www.adaragroup.org). The Operations Report 2021 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 2021 and related Notes were extracted for the purpose of providing a summary of the financial position and performance of Adara Development.

## Reporting entity

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

## Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The financial report has been prepared in accordance with the requirements of the recognition and measurement of all applicable Australian Accounting Standards adopted by the Australian Accounting Standards Board ("AASBs") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 27 April 2022.

## 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.

	2021	2020
	\$	\$
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	29,664	19,467
Deferred revenue	-	67,274
Employee benefits	141,031	189,365
Lease liability	20,458	23,613
<b>Total current liabilities</b>	<b>191,153</b>	<b>299,719</b>
<b>Non-current liabilities</b>		
Employee benefits	38,426	30,180
Lease liability	59,949	2,068
Borrowings	-	65,700
<b>Total non-current liabilities</b>	<b>98,375</b>	<b>97,948</b>
<b>Total liabilities</b>	<b>289,528</b>	<b>397,667</b>

<b>NET ASSETS</b>	<b>937,559</b>	<b>661,524</b>
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## Accumulated funds

Accumulated surplus	1,077,987	735,712
Foreign currency translation reserve	(140,428)	(74,188)
<b>TOTAL ACCUMULATED FUNDS</b>	<b>937,559</b>	<b>661,524</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) and Adara Development (Bermuda) were audited by HLB Mann Judd. Adara Development (UK) has been audited by Somerby's, Adara Development (Uganda) by Markhouse Partners and Adara Development (USA) by CliftonLarsonAllen. If you would like a copy of our audited financial accounts, they are available on our website, or by contacting us at [info@adaragroup.org](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, [2021 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 2021, 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 Statements of Adara Development 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 Statements.

#### Audited Combined Financial Statements

We expressed an unmodified audit opinion on the audited Combined Financial Statements in our report dated 27 April 2022. That report also includes Emphasis of matter paragraphs that draw attention to the Notes in the audited Combined Financial Statements.

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

Note 2(c) of the audited Combined Financial Statements describe the uncertainties and possible effects on the Group arising from its management of the on-going matters 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.

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

Our audit report relates to the Summary Combined Financial Report which will be published on the Australian website ([www.adaragroup.org](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 2021.

#### 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 2021.

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

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

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

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

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

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

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



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

Brisbane, Queensland  
12 May 2022

# WHERE OUR MONEY GOES

## MATERNAL, NEWBORN AND CHILD HEALTH

US\$ 1,699,443

### Kiwoko Hospital Uganda - Centre of Excellence

- 91 local staff. Includes a surgeon and five doctors; 68 NICU, ANC and maternity nurses and 11 cleaners; six local hospital support staff including finance staff, HR Assistant, a laboratory technician and a hospital technician
- Completion of a new respiratory outpatient department and ward to support patients with COVID-19. Includes equipment and additional oxygen concentrators
- Structural analysis of neonatal intensive care unit (NICU) and maternity ward for future infrastructure improvements
- Personal protective equipment (PPE), protocols and training for health workers to ensure they can continue their essential work safely during the COVID-19 pandemic
- Completion of the upgrade to female ward bathrooms
- Medical equipment, medicine and medical supplies for the NICU and maternity ward
- Nutrition support for mothers caring for babies in the NICU
- Training and development for NICU and maternity staff

### HIV and Diabetes Clinics at Kiwoko Hospital, Uganda

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

### Community Outreach Services at Kiwoko Hospital, Uganda

- Community based health care (CBHC) programme servicing 44 villages providing safe-motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services. In 2021, these services were adapted as needed to ensure women and children continued to have access to these essential services
- Clinical support and health education to people living with chronic conditions such as epilepsy, tuberculosis and people living with disabilities
- 16 staff within the CBHC programme including a CBHC programme manager, nurses, field workers, records assistants and a security guard

### Hospital to Home

- A holistic low-cost discharge and follow-up package for vulnerable infants discharged from the Kiwoko Hospital NICU
- 120 Adara-trained volunteer community healthcare workers (CHWs) to follow-up and provide ongoing care to families at home. In 2021, home visits were supplemented with telephone consultation to allow CHWs to continue following-up newborns during periods of lockdown
- Neonatal care training for 22 new CHWs to increase the reach of the programme.
- Development of a Hospital to Home Package that includes materials and instructions necessary for other facilities to implement their own programme
- Text messaging programme to provide CHWs with up to date information on COVID-19 signs, symptoms and prevention measures
- Two staff members and 120 CHWs are supported with allowances and airtime for their work
- CHWs are supported by a Community Midwife, and attend monthly meetings for updates and additional training

### AdaraNewborn

- Upgraded 14-bed special care baby unit (SCBU) at Nakaseke Hospital that would allow Nakaseke to provide more advanced life-saving care to more at-risk babies
  - Equipment and supplies for the upgraded SCBU
  - Classroom teaching and hands-on training alongside expert NICU nurses at Kiwoko Hospital
- 39 363 newborns cared for in the Nakaseke Hospital newborn unit in 2021

### Adara Youth Community Centre (AYCC)

- Design of a project to support at-risk adolescents through counselling, sexual and reproductive health education and services, including family planning; life skills training; and connection with Kiwoko Hospital services
- Renovations of the AYCC building were completed in late 2021 and a social worker was employed to run the project
- Conducted focus group discussions with several key stakeholders to get feedback on the challenges young people face, and how the AYCC can support them

### Safe Bubble CPAP

- Work in partnership with other global health leaders to develop an inexpensive bCPAP kit for use in low-resource settings
- In December 2021, Adara and Kiwoko Hospital completed a feasibility and usability study for the kit in the NICU

### Baby Ubuntu – Early Intervention

- In partnership with the London School of Hygiene and Tropical Medicine, we implemented and tested an early intervention programme called Baby Ubuntu, which improves quality of life for children at risk of disabilities and their caregivers
- Training costs for two master trainers, four expert mothers and 10 facilitators
- Translation of Baby Ubuntu manuals into Lugundana and printing costs
- One staff member, expert mothers and other volunteers are supported with airtime for their work
- At the end of 2021, there were 32 children participating in the programme across four groups

### Programme support

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

## REMOTE COMMUNITY DEVELOPMENT

US\$ 1,003,184

### Adara Kids

- Care and support of youth who were previously trafficked (three youth) who are in our independent living programme and undertaking vocational training courses
- Education, nutrition, health, post-school options, life skills and independent living training

### Humla

#### Remote Health Projects

- Equipment and medicines to support five health posts and the district hospital so the community has access to year-round health care. Local district health workers provided with food support
- Two health assistants to ensure the health posts are attended by skilled health professionals
- 8,063 appointments held for patients at five Adara-supported health posts in Humla
- 304 people across nine villages received greenhouse and nutrition training, equipping them with the skills to sustain themselves through periods of food insecurity.
- Tibetan health practitioner, or 'Amchi', travelled through Humla providing Tibetan medicines and health care to over 1,000 patients in 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

- Handover of the rebuilt Kermiti Tatopani lower secondary school to the community
- Provision of learning materials for eight local schools including white boards, markers, pens, posters, science lab resources and other materials related to creating a child-friendly teaching and learning environment.
- Continued to develop remote learning options for students during school closure including distance education through FM radio in Humla. It is estimated that at least 17,000 students were tuning in to learn from radio classes that ran across two local radio stations, providing students with four hours of free classes a day, six days a week. Non-curricular subjects also ran on Saturdays including COVID-19 awareness and anti-trafficking.
- Home learning kits including textbooks, story books, and pens and pencils distributed to more than 1,100 students across nine target villages
- More than 775 kids from each of our nine target villages received scholarship support (uniform, stationery and notebooks)
- Seven daily before and after school classes in four of our nine target villages
- Salaries of six teachers, two school helpers and two ECD teachers

### Ghyangfedi

- Programme manager costs and related travel expenses
- Online education through the distribution of prepaid mobile recharge cards and home learning kits to children
- Provision of reusable masks, sanitiser, toiletries and other PPE to schools, health post and children
- Training sessions on WASH to children and teachers
- Midday meals provided daily to 330 students at the Shree Ghyangfedi School when schools were open
- Salaries of 10 teachers
- Work with seven feeder schools supporting 291 children with meals, utensils, learning materials, uniforms and teacher training

### COVID-19 Emergency Response

- Support for 120,000 migrants at India/Nepal border with drinking water, handwashing stations, dignified mensruation kits and health kits
- Support to frontline health workers in Kathmandu by offering safe accommodation, meals and medical attention to nurses who were unable to return home due to the risk of transmitting COVID-19 to their families
- Set up of a children's ward within an existing isolation centre in Ghyangfedi, providing beds, mattresses, pillows, linens, blankets and games
- Oxygen cylinders and other medical supplies provided to Ghyangfedi Dupcheshore isolation centre
- Supported female community health volunteers to run COVID-19 training in their local communities. They were also equipped with health kits that included PPE, pulse oximeters and thermometers that allowed them to support the home-based care of patients with COVID-19

### Hands in Outreach (HIO)

- More than 170 children are receiving continued support from Hands In Outreach Nepal for their education.
- Adara supported healthcare and dental care for 80 children in need
- More than 200 families received direct assistance through medical treatment and income generation support
- Contribution to salaries of 11 teachers

### Himalayan Children's Society (HCS)

- 13 local staff and related office costs
- 221 received student accommodation (school hostel) during the year
- Adara supported two agriculture teachers facilitating agriculture and farming education in Yalbang
- Launch of an Agriculture Education Project to provide students with technical and managerial experience in agriculture, animal husbandry and horticulture. Included the construction of a commercial green house and improved agriculture equipment
- 120 children receiving Adara scholarships (food support, notebooks, textbooks)

### Himalayan Medical Foundation (HMF)

- Six local staff and related office costs
- More than 2,100 free medical and treatment consultations during the year
- Medicine and laboratory materials for three clinics – Benchen, Nagi and Pharping. These clinics were open for reduced lengths of time due to COVID-19. To ensure patients could still receive support, HMF provided consultations through phone applications such as WeChat and Viber

### The Himalayan Innovative Society (THIS)

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

### The Women's Foundation

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

### Programme resources

- Three staff including a programme manager based internationally and two local staff including the Country Director, Finance Officer and related local office costs
- 20 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\$ 131,407

- Four 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
- Implementation of a Humla research study including a comprehensive household-level survey and education assessment.
- Hospital to Home protocol paper published in BMJ Open

### CORE SUPPORT

US\$ 1,240,815

- Core support expenditure during 2021 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.
- 15 global support staff (plus one pro bono and two 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 in Uganda and Nepal
- Managing global governance, compliance, legal, human resources, information technology and administration
- Financial compliance including grant reporting, global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction
- Global communications internally and externally
- Fundraising and regular reporting and liaising with existing financial partners worldwide

# WE VALUE YOUR FEEDBACK

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

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

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

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

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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. Photo images do not represent specific narratives in this report.

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# CONTACT US

**Adara Development (Australia)**  
**Adara Development (UK)**  
**Adara Advisors Pty Limited**  
**Adara Partners (Australia) Pty Limited**  
Level 2, 117 Harrington  
The Rocks NSW 2000  
Australia  
T: +61 2 9395 2800

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

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

**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

**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)

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/company/Adara-Group

/AdaraGroup

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





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