



## Operations Report 2023

A close-up photograph of a newborn baby with dark skin, wrapped in a red cloth. The baby's eyes are closed, and they are being held by a person whose face is partially visible in the background. The image is set against a blue background with white and blue geometric shapes.

# Milestones

## About us

We are an international development organisation delivering quality health and education services to people living in poverty in some of the world's remotest places.

We work with partners, governments and communities to design and scale Maternal, Newborn and Child Health, and Remote Community Development programmes. We also share our knowledge to expand our impact.

Thanks to our innovative business-for-purpose model, 100% of donations go directly to our project work.

## Our values

Our values of compassion, teamwork, mutual respect, integrity and excellence, passion and unconventionality underpin everything we do.





# Contents

**04**

CEO letter

**05**

Models of excellence

**06**

Our impact in 2023

**08**

Maternal, Newborn and Child Health

**20**

Remote Community Development

**32**

Knowledge Sharing

**34**

Business for purpose

**35**

Partners and supporters

**37**

Financials



# A letter from Madeline Vaughan, CEO

Dear Friends,

In 1998, Adara was founded on a simple belief: that each and every person deserves access to quality health, education and other essential services, no matter where they live. We believe that we can use the power of business and partnership to make this possible. As I reflect on 2023, I'm proud of our continued progress in bringing this vision to life, building on the work and learnings of our first 26 years.

Throughout the past year, we've increased our impact, expanded our team, and scaled our work to new heights. We've refined our models of excellence – AdaraNewborn, AdaraRemote and AdaraBusiness – to maximise their reach and replicability. We've shown that our work is bigger than us and highlighted the power of sharing our knowledge to create change on a global scale.

And during this period of growth, we've remained connected to the individual stories behind this impact. Like that of Esther who left Kiwoko Hospital in Uganda with healthy twins, despite initially fearing for their survival. Or that of Raju who is receiving a quality education in Humla, Nepal thanks to Adara's work with his local school. Behind every statistic and every milestone in this report are stories of impact just like those of Esther and Raju's. Every single one matters. They are at the centre of our work. Always.

These stories also show us the size of the need that still exists. They remind us that we still have so much work to do. But we have the plan, the expertise and the team to keep pushing forward.

As we chart this journey, we know we're not doing it on our own. We're grateful for our partners, supporters and staff worldwide who have joined us on our mission. Thank you for standing with us, now and into the future. Thank you for helping us reach more than 50,000 people in 2023 and countless others through knowledge sharing.

Please read on to learn more about how we brought our vision closer to reality in 2023.

With gratitude,

Madeline Vaughan  
Chief Executive Officer



# Our models of excellence

We have developed three models of excellence in our mission to deliver quality health and education services to communities living in poverty. Now we are sharing and expanding these models to impact more lives.



## AdaraNewborn

AdaraNewborn is our model of care, with the power to halve newborn deaths and stillbirths across 10 facilities in Uganda over the next decade. It will do this by supporting women and newborns from pregnancy through to their return home after birth.

It provides health workers with training and mentorship; strengthens leadership and governance in the health system; equips facilities with the tools to succeed; and focuses on quality improvement systems. This creates sustainable systems change, saving lives now and reducing maternal and newborn deaths into the future.

Read more on page 8.



## AdaraRemote

AdaraRemote is our holistic community development model, which aims to improve access to essential services for people living in remote areas. Implemented in two isolated districts in Nepal, it spans five pillars of service delivery: education, child protection, youth development, health and community resilience.

Together these pillars can support remote communities to truly thrive. This model has been developed in collaboration with governments, local organisations and communities.

Read more on page 20.



## AdaraBusiness

AdaraBusiness is our innovative business-for-purpose model. Through this model, the profits of our boutique corporate advisory business, Adara Partners, fund our core support and administration costs. This allows 100% of donations from our supporters to go directly to project-related costs.

Adara Partners is possible thanks to a panel of 16 of the most senior members of the Australian financial services industry. These Panel Members use their investment banking skills to provide advice and wise counsel to clients. Panel Members work for Adara Partners without recompense to support our work with communities living in poverty.

Read more on page 35.



# Our impact in 2023

## Globally



**MORE THAN  
50,000**  
people reached, as well as  
countless others through  
knowledge sharing



**US \$4.5M**  
donated to our work in 2023



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



**399**  
staff, volunteers and secondees  
- directly and through our  
community partners

## Maternal, Newborn and Child Health

**1,352**

babies cared for in  
the Kiwoko Hospital  
neonatal intensive  
care unit (NICU)



**5,777**

women cared for across  
Kiwoko and Nakaseke  
maternity wards,  
both with a  
99.9% maternal  
survival rate



**384**

newborns cared for in  
the Nakaseke Hospital  
special care baby unit  
with a

**98%**  
survival rate



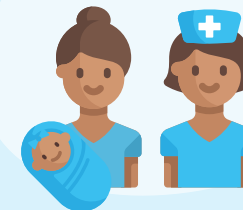
**946**

infants enrolled in our  
Hospital to Home  
programme – 97%  
have received at  
least one at-home  
follow-up visit



**152**

staff trained across three  
AdaraNewborn sites



**85%**

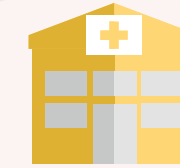
survival rate  
for newborns  
in the Kiwoko NICU  
– an increase from  
77% in 2005



## Remote Community Development

**37**

women gave birth  
at Adara-supported  
birthing centres, with a  
99% survival rate



**1,972**

students enrolled  
in 15 Adara-  
supported schools  
– 52% are girls



**100%**

of students across four  
schools passed their  
Secondary Education  
Examination (SEE)



**10,429**

appointments  
at five Adara-  
supported  
health posts



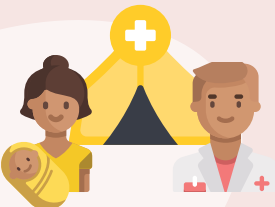
**91%**

average student attendance rate  
at Adara-supported schools –  
compared with the national  
average attendance rate  
of 68%



**1,404**

visits to the Sowa  
Rigpa (traditional  
Tibetan medicine  
practitioner)



MATERNAL, NEWBORN AND CHILD HEALTH

# AdaraNewborn

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

Most of these deaths occur in low- and middle-income countries. Most are preventable.



**We believe in a world where every woman can give birth safely, every newborn receives the right care at the right time and every child survives and thrives.**

**We've pioneered a model – AdaraNewborn – for increasing survival rates for the sickest and smallest newborns and their mothers to meet Sustainable Development Goal targets. Now we're expanding this model across 10 health facilities in Uganda to halve maternal and newborn deaths and stillbirths.**

**Together we can turn the tide in maternal and newborn survival.**



# AdaraNewborn model

AdaraNewborn spans the continuum of care, supporting mothers and newborns from pregnancy through to their return home after birth. Four targeted pillars underpin this model. Together they strengthen the health system and save lives.



## Leadership and governance

We provide facilities with a tailored leadership and governance training programme. We also offer ongoing support to accelerate systems change.



## Clinical training and mentorship

We develop and deliver evidence-based training programmes to health workers and offer mentorship to integrate learnings.



## Tools to succeed

We provide essential infrastructure upgrades and a package of equipment supplies. We also foster biomedical capabilities within facilities.



## Quality improvement systems

We design and roll out bespoke quality of care tools that allow facilities to track their progress and understand areas for improvement.



## Why AdaraNewborn and Uganda?

- 1 Newborn deaths are the leading cause of death, across all ages
- 2 Second highest birth rate and fifth highest fertility rate in East Africa
- 3 Fourth highest number of stillbirths and maternal and newborn deaths in East Africa

**Our ultimate vision for AdaraNewborn is global.**


**As we show what AdaraNewborn can do in Uganda, we will share our knowledge and experience so other countries can adapt and adopt this model.**

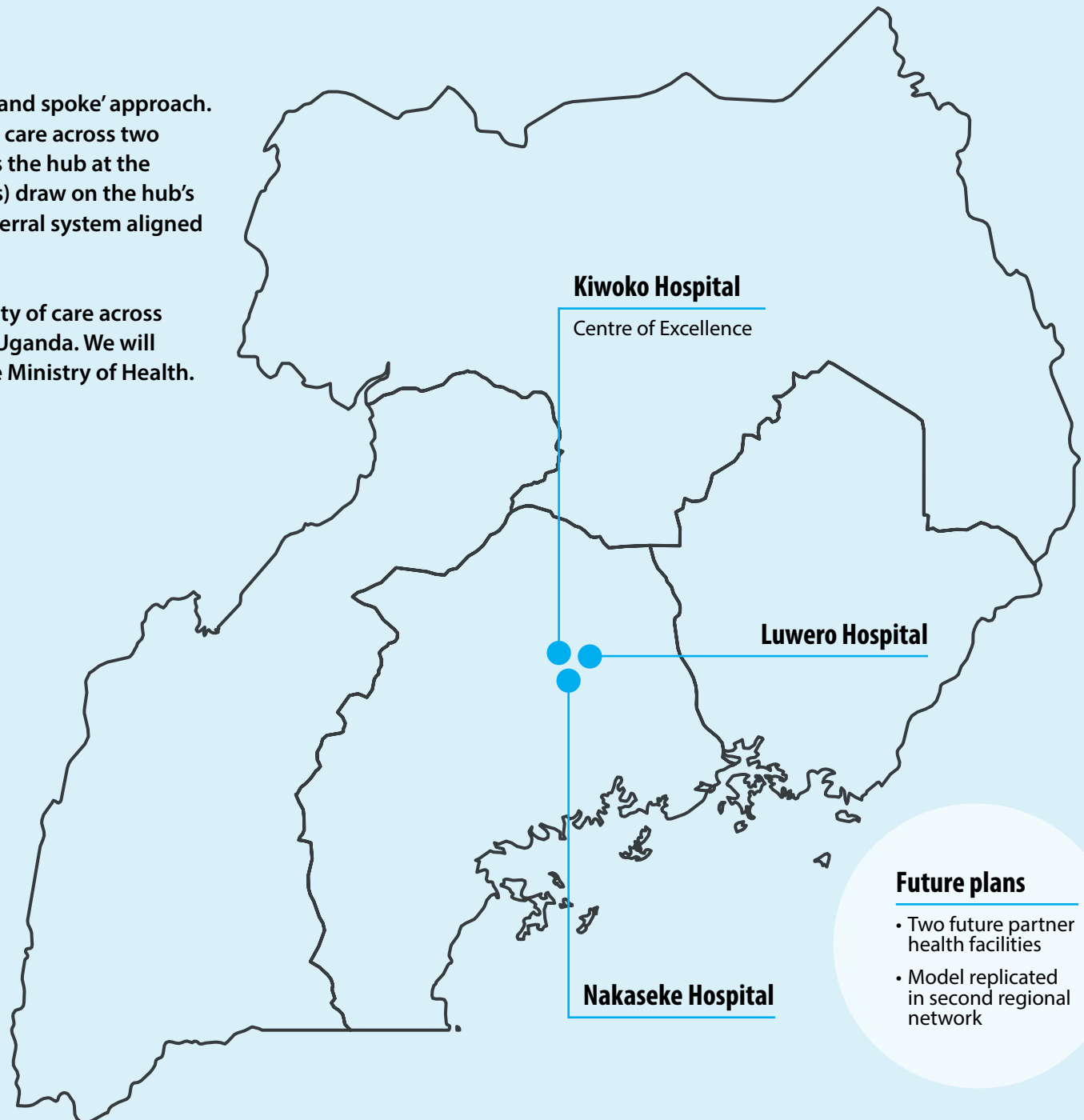
# AdaraNewborn facilities

To bring our AdaraNewborn vision to life, we use a 'hub and spoke' approach. Through this, we will strengthen maternal and newborn care across two health facility networks. A Centre of Excellence serves as the hub at the centre of the network. Surrounding facilities (the spokes) draw on the hub's expertise to raise its own capacity. This also creates a referral system aligned with the strengths of each facility.

In our first regional network, we are improving the quality of care across Luwero, Nakaseke and Nakasongola districts in Central Uganda. We will select the second network in close consultation with the Ministry of Health.

## AdaraNewborn projected impact

-  10 health facilities
-  2 regional networks of care
-  7,000 lives saved
-  500,000 mothers and babies reached
-  50% reduction in maternal and newborn deaths, as well as stillbirths



## Future plans

- Two future partner health facilities
- Model replicated in second regional network

# Kiwoko Hospital: Centre of Excellence

For 26 years, we've pioneered a comprehensive model of care to women, newborns and children alongside our partner, Kiwoko Hospital. Today the hospital is recognised by Uganda's Ministry of Health as a Centre of Excellence in newborn care.

This work with Kiwoko is at the heart of AdaraNewborn. We are leveraging this experience to expand our model across Uganda. And we are sharing our knowledge to impact lives globally.

## Antenatal care review

Our work with women and newborns begins before birth. It starts with antenatal care. To identify focus areas for AdaraNewborn's antenatal arm, we reviewed Kiwoko Hospital's existing care capacity. We surveyed patient satisfaction, conducted focus groups and analysed extensive data.

From this review, we identified recommendations, including staffing and equipment considerations, and incentive and education opportunities. These recommendations will inform further implementation of AdaraNewborn's antenatal arm.

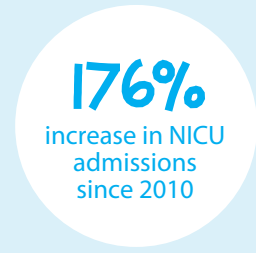
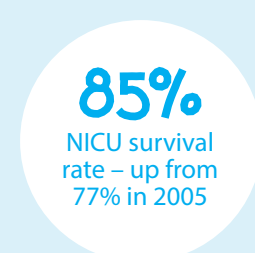
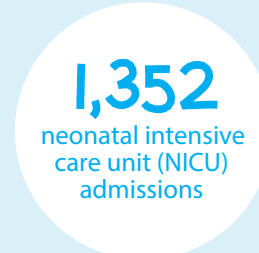


Antenatal appointment at Kiwoko Hospital

## Intrapartum care training

The riskiest time for a pregnant mother and her baby is during birth. That's why the second arm of AdaraNewborn is intrapartum care, which means care at the time of birth. During the year, we carried out the first phase of intrapartum training at Kiwoko Hospital. As part of this, we rolled out the 'Essential Care for Labour and Birth' module of the 'Helping Mothers Survive' training package to health workers.

This module is designed to improve the quality and experience of care for women and newborns during labour, birth and the immediate postpartum period. This was complemented by ongoing mentorship and continuing medical education.



## Maintaining inpatient newborn care quality

Admissions to Kiwoko's maternity ward and NICU have risen rapidly. This is a result of increased awareness of the hospital's expertise in caring for small and sick newborns. We're ensuring Kiwoko is equipped with the infrastructure, staffing and equipment to maintain quality care.

In 2023, we began consultation and planning for a significant expansion of the maternity ward and NICU. The planning will continue in 2024, before we break ground in the coming years.

## National newborn care training

We partnered with the Ugandan Ministry of Health and Kiwoko Hospital to provide newborn care training to nurses and midwives from across the country. Together with our partners, we will facilitate this month-long training every year to save countless more lives.

We also collaborated with the National Newborn Steering Committee to deliver training to Uganda's national newborn trainers. This group is responsible for mentoring and training other health workers across Uganda.



Ministry of Health newborn training



# An evidence-based model

AdaraNewborn draws on more than a decade of research from Centre of Excellence, Kiwoko Hospital. In 2023, we continued building this body of evidence.

## Birth asphyxia research

In Uganda, birth asphyxia – meaning lack of oxygen and blood flow to the brain – accounts for nearly 30% of all newborn deaths. We published new research from Kiwoko Hospital in *PLOS Global Public Health*. It found that increasing capacity in lower-level facilities for birth and newborn care may reduce the incidence of birth asphyxia, improve outcomes and help meet newborn mortality targets.

The study observed that the risk of death due to birth asphyxia was twice as high when babies arrived from another facility as when they were born at Kiwoko Hospital.

AdaraNewborn strives to uplift quality of care in health facilities to save lives. It emphasises the importance of antenatal care to identify problems early; lifts quality of intrapartum care; trains and mentors health workers; provides facilities with the tools they need to succeed; and strengthens referral networks through a hub and spoke model.

According to this new research, these factors may reduce the incidence of birth asphyxia. This showcases the power of AdaraNewborn to reduce newborn mortality.

Read the study:  
<https://bit.ly/BirthAsphyxiaStudy>

## Bubble CPAP feasibility and usability study

Respiratory distress syndrome (RDS) is a leading cause of death for babies born prematurely. To help these tiny babies breathe, we teamed up with PATH, University of Washington, Seattle Children's Hospital and Kiwoko Hospital to develop an innovative, low-cost bubble continuous positive airway pressure (bCPAP) kit for babies suffering from RDS in low-resource settings. We trialled this device in the Kiwoko Hospital NICU. The results were published in *PLOS Global Public Health*.

The study demonstrated that use of the bCPAP device is feasible in a Ugandan level two newborn unit and acceptable to health care workers experienced with bCPAP and oxygen blending. We will keep working to ensure this device is available commercially so that more babies have access to this life-saving technology.

Read the study:  
<https://bit.ly/bCPAPStudy>

# Esther's story: Inpatient newborn care at Kiwoko Hospital

When Esther arrived at her local health clinic to give birth to twins while only six months pregnant, she found a complete lack of equipment to care for premature babies. A health worker referred her immediately to Kiwoko Hospital.

Throughout Uganda, Kiwoko is known for the quality care it provides to women and newborns. With a country-leading neonatal intensive care unit (NICU), it's a source of hope for countless families.

"I'd never heard about the NICU at Kiwoko Hospital," Esther says. But soon she would become closely acquainted with the hospital and its dedicated staff.

After arriving at Kiwoko, Esther safely gave birth. Her twins were then admitted to the NICU.

"This NICU has greatly helped us," Esther says. "I was so excited when I was admitted here. It meant my babies could be put in incubators to mature. I wanted my babies to survive."

And not only did Esther's twins survive but now they're thriving.

"My babies are so fine now," Esther says. "They do not have any problem."

Through AdaraNewborn, we're not only sustaining Kiwoko as a Centre of Excellence but also strengthening maternal and newborn care in surrounding facilities. This will uplift the quality of care across Uganda, creating more stories of hope like that of Esther and her babies.



# Recognition on a global stage

In September 2023, we made a bold Commitment to Action at the Clinton Global Initiative (CGI) to halve newborn deaths and stillbirths in Uganda and beyond by scaling our AdaraNewborn model.

During the year, we also won the Washington Global Health Alliance Organisational Impact award. We were selected for our work delivering high-quality healthcare to women, newborns and children at health facilities, in the community and at home. The award also recognised our efforts to scale our high-impact model of care across Uganda through AdaraNewborn.

# Nakaseke Hospital

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

Now we are rolling out the intrapartum arm and ramping up antenatal and postnatal components. In 2024, we will build on this work to fully implement all five arms of AdaraNewborn, including follow-up and early intervention.

2,636

deliveries in the  
maternity ward

384

SCBU  
admissions

98%

SCBU survival  
rate

## Improving leadership and governance

We delivered leadership and governance training to Nakaseke Hospital's administrators, board members and ward managers, as well as members of the Nakaseke District Health Team. The seven-day training session was designed to highlight opportunities to strengthen facility leadership, management and engagement. Facilitators taught attendees to become trainers so they can now educate their own teams to strengthen facility efficiency and quality of care.



Nakaseke Hospital leadership and governance training

## Biomedical technician training

Biomedical engineering is one critical piece of the system that must be strengthened to improve maternal and newborn health. That's why we develop biomedical engineering capabilities in each of our AdaraNewborn partner facilities. This was a focus at Nakaseke Hospital in 2023. We upskilled hospital electricians and engineers to maintain and repair critical equipment. We also provided ongoing mentorship at Nakaseke Hospital and in the Kiwoko Hospital workshop.



Biomedical engineer training

## Strengthening intrapartum care

We deepened our work with Nakaseke Hospital's maternity department. We supported updates to the maternity ward, which will facilitate respectful care. To develop health workers' skills, we provided extensive, hands-on intrapartum care training. We also trained staff on topics such as kangaroo mother care and management of labour. This formal training was complemented by ongoing mentorship and continuing medical education from our Maternal Health Manager.

# Luwero Hospital

Luwero Hospital is a public facility and the newest AdaraNewborn site, following the launch of our partnership in early 2023. Together we aim to improve maternal and newborn survival, supporting women and newborns across the continuum of care.

## Facility assessments

In March 2023, we began working with Luwero Hospital to conduct a facility readiness assessment. This marked the first phase of AdaraNewborn implementation. It set the criteria that facilities must meet before our work can progress to the next level. As part of this, we identified gaps in facility infrastructure, ward staffing, and essential equipment and supplies. We also evaluated current clinical skill levels and barriers to quality of care in antenatal, maternity, newborn and postnatal units.

## Newborn unit renovations

Based on the hospital's high number of births in the maternity ward, we identified the need for an updated space to care for newborns. The hospital made a new space available and began building an expanded newborn unit. This opened in January 2024 and is designed to care for up to 20 babies.

With support from our partner the DAK Foundation, we provided the unit with critical lifesaving equipment, including incubators, kangaroo mother care chairs, phototherapy lights and radiant warmers. The new unit has been well received by the Ministry of Health.

4,059

deliveries in the  
maternity ward

26

staff trained

## Training and mentorship

Thanks to commitment from leadership in the district and hospital, Luwero has assigned six nurses and a committed paediatrician to the newborn unit. In 2023, we provided 'Helping Babies Breathe' and 'Essential Newborn Care' training to staff from the newborn unit and maternity ward. We rolled out documentation training to help staff understand the importance of accurate record-keeping. We also trained biomedical technicians, so they have the skills to set up, maintain and repair essential equipment.



Luwero Hospital's new newborn unit



## Steven's story: Passion driving Luwero Hospital's growth

**There are many things driving Luwero Hospital's commitment to newborn health. But there is one thing that sparked it all: passion. And the origins of that passion can be tied to Steven Magera, Luwero's former Medical Superintendent.**

"Personally, I have experienced the beauty of having a neonatal intensive care unit," says Steven.

In 2021, his wife went into labour with twins while only 27 weeks pregnant. This led Steven and his wife to a hospital with a neonatal intensive care unit (NICU) in Uganda's capital. They spent two months there.

"If it were not for the effort of those nurses and midwives in the NICU, maybe I would have come out with no baby," Steven reflects. "But I ended up coming out with two live twins. So it was a blessing. That is why I really appreciate the work done by Adara and the team to help newborn care in Uganda."

Now Steven is determined to make quality newborn care more accessible to the people of Luwero.

"At Luwero Hospital, we do have a very busy maternity section," Steven says. "We deliver between 250 to 400 mothers a month. And as they say, a lot of those babies – maybe 15% – will require special care, which previously as a hospital we didn't have."

Instead Luwero referred small and sick babies to Kiwoko Hospital, 15km down a long, rough dirt road.

"And for every minute you lose, for the baby it counts," Steven says. "So as a hospital and as a district, we actually decided to move forward by first hiring a paediatrician. And we gave her the task to help us establish a neonatal ICU."

Steven's passion was enough to ignite a dream. But now he faced the hard part: bringing it to life.

"When we started, of course we had to look for help. We had experienced people in the nearby facilities. Adara was one of the people we contacted."

From those early conversations, Luwero has progressed from a facility without the infrastructure or staff to care for newborns to one well on the way to providing quality newborn care. That's a direct result of Steven's passion, the district's commitment and the success of our AdaraNewborn model.



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**"Personally, I have experienced the beauty of having a neonatal intensive care unit."**

— Dr Steven Magera, Luwero Hospital former Medical Superintendent

Hospital to Home (H2H) is our flagship newborn follow-up programme, supporting high-risk infants in the hospital and when they return home. H2H sits in the 'follow-up and early intervention' arm of AdaraNewborn.

While babies are still in hospital, H2H strengthens discharge processes, provides comprehensive parent education, strengthens lactation and breastfeeding practices, and promotes care that encourages healthy brain development. It also provides regular at-home follow-up support to these infants for six months after discharge, through a network of community health workers (CHWs). The infants also have developmental milestone checks at nine and 12 months.

946

infants  
discharged into the  
H2H follow-up  
programme

97%

of infants received  
at least one at-  
home follow-up  
visit

120

community health  
workers salaried,  
skilled, supervised  
and supplied



## Implementation at Kiwoko Hospital

In 2023, we continued to strengthen H2H at Kiwoko Hospital by delivering refresher training to all CHWs. Topics included danger signs in newborns, child development and home visit practice. We also prepared to pilot the use of smart phones to collect data from home visits. We expect this will strengthen CHWs' clinical decision-making, support them to keep timely appointments and eliminate time-intensive data entry. With food security a growing concern for families in H2H, we also distributed drought-resistant seeds to caregivers in the programme.

## Hospital to Home public programme adaption

Following a successful implementation of H2H at Kiwoko Hospital, the Ministry of Health invited us to assess the scalability of the programme for public facilities across Uganda. This is starting with a pilot at Nakaseke Hospital. We developed a research protocol to assess the fidelity, feasibility and scalability of H2H in a government facility.

In 2024, we will bring together government, district, facility and community stakeholders to collaboratively design an adaption of the programme. We will then implement this programme at Nakaseke and assess its potential for scalability across Uganda. We will work with the Ministry of Health to adapt this version of the programme for public settings nationally.

## Hospital to Home package

We launched a Hospital to Home package that will allow other organisations to roll out H2H in their facilities and communities. It includes all necessary materials and instructions. Unlike the H2H public adaption, it has not been designed specifically for government facilities in Uganda. Rather, it can be adapted by health professionals or leaders working in hospitals in low-resource settings worldwide who want to decrease the risk of preventable newborn deaths. Read more on page 32 about how other organisations have already begun rolling out adaptations of H2H.

## Joining Community Health Impact Coalition as an ally

We joined Community Health Impact Coalition (CHIC) as an ally, alongside thousands of CHWs and dozens of health organisations. Together we're making professional CHWs the norm by changing guidelines, funding and policy. In our programmes, we leverage the skills and power of CHWs to enhance care to mothers and newborns in the community.

We look forward to working with CHIC, members and other allies to celebrate and recognise the valuable, lifesaving work of CHWs.



# Baby Ubuntu

Baby Ubuntu is a programme of early care and support that aims to improve quality of life for children with moderate to severe neurodisabilities and their caregivers. Baby Ubuntu sits in the 'follow-up and early intervention' arm of AdaraNewborn.

In Uganda, there are perceptions that having a child with a disability is a curse or punishment for wrongdoing. As a result, children with developmental disabilities and their families are at high risk of social and educational exclusion, financial stress, and even stigma and violence.

Baby Ubuntu involves a parent education training programme with 12 modules. It provides emotional and practical support to caregivers so they feel empowered and confident.

## Introducing group physiotherapy

Baby Ubuntu brings children with neurodisabilities and their caregivers together, leveraging the structure of self-help groups. These group sessions provide families with a support network and an environment for learning and sharing. In these meetings, we also offer physiotherapy and psychiatric services.

In 2023, we rolled out group physiotherapy to complement existing individual physiotherapy sessions. In these sessions, the physiotherapist teaches parents simple techniques they can perform at home with their children. For example, they learn to help their children sit, unclench their fists or feed themselves. Many of these techniques can be life changing for the children and confidence building for parents.

To further support these children, we will partner with another organisation to offer assistive devices in 2024. We will also begin providing speech pathology services at group meetings.

## Baby Ubuntu training

We provided eight Baby Ubuntu facilitators with trauma and palliative care training. The goal of this session was to equip the facilitators with the knowledge, skills and coping strategies to best support children living with chronic conditions.

Our Baby Ubuntu team also hosted a meeting with a group of midwives, to discuss care factors that lead to birth asphyxia. This can occur when a baby doesn't receive enough oxygen before, during or just after birth. Birth asphyxia can lead to neurodisabilities. During this meeting, our team stressed the importance of early referrals to programmes such as Baby Ubuntu.

34

infants graduated from the programme

47

infants enrolled in the Baby Ubuntu programme – 150 have participated since inception in 2021



## New modules: livelihood and male involvement

We have supported the development of two new Baby Ubuntu modules. The first is a 'livelihoods' module, which aims to support caregivers facing unemployment. This module provides information about pathways for training and income generation by connecting participants to relevant organisations.

The second module, still being developed, will focus on male and father involvement in the programme. In late 2023, facilitators of Baby Ubuntu came together to brainstorm possible content for this module.

## Expanding influence

We ran disability awareness trainings for health workers, local leaders and community health workers in Nakasongola and Luwero districts. The goal was to provide participants with the skills to understand and identify disabilities, and to explain the process of referring infants to Baby Ubuntu. Participants reported coming away with improved confidence, knowledge and attitudes around identifying and supporting children living with neurodisabilities.



Baby Ubuntu group session



# Adara Youth Community Centre

The Adara Youth Community Centre (AYCC) provides support to adolescents through sexual and reproductive health education and services. It also provides community outreach, working closely with schools, parents and local leaders. These services are available to young people aged 10 to 24.

We believe that supporting young people – especially girls – to make informed decisions about their sexual and reproductive health is critical to ensuring they access education, economic opportunities and financial independence, now and in the future.

## Expanding the AYCC's reach

Throughout 2023, our AYCC social worker and peer educators expanded their reach to visit 27 schools across 24 villages. During these visits, the peer educators gave talks on topics designed to equip students with the knowledge for making informed health decisions. In 2024, we will expand our reach to 40 schools and 32 villages, to support even more young people.

## Youth activities

To entertain young people and support their skills-building, the AYCC provides a safe space where they can engage in social and learning activities. Early in the year, we organised a music, debate and drama competition for 14 schools. It involved 140 students and 14 teachers, alongside Kiwoko town council officials, community leaders, and Kiwoko and Adara staff.

Through these competitions, AYCC staff and peer educators addressed topics such as teenage pregnancy and reproductive health education. We also organised a sports competition for six secondary schools and tertiary institutions.

**624**  
youth accessed  
care at the  
AYCC

**4,615**  
youth received  
health education  
through the  
AYCC

**135**  
young women  
enrolled in the  
AYCC to receive  
antenatal care

## Launching group antenatal care

We began offering group antenatal care through the AYCC. This is an alternative model to traditional individual care. It combines conventional aspects of antenatal assessment with group discussion and peer support. It's been a successful antenatal care model in various countries, including in Uganda. This model of antenatal care is particularly suited to adolescent women who may face stigma during pregnancy. As a result, they may hesitate to access antenatal care, despite being at high-risk of birth complications.

As part of this group antenatal care programme, midwives from Kiwoko Hospital provide the service. The midwives refer women directly to the hospital if they identify pregnancy risks.



AYCC peer educators

## Meet Catherine: Support to return to school

Five months after giving birth to a beautiful baby boy, Catherine has returned to school to finish her education.

When Catherine first learned she was pregnant, she dropped out of school. She feared that was the end of her education. After Catherine's school administrator encouraged her to attend the AYCC, she began to receive counselling and support from the centre's social worker, Margaret Nabaweesi.

Margaret encouraged Catherine to attend antenatal care. After birth, Margaret also supported Catherine to plan to return to school. This helped Catherine understand that her new baby didn't have to put an end to her dream of finishing school.

Now Catherine's grandmother looks after her baby while she finishes her penultimate year of school. And the impact of this will be huge. Research shows that educating girls improves their employment opportunities and outcomes, lifts more people out of poverty, and reduces newborn and child deaths.

REMOTE COMMUNITY DEVELOPMENT

# AdaraRemote

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An estimated 3.4 billion people – around 43% 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 believe in a world where all children and youth are supported to learn, grow and thrive; every person has access to quality health services; and remote communities are resilient to disasters.**

**Since 1998, we've developed programmes that improve health and education outcomes in remote areas. Now we're strengthening and scaling these programmes through our AdaraRemote model. This is designed to improve access to essential services for people living in isolated areas. It does this by leveraging our track record of health and education service delivery while also addressing emerging challenges such as climate change and child protection.**

**Together we can go the distance and bring accessible, quality services to people living in some of the world's remotest places.**

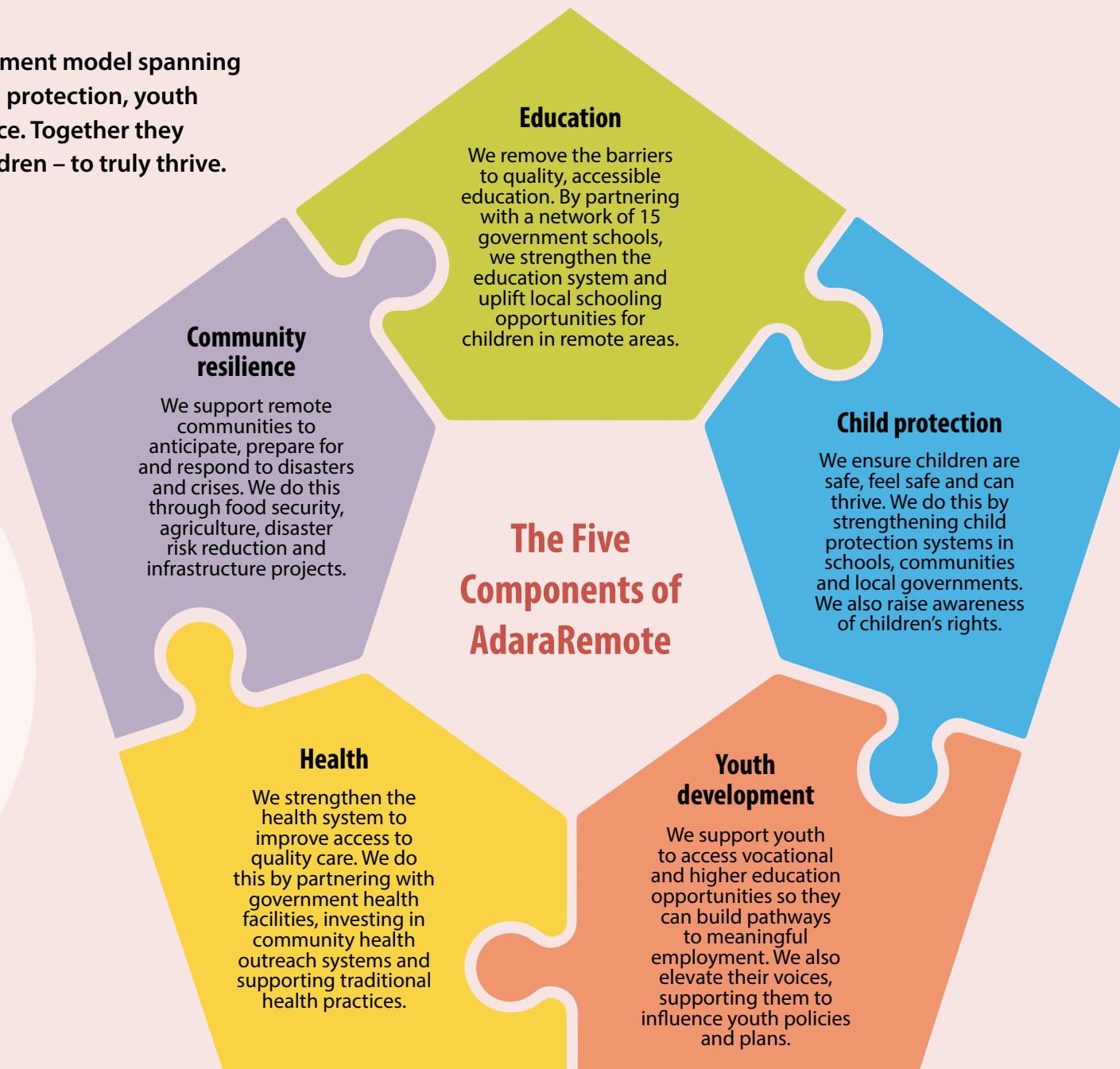


# AdaraRemote model

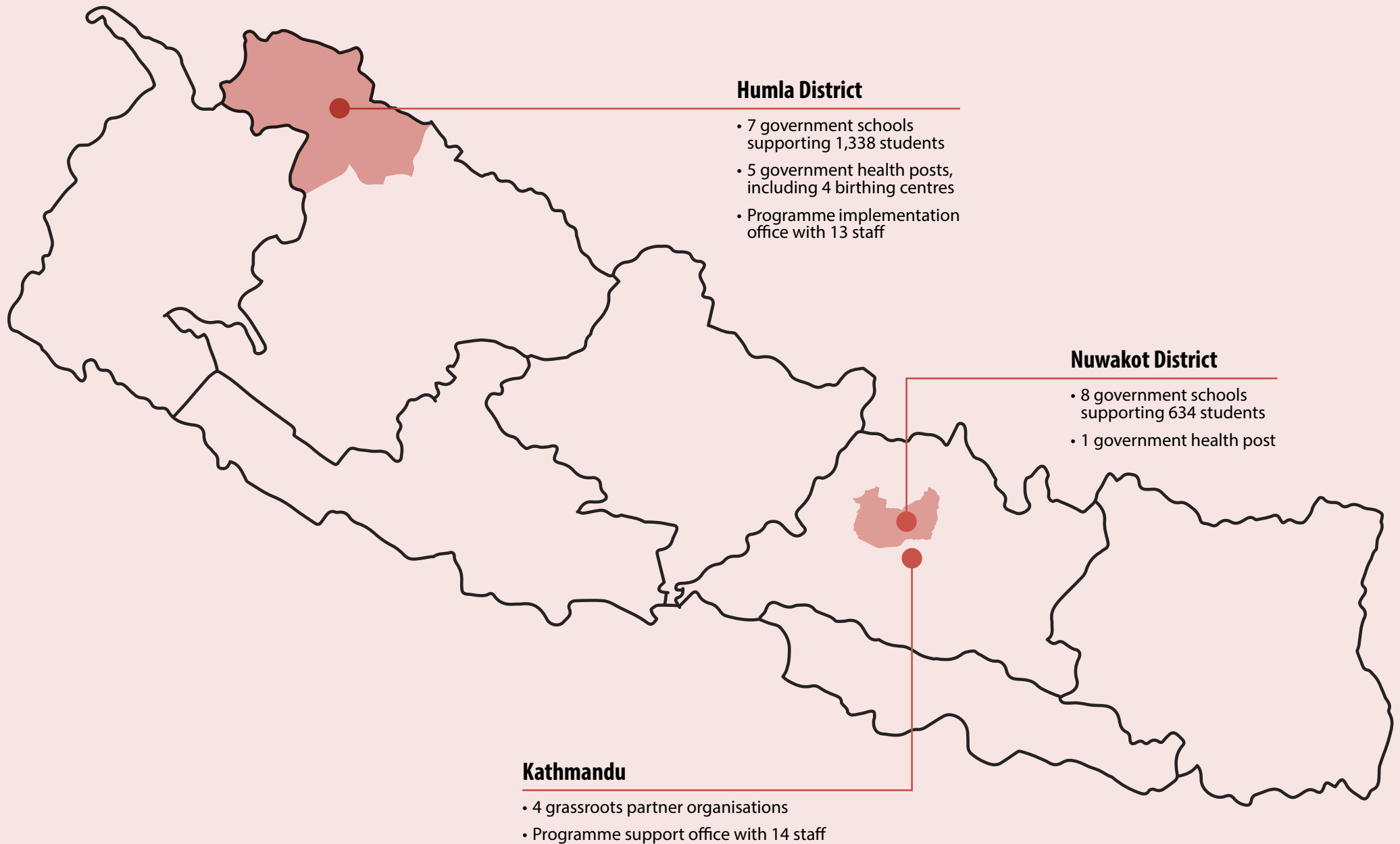
AdaraRemote is a holistic community development model spanning five pillars of service delivery: education, child protection, youth development, health, and community resilience. Together they support people – particularly women and children – to truly thrive.

## Why AdaraRemote?

- 1 79% of people in Nepal live in remote areas
- 2 Globally, 43% of the population live in remote areas
- 3 4 in 5 people living in extreme poverty live in rural and remote areas
- 4 Most out-of-school children are in rural areas



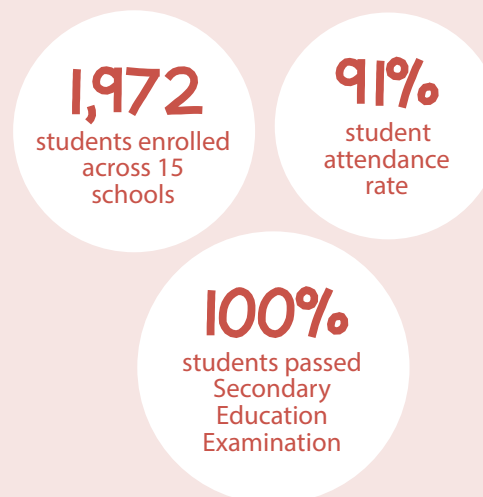
# AdaraRemote sites



# Education

Over the past 25 years, we have developed a comprehensive model of remote education that ensures children, especially girls, have access to quality education from early learning to tertiary level.

This model is based on our experience in developing Centre of Excellence schools, including Yalbang and Shree Ghyangfedi. To complement the impact of these leading institutions, we work with a network of surrounding schools to uplift quality of education across the Nuwakot and Humla districts.



## Teacher training

To enhance student learning outcomes and strengthen the quality of education at Adara-supported schools, we provide teachers with regular training and development opportunities. In 2023, we facilitated training on syllabus and curriculum updates, reproductive and sexual health, education materials and child protection.

Where relevant, we also extended these opportunities to other stakeholders including representatives from school management committees, parent and teacher associations, and child club members.

## Improving school health

Improving child health helps children get the most out of their education. For example, good nutrition strengthens students' concentration in the classroom as well as their cognitive capability. That's why we provide midday meals for more than 500 students at Syada and Santa schools in Humla, and for all 634 students in Ghyangfedi.

We also partnered with two paediatricians to provide all children studying at the eight Adara-supported schools in Ghyangfedi with a general physical examination. These paediatricians travelled to Ghyangfedi for the exams, and parents were also invited to learn about their children's health.

## Strengthening school infrastructure

We ensure students go to school in a child-friendly environment. To make this possible, we carried out school infrastructure improvements across several schools. We rebuilt the Santa School in Humla and began construction of two new schools in Ghyangfedi. We also built kitchen facilities, toilets and playgrounds.

We opened an innovation centre at Shree Ghyangfedi School to further support students' learning and development. Students will use the centre for technology classes, school competitions and as a hub for brainstorming solutions to challenges that affect their school and community.

## Quality improvement process

We developed a unique quality-improvement tool. The tool was developed in line with government standards and indicators that measure the quality of education in a school. It is aligned to our AdaraRemote Education Model, highlighting that quality education is associated with all six components.

The tool was implemented in all Adara-supported schools in Humla in September 2023. The schools are using the findings to strengthen policies and processes that will enhance quality education and positive learning outcomes. We will implement it in Adara-supported schools in Ghyangfedi in 2024.



## *Raju's story: A quality education close to home*

**Raju was only seven years old when his parents sent him from their home in Syada, Humla to a monastery in Kathmandu.**

"We had no choice," his father says. "Our local school was not functioning and we could not afford to send him to a private boarding school. So, for his own better future, we had to send him away."

This is a common reality for people living in remote areas such as Humla. A lack of resources and teachers means many schools simply can't function. As a result, children from Syada are displaced across Humla and Nepal more widely. Many end up in poorly run children's homes, in child labour or are forced out of the education system altogether.

To address this challenge, we began expanding our work into three new villages, including two schools, in Humla. By implementing our AdaraRemote Education Model, we are working to lift education standards at these schools. This includes the school in Raju's village of Syada. We have upgraded infrastructure and facilities, supported teachers, delivered essential resources and provided midday meals.

The best part? Raju has returned home to Humla and is attending the improved Syada School.

"We wouldn't have sent our son away from us if the school was how it is now," Raju's mother explains. "But we are now glad that he is with us."

Like Raju's parents, many other families have brought their children back home and to Syada School. Now these children are connected to their families and culture while having the opportunity to receive a quality education.



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**"We wouldn't have sent our son away from us if the school was how it is now. But we are now glad that he is with us."**

— Raju's mother

# Child Protection

We seek to protect children from the dangers of trafficking and early marriage. We achieve this by strengthening child protection systems through advocacy, knowledge sharing and reporting processes; enhancing child participation in education; and raising community awareness about the dangers of child trafficking and child marriage.

By improving quality of education and helping to keep children – especially girls – in school, we aim to eliminate child trafficking and child marriage in our areas of operation.

## Child protection training and systems at Shree Ghyangfedi School

We worked with the Shree Ghyangfedi School to introduce a range of child protection initiatives to keep students safe. For example, the school organised training on child protection in the digital age. This session educated students on the risks and dangers of trafficking on the internet, as well as general internet safety.

Students also formed a girls' safety group that will make recommendations about areas needing improvement to further support girls' education and safety at school.

## Partnership with The Himalayan Innovative Society

We partner with The Himalayan Innovative Society (THIS) to reduce trafficking in Humla through anti-trafficking projects including watchdog committees, conferences and radio programmes. In 2023, we worked with THIS to produce 14 episodes of an anti-trafficking radio programme that is broadcast throughout the Humla region and to run a child-trafficking awareness programme across six local government areas.

**52%**

of students in Adara-supported schools are girls

**100%**

of Adara-supported schools with established child clubs

## Strengthening child protection in schools

Despite significant progress, child protection remains a challenge in many parts of Nepal, including our areas of operation. In 2024, this will be an important focus. To further strengthen this work, we have recruited a child protection co-ordinator to oversee child protection across all areas of our programmes in Nepal. Based mainly in Humla, they will strengthen child protection systems in Adara-supported schools, and within the community and government.



Ghyangfedi School internet safety training



# Youth Development

Our work with youth began in 2004 when we found 136 children who had been taken from their homes, mainly in Humla, and brought to Kathmandu during a period of political unrest in Nepal.

We began caring for these children – affectionately called the “Adara Kids” – and ensured their immediate safety before reconnecting them to their families of origin. Then our focus shifted to independent living, higher education and vocational training.

As of June 2022, all Adara Kids had graduated from the programme. Many are in the workforce or studying. Some are now even married with families of their own.

Through this experience, we developed expertise in supporting youth to access higher-education opportunities. We also understand the importance of elevating their voices to influence youth policies and plans.

57%

of youth who graduated from our programme are employed or enrolled in further studies

27%

of youth in our programme were supported with higher education opportunities

## Career counselling and guidance

Choosing a career can be one of life’s most important and difficult decisions. This can be particularly challenging for students reaching the end of their studies. To prepare students for life after school, we regularly run career counselling sessions to explore higher education and career options. Through these sessions, we provide training on resume writing and interview tactics.

We also help students understand career pathways and support them to develop a career or higher education plan. In addition, we trained teachers to help students make career decisions.

## Youth conferences and events

We elevate the voices of young people so they have opportunities to influence policy, programme development and service delivery in areas that affect their lives. We do this by connecting them to networks and events and providing opportunities to develop their skills.

In 2023, we supported youth clubs in Humla to organise an event on International Day of the World’s Indigenous Peoples. This included traditional dress, dances and music, as well as presentations on the issues that youth in Humla face. We also supported the National Youth Conference, which provided an opportunity for youth from 77 districts of Nepal to meet, connect and discuss challenges and opportunities.



Youth Projects Coordinator, Pema Ramla Lama, speaking at the Nepal Youth Conference



# Health

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

Today communities in our areas of operation have access to year-round healthcare thanks to our partnerships with local government health facilities, birthing centres and a Sowa Rigpa (traditional Tibetan medicine) practitioner.

## Maternal, Newborn and Child Health (MNCH) training

After more than 25 years' experience of delivering MNCH services in the Ugandan context, we began transferring our expertise to Humla, Nepal. In April 2023, two neonatal nurses from our clinical team travelled to the remote district. They provided newborn care training to nurses, midwives and female community health workers. This also helped us understand the complexities of delivering MNCH services in Humla, so we can identify ways to adapt our teachings and knowledge to this isolated area.

Later in the year, two nurses from our Ugandan clinical team travelled to Ghyangfedi to provide MNCH training. Read more on page 32.



## Strengthening service delivery at Adara-supported health facilities

Following the opening of the Chauganfaya birthing centre in 2022, we continued to work with the local government to strengthen the quality of care. We did this by ensuring the facility was equipped with essential medicines and supplies and had enough trained staff. We also partnered with the government to support the relocation and later building of a new health post in Kholshi. With the construction now complete, we plan to support the addition of a birthing centre so women can receive quality maternal health care closer to home.

MNCH training in Humla

**10,429**  
appointments at five  
Adara-supported  
health posts

**37**  
births at two  
Adara-supported  
birthing  
centres

**1,404**  
people treated  
by Sowa Rigpa  
practitioner

**12**  
health workers  
provided with  
maternal and  
newborn health  
training

## Chauganfaya nurse recognised with award

Sushmita Bohora, the nurse in charge of the Adara-supported Chauganfaya birthing centre, was recognised with a Swasthya Khabar Health Award. These awards honour individuals making significant contributions to the achievement of health-related Sustainable Development Goals in Nepal. Sushmita won the Maternal Mortality Reduction category for her work providing quality care in the remote Himalayas.

## Telemedicine services

Telemedicine is a game changer – sometimes even a lifesaver – in remote areas. It ensures isolated patients receive diagnostic services, health advice and referrals for further care. This is why we worked with the local community and government to support Chauganfaya to offer telemedicine services in 2023. We plan to demonstrate the impact of these services and scale them to more remote communities.



Sushmita Bohora receiving the Swasthya Khabar Health Award

## *Santi's story: Giving birth in the remote Himalayas*

Thanks to the Chauganfaya birthing centre, Santi's journey to the nearest facility to give birth has reduced from five hours to 10 minutes. This meant that her experience for the birth of her second child was very different from the first.

"My first labour experience was very painful with no nurse support," Santi says. "I was lucky I didn't die."

When she fell pregnant with her second child in late 2022, she was relieved to have access to a facility so she could receive antenatal care and give birth. And it was lucky she has access to these services. It was during an antenatal appointment that Santi was diagnosed with placenta previa, which can cause significant complications during labour.

Santi's nurse, Sushmita, told her that she might need a caesarean section, which is only available at the district hospital. Sadly, family responsibilities delayed Santi's travel. When she went into labour, it was too late to make it to hospital.

Without a choice, Santi walked 10 minutes to the Chauganfaya birthing centre. There Sushmita was ready to provide all the care she could.

"She was in a desperate condition and it was too late to get to the district hospital," Sushmita says. "I knew it was a high-risk case, but I had to do something to try to save her life."

Putting her years of experience and recent training from Adara to use, Sushmita guided Santi and her baby through a safe birth. After several hours, Santi welcomed a healthy baby girl into the world.

"I stayed calm, followed all the procedures and prayed," Sushmita recalls. "I felt so happy and proud to be able to handle such a risky case."

As we continue to train health workers and support the establishment of birthing centres in the remote Himalayas, we know more babies will enter the world just like Santi's little girl. They will be healthy and loved – with a pair of expert hands ready to welcome them.



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**"I stayed calm, followed all the procedures and prayed. I felt so happy and proud to be able to handle such a risky case."**

— Sushmita, Chauganfaya nurse



# Community Resilience

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

## Disaster preparedness training

We want communities to be prepared for disasters before they arrive. That's why we organised training for more than 120 Shree Ghyangfedi School students, teachers, parents and school management committee members. A leading disaster-management trainer from the Nepal Federal Police taught participants to prepare for and respond to disasters including earthquakes, fires, floods and landslides. Participants also learnt skills in general emergency response and first aid.



Students with the saplings they received through the One Child, One Tree project

## One Child, One Tree

We taught students at Adara-supported schools to plant, nurture and protect fruit saplings as part of our One Child, One Tree project. Through this work, we aim to provide agricultural education to students, supporting reforestation and promoting food security. We know the reach of this work is bigger than just this school. Students gain valuable agricultural knowledge that they can take back and share with their communities.

91  
new  
greenhouses  
built

607  
households  
received  
seeds

489  
people received  
greenhouse and  
solar training

## Retrofitting and reconstructing vulnerable buildings

It is our priority to ensure that all children in the communities we support are safe, including from natural disasters such as earthquakes. One way we do this is by upgrading infrastructure at Adara-supported schools so they're earthquake resistant. In 2023, we built 10 earthquake-resistant classrooms across three schools in Humla and Ghyangfedi. All other infrastructure upgrades across our programmes were designed to be earthquake resistant.



Disaster preparedness training



# Disasters in Nepal: Impact and mitigation

The importance of our community resilience work came into sharp focus in November 2023 when a significant earthquake struck a district neighbouring Humla.

According to scientists, this earthquake was far from a surprise. For years they have been raising the alarm about the exposure and vulnerability of far Western Nepal, including Humla. Despite the severity of this disaster, the message from scientists was clear: the worst is likely still to come.

All of Nepal is at risk of disasters such as earthquakes, floods and landslides. The effects of climate change are exacerbating these disasters – with devastating consequences for communities, families and children.

Our Nepal Programmes Director, Angjuk Lama, understands this better than many. A Humli man himself, he knows the devastation future disasters would bring.

“The impact of disasters in remote settings, where people live in poverty and face many challenges, would be huge,” Angjuk says. “All the services – health, education, food supply – would be disrupted, pushing the community into deeper poverty. Learning would be disrupted, leading to higher rates of dropouts, early marriage and poor performance. Child trafficking and child labour would increase as families lose their income.”

As we look forward to 2024, building community resilience will be a significant focus of our work. By leveraging our holistic AdaraRemote model, we plan to:

- continue retrofitting or reconstructing vulnerable buildings so they are earthquake resistant
- carry out disaster training in schools and communities
- support communities to improve resilience to climate change, through food security and agriculture projects.



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**“The impact of disasters in remote settings, where people live in poverty and face many challenges, would be huge. All the services – health, education, food supply – would be disrupted, pushing the community into deeper poverty.”**

— Angjuk Lama, Nepal Programmes Director

# Knowledge Sharing

We believe the knowledge created through our programmes is not ours to keep. We strive to scale the impact of our programmes by sharing the data, research conclusions, training packages and lessons learned. We are taking our very best ideas and our biggest mistakes, distilled from more than two decades of working in the field, and sharing them locally, nationally and globally.

## Maternal, Newborn and Child Health Milestones

### Presentations and resources

In May 2023, Adara and Kiwoko Hospital staff attended the International Maternal Newborn Health Conference. During the conference, Dr James Nyonyintono, surgeon and Kiwoko's Clinical Programmes Manager, presented the results of our birth asphyxia paper and provided recommendations to reduce mortality.

In June, we presented at the International Congress on Evidence-based Parenting Support. Our presentation focussed on the way Hospital to Home supports parents caring for high-risk infants.

We also participated in the Implementation Toolkit for Small and Sick Newborn Care online seminar series, hosted by NEST360 and UNICEF. We presented to more than 150 attendees on H2H. Some of our Maternal, Newborn and Child Health (MNCH) resources are now available on the NEST360's toolkit website.

Read more: <https://bit.ly/AdaraNEST360>

### Sharing Hospital to Home package

Following the launch of our H2H package, other organisations have started rolling out their own versions of the programme. In June, we welcomed staff from Babies and Mothers Alive Foundation and Kristina Health Centre, supported by Love Mercy Foundation, to Kiwoko Hospital to be trained on H2H. Eleven health workers participated, including midwives, nurses, medical officers and community health workers. They have since taken their learnings back to their facilities to strengthen care for small and sick newborns and to save more tiny lives.

### Knowledge exchange

Members of our Uganda team, alongside clinicians from Kiwoko Hospital, travelled to India. India is known as a trailblazer in maternal and newborn healthcare in low-resource settings. Notably they are leading global research into mother-newborn care units.

Our team learnt about these units and the benefits of keeping mothers and babies together as much as possible after birth. As we prepare for renovations of the Kiwoko Hospital neonatal intensive care unit and maternity ward, we will integrate this best-practice research.

### Transferring expertise from Uganda to Nepal

In September 2023, members of our Uganda team travelled to Nepal to visit our education projects and share their expertise in MNCH. After travelling to Ghyangfedi, our Uganda staff provided health workers with 'Helping Babies Breathe' and 'Essential Care for Every Baby' training. They also offered an adaption of our H2H community health worker training. This is part of transferring our expertise in MNCH from Uganda to Nepal.



Staff at the International Maternal Newborn Health Conference



Adara and Kiwoko staff visiting the PATH India office



# The Adara Knowledge Centre

In 2023, we launched the Adara Knowledge Centre. This is an online platform to share our learnings and resources with others. The resources span our Maternal, Newborn and Child Health and Remote Community Development programmes. They include our Hospital to Home package, our breastfeeding guidelines of care and the latest research on our work. We hope these resources will inspire and guide many others as they create change in their own communities.

Visit the Adara Knowledge Centre:  
[knowledgecentre.adaragroup.org](https://knowledgecentre.adaragroup.org)

## Remote Community Development Milestones

### Greenhouse manual

Since 2005, we have built and repaired greenhouses in Humla to expand access to nutritious food all year round. According to our research, this work has been successful, with 99% of respondents agreeing that their Adara-installed greenhouse has increased their vegetable production.

In 2023, our Agriculture Co-ordinator developed a manual on the construction and benefits of greenhouses. To allow other communities worldwide to understand the benefits of this work, we will translate this manual into English. We will also develop an instructional video to share with other remote communities.

### Anti-child trafficking events

In June, alongside our partners from The Himalayan Innovative Society (THIS), we led an interactive workshop in Kathmandu on family separation, displacement and anti-trafficking. We highlighted that trafficking of children from the Humla district remains an ongoing challenge. We also discussed possible ways to support children and prevent separation and displacement. The workshop resulted in a commitment from the National Child Rights Council (NCRC) to increase their monitoring of child homes.

In December, together with the NCRC, we co-ordinated and hosted an orientation event on alternative childcare initiatives. Through the event, we shared our learnings from working with at-risk children, and we discussed the benefits of positive discipline and individual child planning.

### Nepal National Youth Conference

In August, staff and students participated in Nepal's National Youth Conference held in Kathmandu. Our Remote Community Development Director, Pralhad Dhakal, and Youth Projects Co-ordinator, Pema Rama Lama, highlighted our experience of working with youth. They also stressed the importance of youth participation. Youth from Humla travelled to present on some of the challenges they face, including barriers to education and the impacts of climate change.



Woman with vegetables from her Adara-supported greenhouse



Remote Community Development Director, Pralhad Dhakal, speaking at an anti-child trafficking event



# Business for purpose: Adara Partners

We've been bridging the worlds of business and people living in poverty since 1998. Thanks to our innovative business-for-purpose model, 100% of donations from our supporters go directly to project-related costs. This is because Adara Partners, an independent corporate advisory business, funds our administration and infrastructure costs.

Adara Partners brings together a panel of 16 of the most senior members of the Australian financial services industry. They work without recompense, using their investment banking skills to provide advice and wise counsel to clients.

Adara was ranked in the top 10 financial advisors on the Mergermarket League tables in both 2022 and 2023. Our clients include ASX 100 companies, leading philanthropic organisations, universities, sporting organisations and large private companies.

Since Adara's inception to end of 2023, the Adara businesses have donated more than AUD \$25 million to Adara Development.



*Some of the Adara Partners Panel Members*

## The Adara Partners Panel



**Ilana  
Atlas AO**



**Catherine  
Brenner**



**Andrew  
Best**



**Tim  
Burroughs**



**David  
Cohen**  
(joined 2024)



**Guy  
Fowler OAM**



**David  
Friedlander**



**Graham  
Goldsmith AO**



**David  
Gonski AC**



**Matthew  
Grounds AM**



**Christian  
Johnston**



**Diccon  
Loxton**  
(retired 2024)



**Jim  
McKnight**



**Tony  
Osmond**



**Nora  
Scheinkestel**



**Cynthia  
Scott**



**Philippa  
Stone**

# Partners and supporters

We cannot do our work on our own. As we celebrate our milestones, we're also celebrating our community of supporters who make them possible.

Thank you for standing with us to create a world where every person has access to quality health and education services, no matter where they live.

## Major philanthropic partners and supporters

ACME Foundation	EY	Megan Clark	Sally Webb
Ansarada	FREO2	Michelle Garnaut	Susan Burns
Aspen Insurance	George and Yvette Wahby	MinterEllison	The Garrett Riggleman Trust
AXIS Capital	Henry Chou and Joyce Cheng	Moose Happy Kids Foundation	The Greenlight Foundation
Barrenjoey Capital Partners	i=Change	Navitas Education Trust	The Inside Network
Cambridge Beaches Resort and Spa	Jacaranda Foundation	Paskeville Foundation	The Knox Foundation
Cerebral Palsy Alliance Australia	Jeff, Ede and Barbara Conyers	Paul Seshold Endowment	The L & R Uechtritz Foundation
DAK Foundation	Jo Brennan	Peter Osborne	The Pickles Foundation
David Ezekiel and David Pickering	John Charman	Portland House Foundation	The Seneca Trust
Derek Stapley	John McFarlane	Ray and Rachel Itaoui	The Shine On Foundation
Desmond Prentice Charitable Trust	Kate Johnston	RenaissanceRe	Yangchen Lama
Dominic Price	Leif Wählins Foundation	Ripple Foundation	As well as our wonderful anonymous donors – you know who you are!
The ELMA Foundation	March Group	Roberts Pike Foundation	

# Governance



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



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



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



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



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



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



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



**Jo  
Brennan**  
Director of Adara  
Development (Australia)



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



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



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



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



**Richard  
West**  
Director of Adara  
Development  
(Australia) (retired  
November 2023)



**Sheila  
Brown**  
Trustee of Adara  
Development  
(Bermuda)



**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)  
(retired November  
2023)



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



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



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

## Stewardship Council

- Laini Liberman
- Richard Houghton
- Richard West
- Thomas R. Dickson



# Financials

Despite building on the successes of the previous year in our work with people in extreme need, revenue decreased and expenses increased in 2023. This resulted in a net loss of \$725K.

Income for 2023 decreased by 19% compared to the previous year. The Adara Businesses made substantial donations in 2022 which were put to use in 2023. Our partnerships team continued to focus on building relationships with donors and partners to support our future. For Adara to scale, it is critical that we add cornerstone partner donors in 2024.

Expenditure increased by 11.2% in 2023. This uptick in expenses reflects our ongoing efforts to scale our programmes across AdaraNewborn and AdaraRemote. Additionally, we continued to invest in monitoring and evaluation, as well as knowledge sharing initiatives, to enhance the effectiveness and impact of our work.

2023 net assets amounted to \$1,041,608, down by 41% from 2022. Adara Development maintains reserves for future uses and each Adara entity ended the year with positive balance sheets.



**US\$2,094,283**

**A\$3,152,117**

contributed by the Adara businesses in 2023

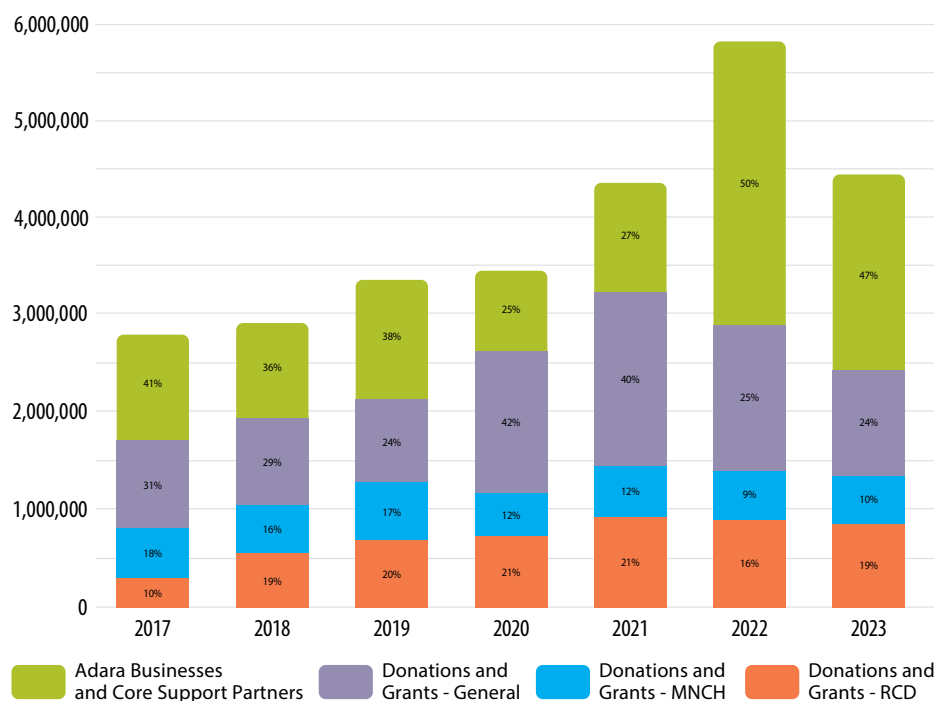
**US\$2,396,634**

**A\$3,607,188**

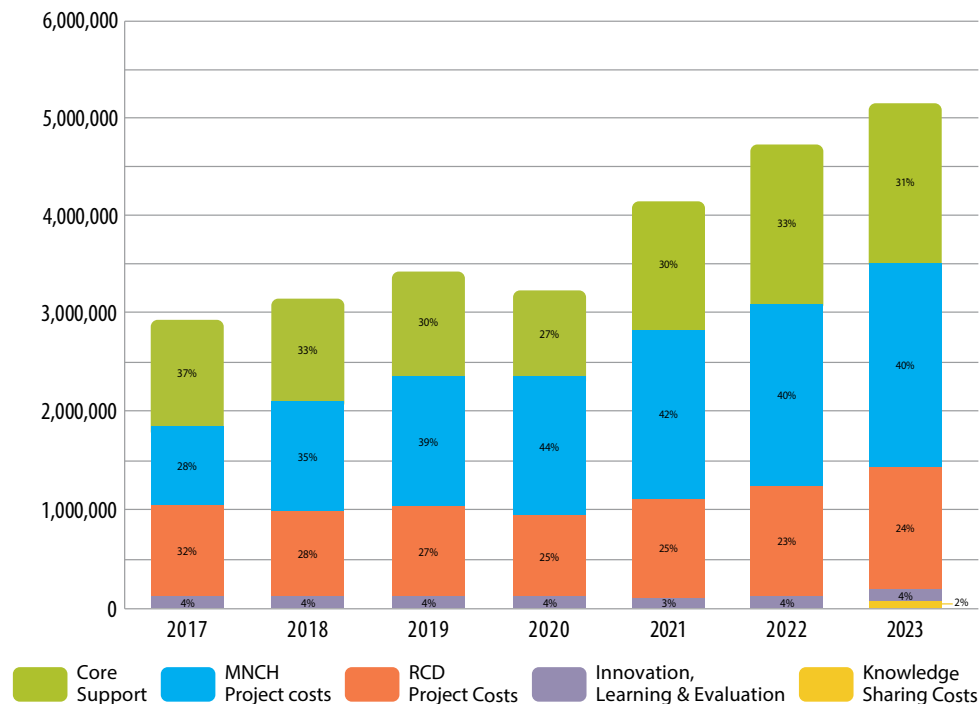
contributed from other donors in 2023

**From 1998 to the end of 2023, Adara Development has received a total of US\$55.2 million (A\$72 million). Of this, US\$18.8 million (A\$24.9 million) has been contributed from the Adara businesses towards Adara Development's administration, core support and emergency project costs.**

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



**Expenditure of Adara Development (US\$)\***



\*In 2023, Innovation, Learning and Evaluation and Knowledge Sharing costs are separately reported to MNCH and RCD costs

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

For the year ended 31 December 2023. Presented In United States Dollars (USD).

	2023	2022
<b>REVENUE FROM CONTINUING OPERATIONS</b>		
Donations and Grants		
Core Support	2,104,283	2,830,926
General	1,097,156	1,410,596
Maternal, Newborn and Child Health	434,003	497,566
Remote Community Development	855,477	897,365
Other Income	83,848	9,382
<b>Total revenue</b>	<b>4,574,767</b>	<b>5,645,835</b>
<b>EXPENSES</b>		
Programme costs		
Maternal, Newborn and Child Health	2,083,062	1,894,087
Remote Community Development	1,263,125	1,092,756
Innovation, Learning & Evaluation	185,433	191,104
Knowledge Sharing	95,524	-
<b>Total programme costs</b>	<b>3,627,144</b>	<b>3,177,947</b>
Core support	1,619,559	1,539,850
<b>Total expenses</b>	<b>5,246,703</b>	<b>4,717,797</b>
<b>NET (DEFICIT)/SURPLUS FOR THE YEAR</b>	<b>(671,936)</b>	<b>928,038</b>
<b>Other comprehensive income</b>		
Foreign currency translation loss	(53,726)	(98,327)
<b>Other comprehensive loss for the year</b>	<b>(53,726)</b>	<b>(98,327)</b>
<b>TOTAL COMPREHENSIVE (DEFICIT)/SURPLUS FOR THE YEAR</b>	<b>(725,662)</b>	<b>829,711</b>

# Adara Development summary combined statement of financial position

As at 31 December 2023. Presented In United States Dollars (USD).

	2023	2022
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	986,018	964,212
Trade and other receivables	98,002	150,990
Other current assets	235,103	867,044
<b>Total current assets</b>	<b>1,319,123</b>	<b>1,982,246</b>
<b>Non-current assets</b>		
Plant and equipment	55,685	87,847
Intangible assets	7,459	11,629
Other non-current assets	750	750
<b>Total non-current assets</b>	<b>63,894</b>	<b>100,226</b>
<b>Total assets</b>	<b>1,383,017</b>	<b>2,082,472</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 2023 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2023 available at [www.adaragroup.org](http://www.adaragroup.org). The Operations Report 2023 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 for the year ended 31 December 2023 and the Summary Combined Statement of Financial Position as at 31 December 2023 and related Notes were extracted for the purpose of providing a summary of the financial position and performance of Adara Development.

## Reporting entity

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

## Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The financial report has been prepared in accordance with the requirements of the recognition and measurement of all applicable Australian Accounting Standards adopted by the Australian Accounting Standards Board ("AASBs") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 24 April 2024.

## 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.

	2023	2022
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	45,767	54,168
Deferred revenue	68,232	-
Employee benefits	174,745	190,518
Lease liability	27,761	24,360
<b>Total current liabilities</b>	<b>316,505</b>	<b>269,046</b>
<b>Non-current liabilities</b>		
Employee benefits	17,510	10,996
Lease liability	7,394	35,160
<b>Total non-current liabilities</b>	<b>24,904</b>	<b>46,156</b>
<b>Total liabilities</b>	<b>341,409</b>	<b>315,202</b>

<b>NET ASSETS</b>	<b>1,041,608</b>	<b>1,767,270</b>
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## Accumulated funds

Accumulated surplus	1,334,089	2,006,025
Foreign currency translation reserve	(292,481)	(238,755)
<b>TOTAL ACCUMULATED FUNDS</b>	<b>1,041,608</b>	<b>1,767,270</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: <https://www.adaragroup.org/wp-content/uploads/2024/05/Adara-Development-Australia-31-December-2023-Signed.pdf>. For further information on the Code please refer to <https://acfid.asn.au>.



## 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 2023, the summary combined statement of profit or loss and other comprehensive income for the year then ended, and the notes to the Summary Combined Financial Report.

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

#### Summary Combined Financial Report

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

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

#### Audited Combined Financial Statements

We expressed an unmodified audit opinion on the audited Combined Financial Statements in our report dated 24 April 2024. That report also includes Emphasis of matter paragraphs that draw attention to the Notes in the audited Combined Financial Statements.

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

#### Emphasis of Matter – Basis of Preparation

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

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

[hlb.com.au](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: [info@hlbqld.com.au](mailto:info@hlbqld.com.au)

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

Our audit report relates to the Summary Combined Financial Report which will be published on the Australian website ([www.adaragroup.org](http://www.adaragroup.org)) (the website). Management is responsible for the integrity of the website. We have not been engaged to report on the integrity of the website. We also do not opine on any other information which may have been hyperlinked to/from the Summary Combined Financial Report or contained within the Adara Group Operations Report 2023.

#### 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 2023.

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  
20 May 2024

# Where our money goes

## MATERNAL, NEWBORN AND CHILD HEALTH

US \$2,083,062

### AdaraNewborn

#### Kiwoko Hospital, Centre of Excellence

- 109 local staff. Includes a surgeon and five doctors; 84 neonatal intensive care unit (NICU), antenatal and maternity nurses; 13 cleaners; and six local hospital support staff including finance staff, HR Assistant, laboratory technicians and a hospital technician
- Provision of equipment and medical supplies for the antenatal clinic
- Medical equipment, medicine and medical supplies for the NICU and maternity ward
- Nutrition support for mothers caring for babies in the NICU
- Training and development for NICU, antenatal and maternity staff
- Consultation and planning for NICU and maternity ward future expansion
- 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
- 19 staff within the CBHC programme including a CBHC Programme Manager, nurses, field workers, records assistants, counsellors and a security guard

#### Nakaseke Hospital

- Implementation of AdaraNewborn, including equipment, supplies and training for rolling out antenatal, intrapartum, inpatient care for small and sick newborns and postnatal arms.
- Leadership and governance training to Nakaseke Hospital's administrators, board members and ward managers, as well as members of the Nakaseke District Health Team
- 384 newborns cared for in the Nakaseke Hospital newborn unit in 2023

#### Luwero Hospital

- Launch of work with third AdaraNewborn site, Luwero Hospital
- Development of new newborn unit, including equipment and supplies
- Training and development for newborn unit and maternity ward staff, as well as biomedical technicians

#### Hospital to Home (H2H)

- 120 Adara-trained community healthcare workers (CHWs) are salaried, skilled, supervised and supplied so they can follow-up and provide ongoing support to families at home
- Text messaging programme to provide CHWs with up to date education and information
- 120 CHWs are compensated monthly through allowances for transport, airtime and refreshments
- Community Midwife to oversee and manage the programme
- Quarterly CHW training on topics related to newborn care to maintain skills and knowledge
- Monthly CHW meetings and supportive supervision
- Materials and supplies for CHWs including including alcohol wipes and soaps
- Distribution of drought-resistant seeds to caregivers in the H2H programme to support food security
- One Uganda-based Research Officer to coordinate and manage the Hospital to Home public research study
- 946 infants were enrolled in the H2H programme in 2023

#### Baby Ubuntu

- Baby Ubuntu Coordinator to oversee the programme and support early identification and intervention of children with disabilities so these children and their families can thrive
- Physiotherapist and Clinical Psychiatric Officers engaged to attend group meetings on a regular basis to

provide care

- Expert mothers and other volunteers are supported with airtime for their work
- At the end of 2023, there were 47 children participating in the programme
- Training costs for 23 new programme facilitators, including health workers, expert parents and Adara staff
- Disability awareness training for health workers, local leaders and community health workers in Nakasongola and Luwero districts
- Emergency support for 43 infants

#### Programme support

- 17 staff including six clinical and programme support staff based internationally, 12 local programme support staff and related local office costs
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring good governance and maximum impact
- Our global Maternal, Newborn and Child Health (MNCH) team works in collaboration with the clinical team at Kiwoko Hospital to plan and implement strategies to improve MNCH outcomes through regular and sustained capacity building
- Participated in World Prematurity Day celebrations in November
- Community education via local radio programmes

#### Adara Youth Community Centre

- Centre to support at-risk adolescents with sexual and reproductive health education and services including family planning, antenatal care, counselling, life skills training, and connection with health services
- One social worker, one lab technician, one cleaner and two security guards plus volunteer peer educators and health workers
- Equipment and supplies for the centre
- 135 young women enrolled in the AYCC to receive antenatal care
- Outreach to 27 schools across 24 villages, providing 4,615 students with in-school health education
- Social and learning activities such as music, debate, sport and drama competitions to entertain young people and support their skills-building
- 624 youth accessed care at the AYCC in 2023

#### Critical healthcare

- 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
- Clinical support and health education to people living with chronic conditions such as epilepsy, tuberculosis and people living with disabilities

## REMOTE COMMUNITY DEVELOPMENT

US \$1,263,125

### AdaraRemote

#### Education, Humla

- Midday meals for more than 500 students at Syada and Santa schools
- Provision of learning materials for eight schools including white boards, markers, pens, posters, science lab resources and other materials related to creating a child-friendly teaching and learning environment
- Scholarship support for 1,190 students from target villages, including uniforms, stationery and notebooks
- Nine daily before and after school classes in two villages
- Salaries for seven teachers, two school helpers and four early childhood development teachers
- 1,972 students enrolled in 15 Adara-supported schools – 52% are girls

#### Education, Ghyangfedi

- Programme Manager costs and related travel expenses

- Provision of reusable masks, sanitiser, toiletries and other PPE to Ghyangfedi health post, schools and health workers
- Midday meals, utensils, learning materials, uniforms provided daily to 634 students at the Shree Ghyangfedi School and the surrounding seven feeder schools
- General physical examination for school children
- Scholarships provided to 24 youths to attend college, undertake technical courses or study Plus Two (the optional last two years of secondary schooling in Nepal)
- Salaries of 13 teachers

#### Child protection

- Child protection training at Adara-supported schools
- Production of 14 episodes of an antitrafficking radio programme that is broadcast throughout the Humla region with our partner, The Himalayan Innovative Society

#### Youth development

- Life skill and personal development training organised for Adara-supported youth in Humla and Ghyangfedi
- Career counselling for students undertaking their Secondary Education Examination (SEE) across five schools in Humla and Ghyangfedi
- Formation of youth club in Syada village which led an awareness raising campaign on hygiene, waste management, alcoholism and other youth issues
- Teaching internship provided to three graduates
- Support for youth events, including for the International Day of the World's Indigenous Peoples and National Youth Conference

#### Health

- Maternal, Newborn and Child Health training for health workers in Humla and Ghyangfedi, delivered by neonatal nurses from Adara's clinical team
- Support for the relocation and subsequent construction of a new health post in Kholsi
- Establishment of telemedicine services at Chauganfaya health post
- Equipment and medicines to support five health posts so the community has access to year-round health care
- Two health assistants, one lab technician, one senior nurse and one auxiliary nurse midwife to ensure the health posts and birthing centres are attended by skilled health professionals
- Sowa Rigpa (traditional Tibetan Medicine practitioner) travelled through Humla providing healthcare to more than 1,000 patients
- Health training to Humli communities on topics including MNCH, farming, and water, sanitation and hygiene
- 10,429 appointments at five Adara-supported health posts
- 37 women gave birth at the Adara-supported birthing centre

#### Community resilience

- Earthquake-resistant buildings, including classrooms, kitchen and hostel facilities, completed in Humla and Ghyangfedi
- Disaster preparedness training for more than 120 Shree Ghyangfedi School students, teachers, parents and school management committee members
- One Child, One Tree project which teaches students at Adara-supported school to plant, nurture and protect fruit saplings

#### Hands in Outreach

- More than 160 children are receiving continued support from Hands In Outreach Nepal for their education
- Adara supported healthcare and dental care for 123 children in need
- 70 families received Adara-supported direct assistance
- Contribution to salaries of nine teachers

#### Himalayan Children's Society

- 13 local staff, including six teachers, plus related office costs

- 180 students accommodated in safe school hostels during the year
- Two agriculture teachers facilitating agriculture and farming education in Yalbang
- Agriculture Education Project provided 44 students with technical and managerial experience in agriculture, animal husbandry and horticulture
- 120 children receiving Adara scholarships (food support, notebooks, textbooks)

#### The Himalayan Innovative Society

- Four local staff and related office costs
- FM radio programme to raise awareness about child trafficking and child abuse in Humla
- Anti-trafficking projects including watchdog committees, conferences and radio programmes

#### The Women's Foundation

- One local lawyer who leads a team of lawyers to seek justice for victim-survivors of domestic violence
- 403 women were provided with legal services

#### Programme resources

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

#### KNOWLEDGE SHARING

US \$95,524

- Two staff including Knowledge Sharing Manager (Sydney) and Knowledge Sharing Manager (Nepal)
- Development of the Adara Knowledge Centre, an open-access online Knowledge Sharing platform
- Development and design of knowledge sharing materials, including the Hospital to Home package and greenhouse manual

#### INNOVATION, LEARNING AND EVALUATION

US \$185,433

- Four staff including Monitoring and Evaluation Manager (Sydney) and Research, Monitoring and Evaluation Managers in Uganda and Nepal as well as a Research, Monitoring and Evaluation Officer in Uganda
- Three staff including Senior Advisor of Innovation and Best Practice and two Interns
- Research and literature reviews on relevant and pressing topics
- Monitoring and evaluation of all projects

#### CORE SUPPORT

US \$1,619,559

- Core support expenditure during 2023 ensured all areas of our project-related work have the necessary resources and help they need to operate effectively. These costs were all paid for directly by the Adara businesses and a small number of core support partners, ensuring that 100 cents in every dollar of all other financial partners' support went directly to project and project related costs
- 19 global support staff (plus two secondees and one volunteer) including the CEO, finance, legal, partnerships and communications team members together with related office costs
- Leadership and development of short and long-term strategy and direction
- Global coordination of activities and policies to ensure projects have the resources and assistance to be effective as they partner with communities in Uganda and Nepal
- Managing global governance, compliance, legal, human resources, information technology and administration
- Financial compliance including grant reporting, global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction
- Global communications internally and externally
- Fundraising and regular reporting and liaising with existing financial partners worldwide



# We value your feedback!

We welcome your feedback. You can provide feedback, lodge a complaint or pay us a compliment by contacting us at [info@adaragroup.org](mailto:info@adaragroup.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).

Adara Development (Uganda) is registered and incorporated as a company limited by guarantee (No80020002804673). Its registration number with the National Bureau for Non-Governmental Organisations is 1983.

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

Adara Development (USA) is a registered charity in 37 states and has 501(c)3 status to receive tax-deductible donations. Our US state fundraising disclosures are available here: <https://www.adaragroup.org/wp-content/uploads/2021/09/State-Fundraising-Disclosures.pdf>

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

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

Adara Partners (Australia) Pty Limited (ACN 601 898 006) is registered in Victoria, Australia, and is

an authorised representative of Adara Advisors Pty. Limited. Adara Partners is a registered B Corp.

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

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

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.

Photographs © Adara Group, 2011–24, are courtesy of our amazing staff, supporters and volunteers, unless otherwise credited.

Adara Development (Australia) is a member of the Australian Council for International Development (ACFID), the peak council for Australian not-for-profit aid and development organisations. We are a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory, we are committed to and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity. Complaints relating to alleged breaches of the code can be lodged with the ACFID Code of Conduct Committee at [code@acfid.asn.au](mailto:code@acfid.asn.au). You can find information about how to make a complaint at [www.acfid.asn.au](http://www.acfid.asn.au).

This report is printed on Precision, a PEFC-certified stock, made from elemental chlorine-free bleached pulp sourced from sustainably managed forests and non-controversial sources. It is manufactured by an ISO14001-certified mill using renewable energy sources.

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



*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.*







**ADARA**  
GROUP  
— BRIDGING WORLDS —

[www.adaragroup.org](http://www.adaragroup.org)  
[info@adaragroup.org](mailto:info@adaragroup.org)

