



— BRIDGING WORLDS —

## Operations Report 2024

A group of children, mostly of South Asian descent, are shown in a close-up shot. They are all wearing blue tracksuits with white stripes on the sleeves. Several of the children have their hands pressed together in a prayer or 'namaste' gesture. The children are looking towards the camera with expressions of hope and gratitude. The background is a plain, light-colored wall.

Looking Back with Gratitude.  
Moving Forward with Purpose.



# 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.



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# A LETTER FROM MADELINE VAUGHAN, CEO

Dear Friends,

2024 was another remarkable year for Adara. As I reflect, I feel immense pride in all we achieved – and deep gratitude for the incredible people who walked alongside us. Together, we’ve continued to advance our mission to support communities living in poverty with health, education, and other essential services – a commitment that has been at the heart of our work for 27 years.

Hand in hand with our incredible teams and community of supporters, we made progress strengthening our AdaraNewborn and AdaraRemote models throughout 2024. From opening a leading newborn unit at our third site in Uganda, to rebuilding four more schools in remote Nepal, we continued to drive meaningful change. Beyond this, we shared our knowledge to reach even more people and expand our impact across the globe.

As always, we remain deeply connected to the individual stories at the core of our work. Stories like that of Baby Eva, who is now thriving after received lifesaving care at Nakaseke Hospital. Or Lapka, whose journey shows what’s possible with perseverance, ambition and access to a quality education. These stories inspire us every day and serve as a powerful reminder that behind every achievement are real lives being saved and transformed. Together we’re creating change – one newborn, one child, one family at a time.

In 2024, we also made a bold step forward in our localisation journey. After years of building capacity and growing expert teams in-country, we made the decision to close our US office at the end of the year. This move reflects our commitment to ensuring leadership and expertise are centred where the work happens. As we graduate from US-based clinical and research support, we are investing in new clinical and knowledge-sharing roles in Uganda. I want to extend heartfelt thanks to our US staff for their many contributions over the years. As we enter this next chapter, our local teams will continue to lead with excellence.

We’re also operating in a rapidly changing global context. Aid budgets continue to shrink, and support for development efforts has become more uncertain. These shifts present real challenges – but they also reinforce just how vital our work is. The communities we serve continue to face immense need, and in times like these, our deep partnerships, proven models, and long-term commitment are more important than ever.

As we celebrate our progress, we also recognise the work that remains. We feel a deep responsibility to keep pushing forward. As the world is evolving, so are the challenges facing the communities we serve. But with the right people, vision and determination, I know we will continue to grow our impact in the years to come.

Looking back with gratitude, we move forward with purpose – committed to building a brighter, fairer future for all.

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.



## ADARANEBORN

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.

AdaraNewborn 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. The AdaraRemote 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 18 of the most senior members of the Australian financial services industry. These Panel Members use their investment banking skills and expertise 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 in some of the world’s remotest places.

Read more on page 35.

# 2024 AT A GLANCE

## GLOBALLY



more than  
**70,000**  
people reached, as well as  
countless others through  
knowledge sharing



**US\$4.8M**  
donated to our work



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

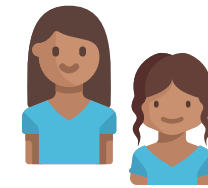


**403**  
staff, volunteers and  
secondees – directly and  
through our community  
partners

## MATERNAL, NEWBORN AND CHILD HEALTH



**13,203**  
mothers cared for across  
Kiwoko, Nakaseke and  
Luwero maternity wards –  
a 138% increase from 2023



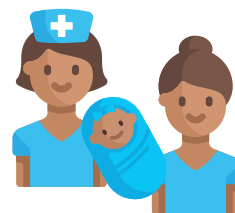
**2,983**  
youth received  
counselling sessions  
through the Adara Youth  
Community Centre – a  
15% increase from 2023



**2,381**  
babies cared for across  
Kiwoko, Nakaseke and  
Luwero newborn units –  
a 37% increase from 2023



**128**  
children are currently  
enrolled in the Baby  
Ubuntu programme – 208  
babies have participated  
since inception in 2021



**818**  
infants enrolled in  
our Hospital to Home  
programme – 97%  
received at least one at-  
home follow-up visit



**393**  
staff trained across three  
Adara Newborn sites – a  
159% increase from 2023

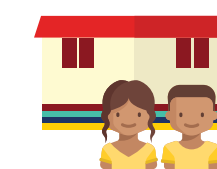
## REMOTE COMMUNITY DEVELOPMENT



**2,023**  
students across 15  
Adara-supported  
schools – 53% are girls



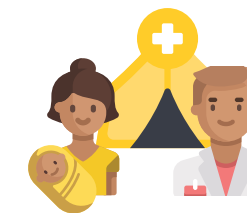
**59**  
women gave birth  
at Adara-supported  
birthing centres – a  
15% increase from 2023



**90%**  
average student attendance rate  
across all Adara-supported schools  
– compared with the national  
average attendance rate of 68%



**7,652**  
appointments across  
all Adara-supported  
health posts



**2,520**  
visits to the Sowa Rigpa  
(traditional Tibetan  
medicine practice) – an  
increase of 79% from 2023



**111**  
new greenhouses  
built – a 22% increase  
from 2023



## MATERNAL, NEWBORN AND CHILD HEALTH

# AdaraNewborn

### THE CHALLENGE

In Uganda, newborn disorders are the leading cause of death. 45,000 newborns die each year. An additional 6,000 women die during childbirth. Most of these deaths are preventable. Despite a national commitment to progress, sufficiently trained health workers are in short supply. 80% of health facilities are ill-equipped to care for newborns. Many existing solutions fail to address the inextricable connection between mother's and baby's health.

As a result, Uganda is off track to achieve the maternal and newborn mortality Sustainable Development Goals (SDGs).

### OUR SOLUTION

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

We've pioneered a model – AdaraNewborn – for increasing survival rates for the sickest and smallest newborns and their mothers to meet SDG targets. AdaraNewborn delivers catalytic interventions spanning the continuum of care – from pregnancy through to return home after birth. Now we're expanding this model across Uganda to save more maternal and newborn lives.

Together we can build a world in which every woman can give birth safely, every newborn receives the right care at the right time and every child survives and thrives.





# ADARANEBWORN MODEL

Five targeted pillars underpin the AdaraNewborn 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.



## KNOWLEDGE SHARING

We develop and share resources, research and expertise with partners and governments in Uganda and beyond.



OUR ULTIMATE VISION FOR ADARANEBWORN IS GLOBAL.

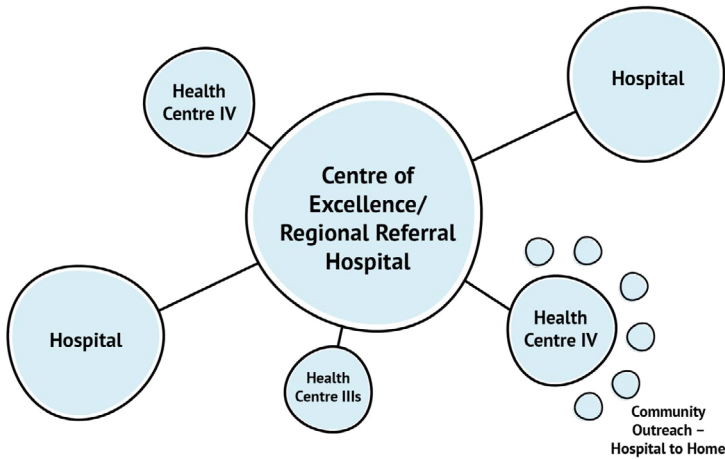
AS WE SHOW WHAT ADARANEBWORN CAN DO IN UGANDA, WE WILL SHARE OUR KNOWLEDGE AND EXPERIENCE SO OTHER COUNTRIES CAN ADAPT AND ADOPT THIS MODEL.

# ADARANEBWORN FACILITIES

To bring our AdaraNewborn vision to life, we are implementing a hub and spoke approach. A Centre of Excellence or Regional Referral Hospital that is well-equipped providing specialised care, mentorship and technical support serves as the hub at the centre of the network.

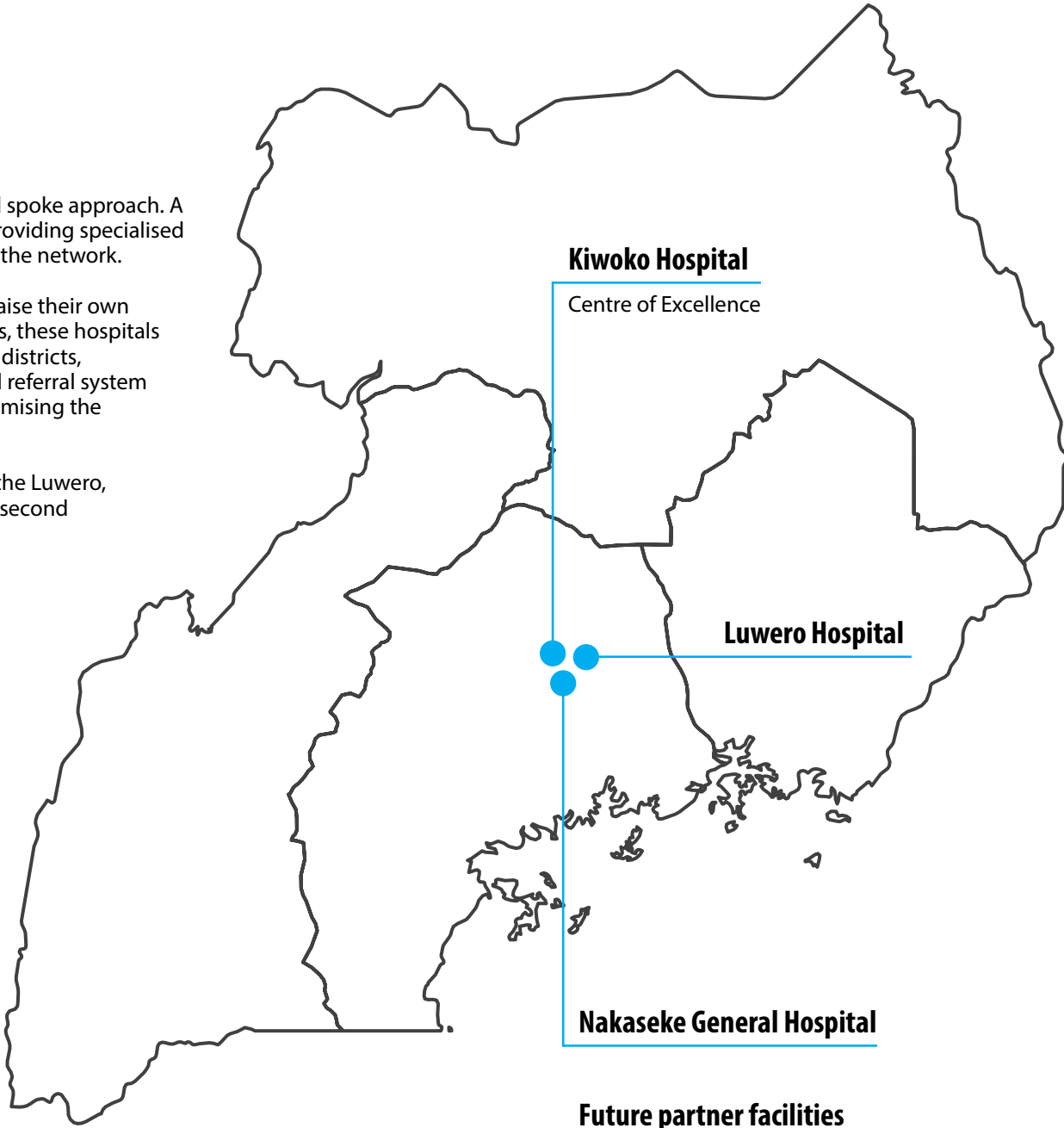
Surrounding health facilities (the spokes) draw on the hub's expertise to raise their own capacity, improving service delivery at multiple levels. As the model grows, these hospitals and higher-level health facilities will become hubs within their respective districts, supporting lower-level health facilities as spokes. This creates a structured referral system that ensures patients receive care at the most appropriate level while optimising the strengths of each facility.

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



## EXPANDING ADARANEBWORN TO FOURTH SITE IN 2025

In 2025, we will begin implementing AdaraNewborn at Nakasongla Health Centre IV. This will involve consultation meetings, clinical and health facility needs assessment, establishing baseline data, training, providing equipment, mentorship and more.



## Kiwoko Hospital

Centre of Excellence

## Luwero Hospital

## Nakaseke General Hospital

## Future partner facilities

- 2 health facilities
- Model replicated in second regional network



# KIWOKO HOSPITAL: CENTRE OF EXCELLENCE

Since 1998, 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. Our work with Kiwoko is at the heart of AdaraNewborn. Building on this experience, we are now expanding our model to reach more communities across Uganda, improving care for mothers and newborns nationwide. As we strengthen our regional approach, Kiwoko’s role within the regional health landscape is evolving. With increased ability from surrounding facilities to provide maternal and newborn care, Kiwoko acts as a referral facility. This means Kiwoko provides higher levels of care for more complex cases while also modelling what is possible in newborn health.

## STRENGTHENING MENTORSHIP AND FACILITY LEADERSHIP

Throughout 2024, we put an increased emphasis on strengthening mentorship across our facilities. Kiwoko played a central role, with their experts mentoring Uganda’s next generation of nurses and midwives to become champions of newborn care in their own facilities. To complement this, we also focused on strengthening leadership and governance – delivering five-day leadership and governance training at Kiwoko in May to boost facility efficiency and quality-of-care.



2,523  
maternity ward  
admissions

1,210  
neonatal  
intensive care  
unit (NICU)  
admissions

83%  
NICU survival  
rate – up from  
77% in 2005

37.5%  
of NICU admissions were referrals  
from other hospitals – up from  
35.3% in 2023, highlighting  
Kiwoko’s role as a referral facility



## EXPANDING KIWOKO’S NICU

Over the past several years, the Kiwoko NICU has been regularly overcrowded. To address this congestion, we have begun a project to expand the NICU and maternity ward in partnership with global expert Build Health International (BHI). In 2024, BHI travelled to Kiwoko to review the site and has proposed exciting plans for the new units. This will ensure Kiwoko is equipped to maintain quality care.

## STRENGTHENING MATERNAL CARE

We put a strong focus on maternal care throughout 2024. An extensive programme of ongoing maternity training was run every month across all three AdaraNewborn facilities, including Kiwoko Hospital. As part of this, we rolled out ‘Essential Care for Labour and Birth’ training to health workers. This was designed to improve the quality and experience of care for women and newborns during labour, birth and the immediate postpartum period.

## IMPROVING NEWBORN CARE

We provided newborn care training to nurses and midwives on a range of topics. This included neonatal resuscitation training with an emphasis on teamwork, leadership, communication and ventilation skills, ‘Essential Newborn Care’ training, and infection prevention and control training. Ongoing newborn care training like this builds staff skills and confidence to deliver lifesaving care.

## LOOKING AHEAD: PLANS FOR 2025

- Continue supporting facility and specialist staff to strengthen critical care
- Continue raising required capital to begin the NICU and maternity ward expansion project
- Build staff skills through formal training across all five AdaraNewborn arms
- Launch new Mentoring Our Midwives programme to train facility midwives to become mentors and champions within their own facilities

# NAKASEKE GENERAL HOSPITAL

Nakaseke General Hospital is a public facility and our second AdaraNewborn site. Our partnership began in 2017 when we began implementing the “inpatient care for small and sick newborns” arm of AdaraNewborn. This included a specialised newborn training programme and the opening of a special care baby unit (SCBU). We expanded the unit further in 2021.

Now, the intrapartum, antenatal and postnatal components of AdaraNewborn are in full swing. In 2024, we laid the groundwork for the rollout of our newborn follow-up programme, completing the full implementation of AdaraNewborn at Nakaseke.

## IMPROVING LEVEL OF CARE

We’re working to strengthen and improve the level of care available at Nakaseke. In 2024, we up-skilled staff, delivered leadership and governance training, advocated for increased doctor availability for the SCBU and improved consistent electricity.

To complement this, the District Health Office provided Nakaseke with an ambulance for more timely referrals to facilities such as Kiwoko. Faster transport is crucial to saving lives.

## MATERNAL CARE TRAINING AND MENTORSHIP

We strengthened maternal care through a range of training and mentorship initiatives. We introduced ‘Essential Care for Labour and Birth’ training and trialled a new mentorship initiative for midwives from lower-level facilities. Also, we implemented an innovation that is saving lives: plastic calibrated drapes that reduce postpartum haemorrhage. We distributed these lifesaving drapes and ran extensive training.

## LOOKING AHEAD: PLANS FOR 2025

- Continue advocating for improved procurement, staffing, and infrastructure at Nakaseke Hospital
- Support Nakaseke’s doctors in mentorship training at Kiwoko Hospital to enhance newborn care
- Strengthen facility leadership and governance through mentorship training
- Implement our Mentoring Our Midwives programme at Nakaseke

3,386  
maternity unit  
admissions

99.9%  
maternal  
survival rate

374  
SCBU  
admissions

95%  
SCBU  
survival rate

## MEET HOPE AND BABY EVA: QUALITY CARE AT NAKASEKE HOSPITAL

At just seven months pregnant, Hope was rushed to Nakaseke Hospital after she started bleeding at home. The team quickly assessed the situation and prepared for an emergency caesarean section.

Hope gave birth to a tiny baby girl, Eva. Unfortunately, Eva was small and sick – too weak to cry and had yellowish skin. She was immediately transferred to the hospital’s special care baby unit (SCBU), where a team of skilled doctors, midwives and nurses cared for her around the clock. Hope was overwhelmed by how small her daughter was, but also felt relieved knowing that Eva was in good hands.

Eva faced challenges early on, especially with breastfeeding. But with the support of nurses and midwives, by the end of the first week she was able to breastfeed on her own. Eva slowly grew stronger until she was well enough to go home.

Hope is deeply grateful for the care they both received. “If it wasn’t for the health workers at Nakaseke Hospital, my baby wouldn’t be alive,” she says. Today, Baby Eva is thriving.





# LUWERO HOSPITAL

Luwero Hospital is our third and newest AdaraNewborn site. Operations commenced in January 2024, following the launch of our partnership in early 2023. Together, we are improving maternal and newborn survival in this public facility by providing comprehensive support for women and newborns across the continuum of care.

In 2024, we saw our impact at Luwero through an increased number of mothers presenting to the maternity unit, the maintenance of a strong maternal survival rate and an improved special care baby unit (SCBU) survival rate.

7,294

maternity unit admissions – a 12% increase from 2023

99.9%

maternal survival rate

5,214

deliveries in the maternity ward – a 13% increase from 2023

797

SCBU admissions – with a 97% survival rate



## NEWBORN UNIT RENOVATIONS

We celebrated an AdaraNewborn milestone in January with the opening of Luwero Hospital's expanded newborn unit. Previously, five babies shared a single bed. The new unit has been designed to care for up to 20 babies. With support from the DAK Foundation, we equipped the unit with critical lifesaving equipment. The unit has a committed paediatrician and six nurses specially trained and mentored in newborn care.

## INSTALLING OXYGEN WITH FREO2

We've partnered with FREO2 – an organisation focussed on reducing child mortality from respiratory illnesses in low- and lower-middle-income countries – since 2021. In September, we expanded our partnership with FREO2 to Luwero, where they installed their oxygen system in the newborn unit. This system ensures an uninterrupted oxygen supply. FREO2 ran training on the system's use and maintenance for doctors, nurses and biomedical engineers.

## LEADERSHIP AND GOVERNANCE TRAINING

In May, we conducted five-day leadership and governance training at Luwero Hospital to strengthen facility leadership, management, and stakeholder engagement. Sessions covered health service delivery, governance frameworks, leadership strategies and action planning for community health challenges. The training brought together administrators, board members, managers, government officials, and other key leaders to enhance effective management and improve healthcare services and systems.

## ONGOING MENTORSHIP

Formal training was complemented by ongoing mentorship and continuing medical education. Throughout 2024, Adara provided mentorship to health workers at Luwero across antenatal, intrapartum, postnatal, inpatient and outpatient care. This equipped health workers with essential skills and strengthened their clinical decision-making to improve patient outcomes. This will ensure that all patients receive high-quality care in even the most challenging settings.

## LOOKING AHEAD: PLANS FOR 2025

- Build mentorship through new Mentoring our Midwives programme, with a focus on maternal care
- Deliver targeted training in antenatal, intrapartum, and postnatal care, with a focus on obstetric emergencies
- Strengthen hub and spoke model by training health workers from lower-level facilities at Luwero and improving referral pathways

# ROLLING OUT OUR QUALITY IMPROVEMENT TOOL

Quality improvement systems allow facilities to track their progress and understand areas where they can improve. In 2024, we developed and rolled out a bespoke quality-of-care tool at all AdaraNewborn facilities.

Our quality-of-care tool is based on World Health Organization (WHO) quality standards and indicators that monitor the care provided and the patient's experience. It also includes a scoring system to assess facility performance. This way they can understand the factors that influence quality care, which areas are performing well and where they can improve.

Based on the results, we will support facilities to develop action plans to boost quality-of-care, and track steps taken to address identified gaps. Facilities are responsible for implementing the plan, guided by a healthcare Quality Improvement Committee.

Each year, we will conduct a quality-of-care assessment to measure progress. This also allows us to identify emerging issues and develop mitigation strategies. And at the end of the day, this will translate directly into lives saved.

As we enter additional AdaraNewborn facilities, we will roll out our quality-of-care tool. To accelerate health care quality improvement globally, we plan to share this tool with other organisations through the Adara Knowledge Centre, partnerships and conferences. In parallel, we have also developed a research protocol which will be used to investigate the relevance and utility of the tool and its effectiveness in improving maternal and newborn outcomes in each facility.

**"The results we're seeing now are our baseline. We can see the strengths of each AdaraNewborn facility while also identifying opportunities for growth. We can see where we need to do further training, where the facilities need to carry our infrastructure updates, where we need to work with the district to drive systems change. Over the years, we expect to see the quality-of-care in each facility improve."**

- Beatrice Niyonshaba  
Deputy Director of Maternal, Newborn and Child Health





# HOSPITAL TO HOME

818

infants were discharged into the H2H follow-up programme – 97% received at least one at-home follow-up visit

98%

survival rate of infants in the programme

13

infants received medical referrals after CHWs identified danger signs at home visits.

120

community health workers incentivised, skilled, supervised and supplied

Hospital to Home (H2H) is our flagship newborn follow-up programme, supporting high-risk infants in the hospital and after they return home. H2H is part of 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.

## FIVE YEARS OF H2H

In our work with small and sick newborns, we identified that high-risk infants in low-resource settings have an increased risk of complications after discharge. However, they received very little support after leaving the hospital.

In 2019, we launched Hospital to Home (H2H) to address this critical gap. We have successfully implemented H2H at Kiwoko Hospital over the past five years. Over that time, 5,035 babies have been enrolled in H2H, with 98% receiving a follow-up visit.

## PUBLIC ADAPTATION OF HOSPITAL TO HOME

We’re adapting our H2H programme for public facilities across Uganda, starting with a pilot at Nakaseke Hospital. In March we hosted a workshop with the Ministry of Health to share knowledge and lay the groundwork. Our team then ran extensive training for staff at Nakaseke on both the ‘hospital’ and ‘home’ components. 51 CHWs were trained to ensure that babies receive the follow-up care needed to survive and thrive. We plan to officially launch H2H Public in 2025.

## COMMUNITY SENSITISATION

Throughout 2024, we conducted community sensitisation sessions on maternal and newborn health, engaging mothers, local leaders, midwives, and community members. The sessions covered topics such as the importance of antenatal care, prematurity, postpartum hemorrhage, newborn care and disability prevention. We also introduced new topics on infection awareness. Through these efforts, we aim to improve maternal and newborn care and encourage community members to access health facilities.



## LOOKING AHEAD: PLANS FOR 2025

- Launch H2H at Nakaseke Hospital to support mothers and babies across the district
- Conduct a research study on H2H’s feasibility, acceptability and scalability in a public context
- Provide refresher training for CHWs on feeding progression, kangaroo mother care, home safety, and family planning
- Continue to strengthen partnerships with the Ministry of Health and district to expand H2H’s impact

# HOSPITAL TO HOME OUTCOMES PAPER

## KEY FINDINGS



Significant improvements in health outcomes



Both caregivers and healthcare workers reported the programme as beneficial



Improved healthcare workers’ knowledge, confidence and collaboration with caregivers, leading to stronger family-centred care

Our Hospital to Home Outcomes paper has been published. The study demonstrated that H2H is feasible and acceptable in a rural Ugandan setting. It highlighted the potential of H2H in resource-limited settings to improve health outcomes, caregiver engagement and community perceptions of high-risk newborn care.

Importantly, it found there were significant improvements in health outcomes including higher vaccination completion (88.5% vs. 76.9%) and exclusive breastfeeding rates (42% vs 6.6%). It also demonstrated that health personnel and community health workers in low- and middle-income countries can acquire the knowledge and skills to support small and sick newborns. Both caregivers and healthcare workers reported H2H as beneficial with high participation and engagement in home visits.

We will now take these learnings to continue to develop and expand the programme, ensuring that more small and sick newborns survive and thrive.

Read the Outcomes Paper: <https://gh.bmj.com/content/10/2/e015945>

## COMMUNITY HEALTH WORKER SPOTLIGHT: MEET PROSSY

Prossy Namugeere has been a community health worker for nearly two decades. She is part of our network of 120 CHWs. We’re so fortunate to leverage the skills and power of CHWs like Prossy to enhance care to mothers and newborns in the community.

“Before, many small or sick babies didn’t survive because the families didn’t know the danger signs or couldn’t reach the hospital. Now we visit the babies at home to check they are healthy and teach mothers to care for them. This study illustrates with data the impact I have seen with my own eyes for the past five years.

I love being a community health worker. I love helping my people in the villages I work in. I feel like I’m helping my community to have a good life and to be healthy.”





# BABY UBUNTU

58

new infants enrolled in the Baby Ubuntu programme – 208 have participated since inception in 2021

22

infants graduated from the programme

410

medical referrals – a 29% increase from 2023

76

assistive devices were provided to support children's mobility and development

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

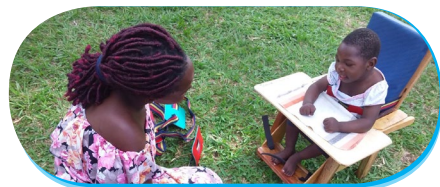
Baby Ubuntu offers a parent education programme with 12 modules, providing both emotional and practical support and access to services. The programme empowers caregivers, boosting their confidence and equipping them with the knowledge and tools to care for their child.

## INTRODUCING SPEECH THERAPY

We expanded Baby Ubuntu's services to include speech therapy, ensuring that all children received speech, language, feeding and swallowing interventions. Through speech therapy, children showed improvements in environmental awareness, oral motor skills and cognitive abilities. Caregivers also reported reduced choking during meals and increased communication. In 2024, 48 speech therapy sessions were provided to 55 children.

## PROVISION OF ASSISTIVE DEVICES

It has long been a dream of ours to provide children in the programme with assistive devices to improve their independence, functioning and overall wellbeing. In April, we hosted a team from Katakemwa Cheshire to assess and measure children for assistive devices. 76 devices were provided in October, including 58 cerebral palsy chairs, 10 standing frames and 8 ankle-foot orthosis shoes.



## NEW MALE INVOLVEMENT MODULE

A key success to reducing stigma and increasing awareness about disability has been including fathers in the Baby Ubuntu programme. In 2024, we supported the development and pilot of a new module focused on male and father involvement. We hope this module will promote shared caregiving, reduce violence and improve family cohesion.

## LOOKING AHEAD: PLANS FOR 2025

- Expand father engagement modules across all Baby Ubuntu sites to encourage family-centred care
- Conduct disability identification and referral training for CHWs from Nakaseke Hospital
- Pilot a nutrient supplement for babies in the programme to support nutrition and development



## CATHERINE AND CHARLES' STORY

When Catherine's son, Charles, wasn't meeting his developmental milestones, she began to lose hope. Despite her efforts, nothing seemed to help him.

Thankfully, they were connected with Baby Ubuntu and Catherine finally began to find answers. She learned that Charles had a neurodisability. As they continued to attend sessions, Catherine was shown how to care for Charles and provide him with the support he needs.

Slowly but surely, she saw progress in Charles. As he continued to develop, so did Catherine's hope. Eventually, he began to meet milestones Catherine had thought she'd never see, including his first steps. "One day I saw him standing by himself and taking his first step," Catherine reflects. "I am overjoyed that he has learned to walk. It's not perfect yet, but he is improving every day."

# ADARA YOUTH COMMUNITY CENTRE

739

youth accessed care at the AYCC – a 16% increase from 2023

2,983

individual counselling sessions were provided to youth

282

youth received education on family planning and contraception – a 79% increase from 2023

498

antenatal care appointments were provided

The Adara Youth Community Centre (AYCC) supports adolescents by providing sexual and reproductive health education and services. Young people aged 10 to 24 can access family planning, counselling, life skills training, antenatal care services and connection with health services. The centre also provides community outreach, working closely with schools, parents and local leaders.

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

## EXPANDING COMMUNITY OUTREACH

To expand the AYCC's reach, our social worker and peer educators work closely with schools, parents and the local community to raise awareness about the issues facing young people and the available services. Throughout 2024, there were 1,675 attendees to village community outreach sessions – a 79% increase from 2023. During these visits, peer educators gave talks on health education topics. This ensured youth were equipped with the knowledge to make informed health decisions.

## CONTINUING GROUP ANTENATAL CARE

We continued offering group antenatal care at the AYCC to help foster a supportive network for young pregnant women and encourage health-seeking behaviours. This alternative model combines conventional aspects of antenatal assessment with group discussion and peer support. There were 147 new youth enrolled in the antenatal clinic in 2024. It was encouraging to see young mothers from our first groups in 2023 returning with their babies for postnatal care.

## ENTREPRENEURIAL SKILLS PROGRAMME

We partnered with Baylor College of Medicine Children's Foundation Uganda to welcome 53 mothers from the AYCC into their entrepreneurial skills programme. This aims to help young women build brighter futures and support their families through vocational training in tailoring, hair dressing, catering, cosmetology, baking, shoe making and other valuable income-generating skills.

## LOOKING AHEAD: PLANS FOR 2025

- Expand AYCC services to more villages and schools to increase reach
- Continue to train volunteer health workers on adolescent sexual and reproductive health and youth-friendly services
- Conduct refresher training for peer educators on managing youth sexual and reproductive health
- Strengthen clinical supervision of AYCC services with support from Kiwoko Hospital





## REMOTE COMMUNITY DEVELOPMENT

# AdaraRemote

### THE CHALLENGE

In Nepal, 79% of the population live in remote areas. They face substantial geographic, economic and social challenges.

Twenty-two percent of rural residents don't complete primary school, and 85% don't finish secondary education. Over 40% of girls in remote areas are married by the age of 18. And access to essential services is limited, resulting in significant disparities in mortality rates as well as increased vulnerability to climate change. Remote populations are consistently some of the most underserved in the world, leading to slow progress on the Sustainable Development Goals.

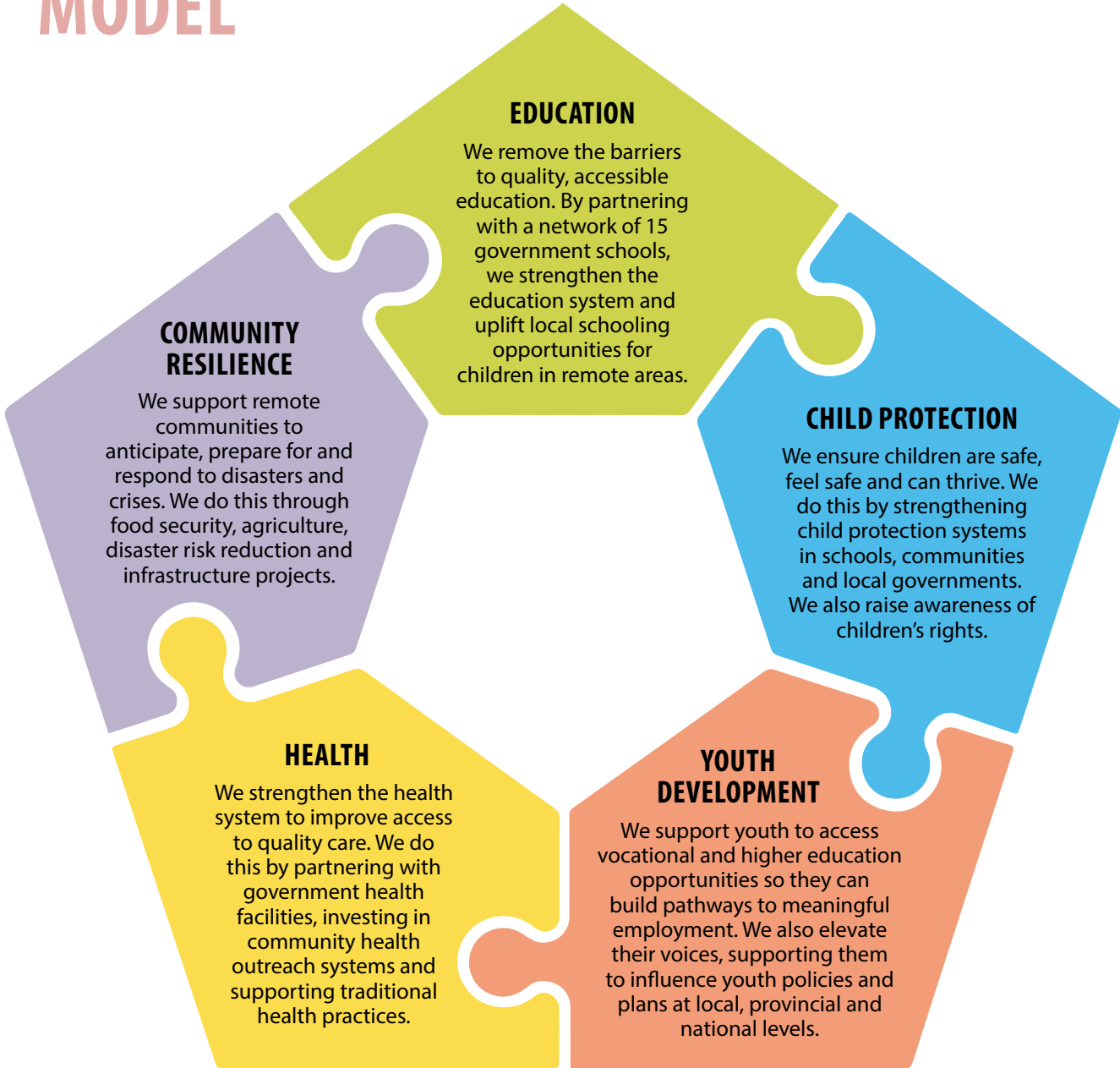
### OUR SOLUTION

Since 1998, we've developed programmes that improve health and education outcomes in remote areas. Now we're strengthening and scaling these through our AdaraRemote model. AdaraRemote is a holistic approach to remote community development that surrounds people with the support they need to lead healthy and productive lives.





# 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 thrive.



**SYSTEM STRENGTHENING**  
Engaging government to strengthen education, health, child protection and youth development systems.



**TRAINING**  
Training for teachers, health workers, students and communities across all programme areas.



**INFRASTRUCTURE AND RESOURCES**  
Establishing earthquake-resistant infrastructure for schools and birthing centres, plus essential resources for schools, health facilities and households.

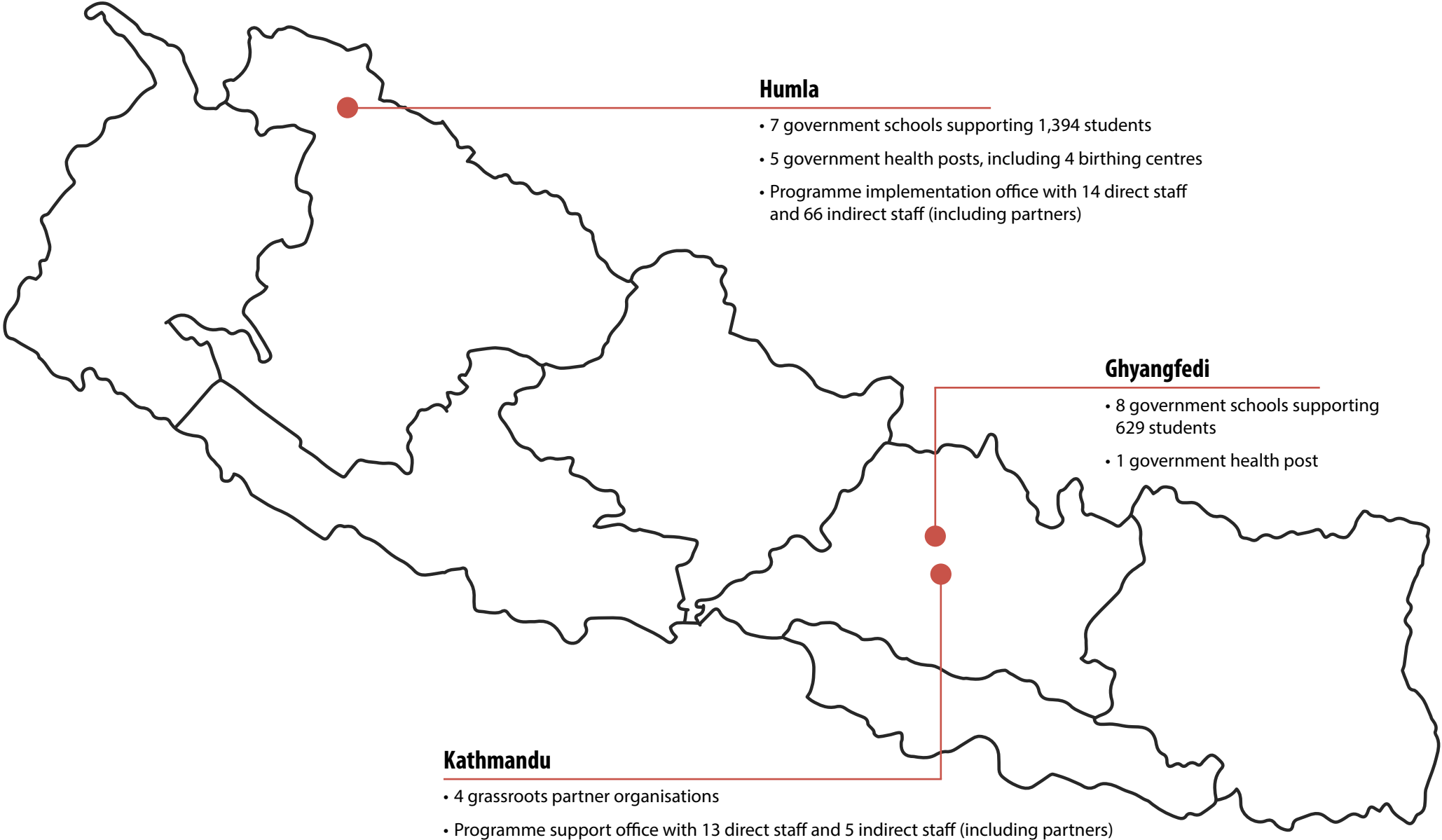


**QUALITY IMPROVEMENT SYSTEMS**  
Developing bespoke tools so schools and birthing centres can track progress and understand areas for improvement.



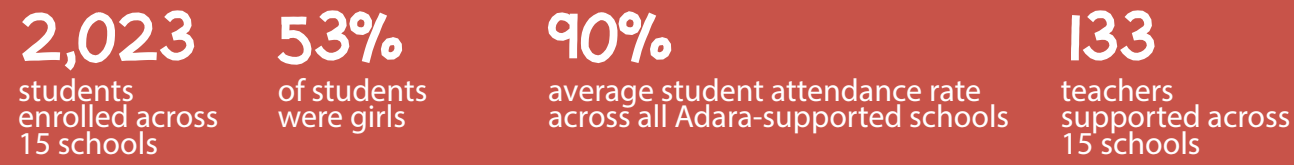
**KNOWLEDGE SHARING**  
Sharing resources, research and expertise with partners, influencers and governments.

# ADARAREMOTE SITES





# EDUCATION



Over the past 27 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 consists of six vital and interconnected components and is based on our experience in developing Centre of Excellence schools, including Yalbang and 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.

## NEW SCHOOL BUILDING IN SYADA

When we began working with Syada School in Humla, the school was overcrowded, unsafe and lacking essential resources. This forced many children to leave their homes for a better education. In 2024, we completed building eight new classrooms as well as toilet blocks, drinking water facilities, a kitchen room and a new playground. We also supported teachers, supplied essential education resources and provided midday meals. It has been heart-warming to hear stories of children returning to their village and thriving in their improved school.

## UPGRADED FEEDER SCHOOLS IN GHYANGFEDI

We also rebuilt schools and transformed learning spaces in Ghyangfedi, upgrading three feeder schools: Red Panda Bal Jyoti Basic School, Suryamati Basic School and Nava Sikchya Niketan. All classrooms were rebuilt with eco-friendly and earthquake-safe materials, ensuring students have safe places to learn and grow. We will continue to support these schools through the six components of our remote education model.

## STRENGTHENING CAREGIVER ENGAGEMENT

We ran a range of initiatives to encourage parents and caregivers to get involved in their children's education and to foster better communication among parents, teachers and the school.

In November, we organised the annual Parent's Day at Yalbang school together with our partner the Himalayan Children Society. We also trained the school management committee and parent teacher association in playing a more active role.



## LOOKING AHEAD: PLANS FOR 2025

- Enhance learning outcomes and school environments through continuous quality improvement plans across all schools
- Conduct training for teachers across all Adara-supported schools, focusing on effective teaching methods, assessments and inclusive education
- Continue to strengthen parental involvement through community events, parenting workshops and encouraging active participation in school committees

# DOLMA'S FULL CIRCLE STORY OF HOPE AND DETERMINATION

**Born in the remote district of Nuwakot, Nepal, Dolma always dreamed big, despite having limited opportunities.**

"My village had school up to Grade 3 only," Dolma recalls. "We had to leave our village for further studies."

Getting to school involved a gruelling walk – a journey which Dolma could only begin after finishing chores at home. And when she did arrive, often after 11am, the school lacked supplies, infrastructure and teachers.

This area was once known as the epicentre of girl trafficking in the country. Just a decade ago, very few girls of Dolma's age would have received an education in Ghyangfedi. But now that the region has excellent schools, more girls are attending, and parents are seeing the enormous value of education.

Dolma was thrilled to complete Grade 10 with a full scholarship at Ghyangfedi School. But the learning environment here was a stark contrast to her prior experiences.

"When I first came to Ghyangfedi School, I was amazed at how different everything was there compared to my previous schools," Dolma says. "I felt supported and prepared in my studies."

Dolma now aspires to give back to the school that helped her so much.

After graduating from Ghyangfedi School, she pursued a nursing degree with the support of Adara. After completing her studies, Dolma returned to Ghyangfedi as the school nurse. Appointed by the Ministry of Health and Population, she was thrilled to return to the place that was instrumental in her education journey.

"I will soon be stationed in Ghyangfedi School, where I will be responsible for looking after the health and hygiene of students," Dolma says. "I studied hard and showed courage to study despite all of the difficulties."

Dolma's journey showcases what's possible with perseverance, ambition and access to a quality education.

"I hope that my story will inspire young girls to study and keep chasing their dreams. I want to convey a message that perseverance makes everything possible, and we shouldn't stop dreaming."





# CHILD PROTECTION

92%

of students felt safe at school according to our 2024 child protection audit in Humla

62

children's clubs were held across eligible Adara-supported schools.

5

girl safety groups were held at Yalbang school

all 15

Adara-supported schools now have separate bathrooms for boys and girls, with menstrual facilities available for girls in each

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

## RECRUITING A CHILD PROTECTION COORDINATOR

In March, we recruited a Child Protection Coordinator, Thrinley Lama, to oversee and strengthen child protection across our programmes in Nepal.

A key achievement was initiating a community awareness programme in Humla. Thrinley facilitated women's groups to discuss issues such as child marriage and child abuse. Women shared experiences, voiced concerns and explored solutions. We will use these insights as we enhance our community-driven child protection work.

## CHILD PROTECTION TRAINING

We worked with our partner schools to run a range of child protection training initiatives to keep students safe. We hosted a team of national-level experts in children's rights to deliver updated child protection training to all seven Adara-supported schools and partners across Humla for students Grade 6 and above.

Similar training was held for all students at our eight partner schools in Ghyangfedi. Additionally, staff, management and committee members participated in a session focused on developing action plans for child safeguarding.

## ADVOCATING FOR CHILDREN'S RIGHTS

Our Director of Remote Community Development, Pralhad Dhakal, continued to advocate to government and civil society for children and their rights. He worked with likeminded organisations, their networks and relevant authorities to call for stronger action to keep children safe. Pralhad emphasised the importance of integrated laws related to children – especially the need for stricter legislation to address child trafficking.



## LOOKING AHEAD: PLANS FOR 2025

- Strengthen child protection systems by conducting quality improvement process assessments in all schools and developing action plans
- Provide ongoing child protection training for school staff and community stakeholders
- Continue to advocate for stronger government child protection policies and children's rights

# YOUTH DEVELOPMENT

55

students received higher education and training scholarships – up 57% from 2023

93

youth are enrolled in Plus Two – 65% are girls

67%

of graduated Adara youth from Ghyangfedi are employed, compared to the national employment rate of 32.4%.

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. We ensured their immediate safety before reconnecting them to their families of origin. As they grew into young adults our focus shifted to independent living, higher education and vocational training. Through this experience, we developed expertise in supporting youth to access higher-education opportunities.

Our approach to supporting youth to access higher education opportunities and career pathways is evolving. We're localising education and employment to reduce the need for migration and to create equal opportunities in remote, low-resource areas. This shift not only benefits local youth but also strengthens local economies.

We also understand the importance of elevating young people's voices to influence policies and plans.

## STRENGTHENING LOCAL HIGHER EDUCATION OPPORTUNITIES

We first began offering Plus Two (optional Grades 11 and 12) across Adara-supported schools in 2022. Plus Two is essential for pursuing many university courses in Nepal. Throughout 2024, we introduced more course options and built a new science lab at Yalbang School, increasing local higher education opportunities for youth.

## SUPPORTING YOUTH IN KATHMANDU

While we put an enhanced focus on localising higher education, we continued to provide scholarships to students who wish to pursue higher education that is not available in their local communities and need to migrate to cities such as Kathmandu. In 2024, we supported 95 students from Humla and Ghyangfedi with scholarships to pursue tertiary education or vocational training that is not available locally.

## YOUTH CONFERENCES AND EVENTS

We connected young people with networks, events, and skill-building opportunities. Youth from both Humla and Ghyangfedi participated in Nepal Youth Council conferences, where they gained leadership, entrepreneurial and networking skills. They also learned to engage in government decision-making. In July, members of our team took part in a multi-stakeholder discussion on the challenges faced by youth in remote Nepal.

## SUPPORTING HUMLA'S YOUTH : PRESERVING IDENTITY AND CULTURE IN NEPAL

Anyone who has worked with young people will know that a strong sense of self is a crucial part of youth development. Throughout 2024, we were privileged to work closely with a group of young girls from Humla, Nepal. These remarkable individuals have expressed concerns about their cultural identity being overlooked.

These girls set up a group so they could better understand their needs and create change. Through this initiative, they are building the skills to advocate for themselves and the Humli people in general. The project was led by our Youth Projects Coordinator, Pema Ramla. As a Humli woman herself, she understands the challenges these young people face.

Our focus now is on supporting these young leaders as they advocate for government recognition of their Humli identity.

## LOOKING AHEAD: PLANS FOR 2025

- Introduce Plus Two at Chauganfaya and Simikot Schools in Humla
- Continue to form and organise youth clubs to address key issues affecting young people
- Identify and support local youth champions to raise awareness and engagement on youth issues





# HEALTH

7,652

appointments at five Adara-supported health posts

2,520

people were treated by a Sowa Rigpa practitioner – a 79% increase from 2023

59

births across four Adara-supported birthing centres, with a 100% survival rate

299

antenatal appointments were provided

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 better resourced, affordable and accessible health care to service 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 and birthing centres, and a Sowa Rigpa (traditional Tibetan medicine) practitioner.

## WORKING WITH FEMALE COMMUNITY HEALTH VOLUNTEERS

Well-trusted by the community, we work with female community health volunteers (FCHVs) in Humla to provide antenatal and postnatal support to mothers. In 2024, we delivered essential newborn care training to FCHVs, equipping them with skills and knowledge in newborn care, nurturing care training, and promoting healthy growth and development.

## EXPANDING TELEMEDICINE SERVICES

Telemedicine is an effective way to ensure isolated patients receive health services, resources and care. Following the introduction of telemedicine services in Chauganfaya in 2023, we expanded this initiative to Syada in 2024. We set up necessary infrastructure including internet access, screens, laptops, speakers, and training, alongside remote consultations with a general practitioner. Telemedicine services were provided to 57 patients from Syada and 106 from Chauganfaya.

## IMPROVING BIRTHING CENTRE FACILITIES

We improved infrastructure at the Santa birthing centre by building a toilet, connecting water and furnishing the facility. We also added electric wiring to power the Kholsi birthing centre. Additionally, we supplied each mother with warm baby blankets, baby clothes, gowns and five kilograms each of fortified rice. We also provided a new low-cost and reusable warming mattress, called the Dreamwarmer, for babies in the birthing centres. This low-cost innovation prevents and treats hypothermia.

## LOOKING AHEAD: PLANS FOR 2025

- Support all health posts with essential medicines, equipment, and infrastructure upgrades
- Upskill health works in maternal, newborn and child health, with a focus on safe delivery and newborn care
- Provide community training for FCHVs to promote maternal health, hygiene and health-seeking behaviors
- Distribute reusable menstrual pads and underwear to adolescent girls to improve menstrual hygiene management



## SAFELY DELIVERING TWINS IN REMOTE HUMLA, NEPAL

**When Junkala went into preterm labour at eight months with twins, she knew she needed help quickly to save her own life and her babies' lives. Junkala is from Syada, a densely populated village in remote Humla, Nepal.**

At 25 years old, this was Junkala's third pregnancy. But her experience for this pregnancy was very different from the others.

"There was no proper food, medicine and delivery service during my first two pregnancies," Junkala recalls.

Thankfully, the situation has improved in the region since we began operating a birthing centre in Syada in 2023 in partnership with the local government. Junkala was relieved to have access to a facility close to her home, so she could receive antenatal care and give birth. It was during an antenatal visit that Junkala learned – much to her surprise – that she was carrying twins.

During her pregnancy, Junkala also received nutrition support and other supplies from the birthing centre. This included fortified rice, cooking oil, baby clothes, blankets and a hygiene kit. Incentives such as these are provided to mothers during pregnancy to encourage them to access health services for delivery of their baby.

When Junkala went into labour, she knew that going to the birthing centre to deliver was her safest option. After she arrived, the nurse reassured her that she was in the best place possible – for herself and her babies.

"I was so scared of preterm delivery, especially with a twin pregnancy," Junkala shared.

But Junkala was in safe hands. With the nurse's help, Junkala welcomed two healthy babies into the world. The nurse admitted, "Initially, I was scared to conduct a twin delivery, but I relied on my training. There were no complications and both babies are well and feeding well."

Junkala stayed in the birthing centre for 24 hours for monitoring. She was shown how to practise kangaroo mother care – continuous skin-to-skin contact that helps babies grow and develop.

Afterwards, Junkala headed home with new blankets and a set of clothes to prevent her babies from getting cold. Junkala's twins are now 3 months old and thriving. From nutrition support during pregnancy to skilled assistance at birth, Junkala's story shows the impact of accessible health services in remote regions.





# COMMUNITY RESILIENCE

1,355

trees were planted to preserve the environment – an 88% increase from 2023

III

new greenhouses built – a 22% increase from 2023

476

people received greenhouse training

1,400

fruit saplings were distributed to school students through our ‘One Child One Tree’ project

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.

## AGRICULTURE EDUCATION

In our Agricultural Education Programme at Yalbang School, students implemented their theoretical learning through various agricultural projects at a local farm and in the school greenhouse. They also took part in virtual agricultural and farming classes given by experts across Nepal. This blended-learning model prepares students for future agricultural careers, income-generating opportunities and for contributing to improved food security and environmental sustainability.

## NEW FARMING INITIATIVES

Sustainable technology in agriculture can strengthen food systems by producing more with less. Rotary tiller machines can prepare soil efficiently without major labour. We distributed seven tiller machines to communities in Humla and trained 20 farmers to use, repair and maintain these machines.

We also piloted a new poultry project for seven farmers from Syada. Each farmer received five chickens as well as training and support to build coops and raise the chickens. This is part of our work to improve nutrition and food security.

## DISASTER PREPAREDNESS

In 2024, we continued to prioritise disaster preparedness. We ran disaster drills and response training for students and teachers across our partner schools in Humla and Ghyangfedi.

The importance of this work came into stark focus in October when devastating floods hit Nepal. Thousands of people were displaced, homes were destroyed and more than 200 people tragically lost their lives. Our team delivered crucial relief, including essential supplies and medical support.

## EXPANDING OUR GREENHOUSE PROGRAMME

To help ensure that more people living in Humla have access to healthy and nutritious food, we rolled out our greenhouse programme to three additional partner communities – Syada, Santa and Yangu. This included building greenhouses and providing training on their use and management so that communities can grow nutritious food all year round. We also distributed vegetable seeds to 625 households across six villages in Humla.



## LOOKING AHEAD: PLANS FOR 2025

- Support hazard mapping for all villages in Humla and Ghyangfedi to identify risks
- Construct greenhouses, distribute seeds and provide training in target villages
- Conduct disaster preparedness training in schools, communities and with local authorities
- Expand poultry farming pilot in Syada to improve nutrition and food security

# HUMLA PROGRESS REPORT

## HUMLA HOUSEHOLD SURVEY

828

households

12

villages in Humla

4,671

participants

99.7%

response rate

We believe in tracking our progress and monitoring every project. We do this so we can deliver best-practice service, identify challenges and trends, and contribute to global knowledge.

That’s why we were thrilled to share our Humla Progress Report in 2024. This report dives into the findings of our 2021 Humla Household Survey to assess our impact and pinpoint areas for further improvement.

The report shows the progress we’ve made across five key focus areas: health, education, child protection, youth development and community resilience. It also allowed us to identify areas needing more attention to ensure our work continues to meet the community’s needs.

Our Humla Household Survey has provided a rich dataset to inform the design, delivery and evaluation of our work and other’s work in remote areas. We will continue using it to inform programmatic decision-making, underpin national policy conversations in Humla and other remote parts of Nepal, and contribute to global research on remote service delivery.

In the coming years, we will continue to run household surveys to track progress and trends in our work. As we double down on our focus areas, we know we will reach countless more people in the years to come.

Read the full report to discover how far we’ve come and what’s next on our journey: <https://bit.ly/HumlaProgressReport>

## KEY FINDINGS

100%

of respondents in Adara-supported villages believe schools have improved a lot over the past five years

Only 3%

of respondents in Adara-supported villages believe it is best not to spend money on their daughter’s education because she will get married

99%

99% of vegetable growers reported that their vegetable supply lasted less than six months before installing a greenhouse and more than 6 months after

92%

92% of respondents in Adara-supported villages attended at least one antenatal care visit – 65% attended four or more





# 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.



## THE ADARA KNOWLEDGE CENTRE

The Adara Knowledge Centre is an online platform to share our learnings and resources with others. These span our Maternal, Newborn and Child Health and Remote Community Development work. We hope these resources will impact, inspire and guide many others to create change in their own communities.

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

## MATERNAL, NEWBORN AND CHILD HEALTH

### WORKING WITH THE UGANDA MINISTRY OF HEALTH

Our team of Ugandan newborn experts contributed their expertise for national impact in 2024. In June, members of our team attended a high-level roundtable to discuss the country's newborn investment case alongside Ministry of Health officials, healthcare workers, Makerere University and other partners. Adara provided an important perspective with 26 years' experience saving newborn lives in Uganda. Throughout the year, our team also supported the Ministry of Health in reviewing, enhancing and providing feedback on national guidelines.

### SAFE MOTHERHOOD CONFERENCE

In November, members of our Ugandan team attended the National Safe Motherhood Conference. The three-day conference was filled with connection, knowledge sharing and learning from other experts dedicated to maternal and newborn health. We proudly accepted the 'Outstanding Contribution to Newborn Health' award for AdaraNewborn. The team also presented on our work and engaged in powerful sessions on reducing maternal and newborn mortality in Uganda.

### SHARING OUR BABY UBUNTU LEARNINGS

Our Early Intervention Manager, Sam Semakula, shared Adara's experience and expertise in various forums, including the '8th Annual Learning Convening on Preventing Violence Against Children in East Africa' in Kenya. Sam showcased Baby Ubuntu and shared our key learnings from the programme. As well as sharing Adara's knowledge, Sam came away with insights from others that we can use to strengthen and enhance the programme.

### WORLD PREMATURETY DAY

In partnership with Luwero Hospital, we hosted Uganda's World Prematurity Day celebrations in November. Our team marched in honour of babies born too soon, raised awareness about small and sick newborns, and showcased our AdaraNewborn work. Attended by key Ministry of Health officials, the event reinforced the commitment of all stakeholders to address the challenges of prematurity and ensure access to quality care for every newborn.

### SHARING OUR KNOWLEDGE WITH BAMA

Adara's partnership with Babies and Mothers Alive (BAMA) continues to grow. In June, the Adara team travelled to Masaka to see the life-changing work they are doing in both health facilities and the community. From 2023, BAMA have been piloting our Hospital to Home programme and they shared their learnings from implementing the programme in a public setting. We also used the visit to learn more about the BAMA Midwife Mentor Model, which we hope to integrate into our AdaraNewborn work.

## REMOTE COMMUNITY DEVELOPMENT

### PUBLISHING A CHILDREN'S BOOK

In September, in collaboration with The Himalayan Innovative Society (THIS) and Kopila Kitab, we published a children's book to raise awareness of child trafficking and the importance of child protection. Titled 'Our Home: Our Family', the story promotes key messages about children staying with their family and the value of education.

We launched the book on Nepal's National Children's Day and shared it with key stakeholders, government officials, Humli residents and all Adara-supported schools. It is available in Nepali and English and as an audio book. We hope children and families will share the book with their communities to raise awareness of these important issues.

### CHILD PROTECTION EVENT

In August, we organised an event with the National Child Rights Council and Society for Integrated Allied Nepal, bringing together civil organisations, government agencies and policymakers to discuss ending child trafficking. Participants shared their knowledge and called on government and stakeholders to take stronger action.

Our Director of Remote Community Development, Pralhad Dhakal, highlighted Adara's experience combatting trafficking through improving education and keeping children – especially girls – in school. It was encouraging to hear that the government is currently working on stricter legislation to address child trafficking.

### PROTECTING AND PROMOTING SOWA RIGPA

We continued to promote and protect Sowa Rigpa, the traditional Tibetan herbal-medicine practice. We raised awareness of the importance of Sowa Rigpa, advocating for national recognition. And we shared our knowledge and experience with this powerful form of medicine. Throughout the year, we co-hosted a multi-stakeholder discussion with the Sowa Rigpa Association Nepal. Health experts highlighted the importance of government recognition to bring this traditional practice into mainstream medical education.

### UTILISING TECHNOLOGY TO RAISE AWARENESS

In 2024, we began using digital boards across all seven rural municipalities across Humla as a new and engaging mode of communication. These boards display key messages about child protection and safeguarding, such as our children's book and an anti-child trafficking video made together with our partner The Himalayan Innovative Society (THIS). They also display district updates and public service announcements on health, education and other social matters.

### LOOKING AHEAD: PLANS FOR 2025

- Work with the London School of Hygiene and Tropical Medicine to share knowledge about Baby Ubuntu
- Develop a greenhouse manual and video to support households to build their own greenhouses
- Launch new newborn curriculum on the Adara Knowledge Centre





# 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 DONORS AND PARTNERS

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Desmond Prentice Charitable Trust	March Group	Roberts Pike Foundation	<b>As well as our wonderful anonymous donors – you know who you are!</b>
Dominic Price	Dr Megan Clark AC	Sally Webb	



# 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 is a leading Australian corporate advisory firm offering deeply experienced strategic and commercial advisors. Adara acts as a trusted advisor to boards, senior management and significant shareholders of public companies and other significant organisations.

Adara Partners brings together a panel of 18 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.

Adara's purpose-driven model is unique in the global financial services industry. As a certified BCorp® and participant member of UN Global Compact, we are committed to meeting the highest standards of verified social and environmental performance, public transparency, and legal accountability to balance profit and purpose. We align our work with the UN Sustainable Development Goals.

From Adara's inception to end of 2024, the Adara businesses have donated more than AUD \$26 million to Adara Development.

**Ilana  
Atlas AO**

**Andrew  
Best**

**Catherine  
Brenner**

**Tim  
Burroughs**

**David  
Cohen**

**Guy  
Fowler OAM**

**David  
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**Cynthia  
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Director of Adara Development (Australia)



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




**Daniel Kabugo**  
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**Dr Cyril Engmann**  
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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)




**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)



**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

In 2024, global economic conditions presented a challenge for the sector with inflationary pressures and high interest rates affecting spending whilst also reducing discretionary income available for charitable giving. Despite these conditions, Adara was able to increase income in 2024 by 7% as compared to prior year, which was mainly driven by the generosity of key several key partners and major donors. We were also grateful that many of our supporters unrestricted their contributions, providing greater flexibility to allocate funds to our highest-impact initiatives.

Improvements in cost management across the organisation saw a decrease in expenditure by 2.5% compared to 2023. Despite these gains, Adara recorded a net loss of \$317k, reflecting our ongoing investment in programme delivery and infrastructure. Net assets at the end of 2024 of \$725k were down from \$1,042k in 2023.

As we move into 2025 amid significant geopolitocal shifts, our focus remains on cultivating a base of long-term, cornerstone donors and strengthening our financial resilience to support the scale and sustainability of our mission.



**US\$1,306,193**  
**A\$1,978,123**

contributed by the Adara businesses in 2024

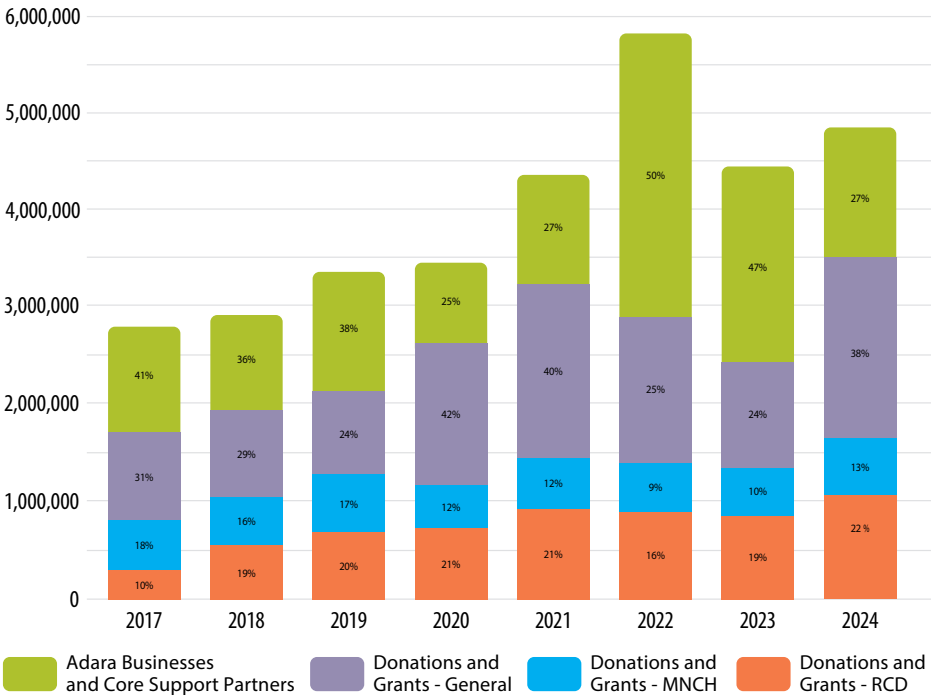
**US\$3,494,524**  
**A\$5,292,162**

contributed from other donors in 2024

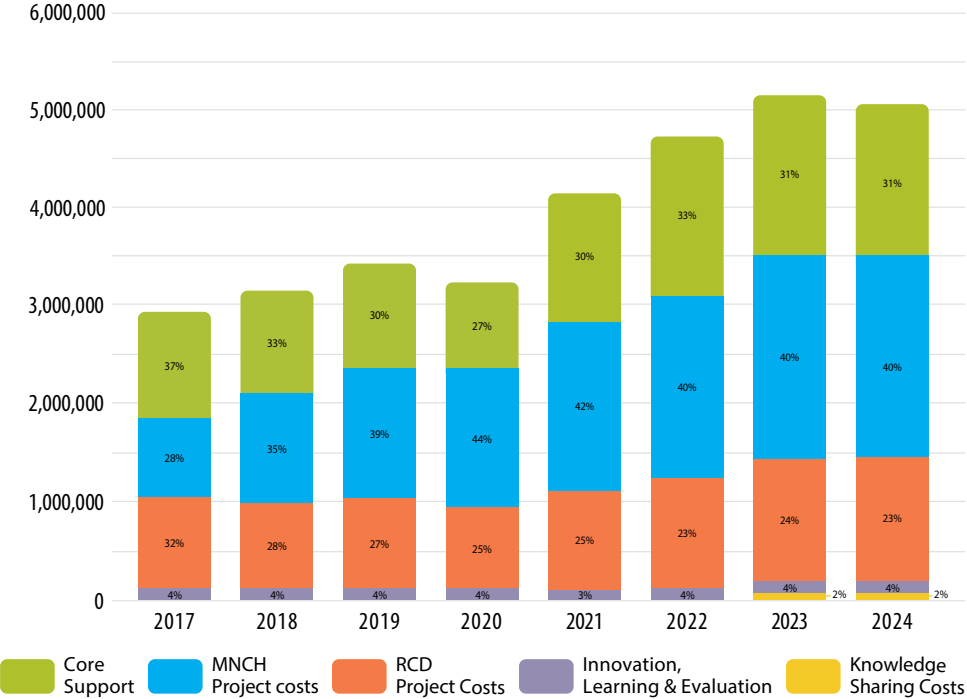
FROM 1998 TO THE END OF 2024, ADARA DEVELOPMENT HAS RECEIVED A TOTAL OF US\$59.96 MILLION (A\$79.2 MILLION).

OF THIS, US\$20.1 MILLION (A\$26.9 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\$)





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

For the year ended 31 December 2024. Presented In United States Dollars (USD).

	2024	2023
REVENUE FROM CONTINUING OPERATIONS		
Donations and Grants		
Core Support	1,316,194	2,104,283
General	1,835,145	1,097,156
Maternal, Newborn and Child Health	606,067	434,003
Remote Community Development	1,043,311	855,477
Other Income	99,463	83,848
Total revenue	4,900,180	4,574,767
EXPENSES		
Programme costs		
Maternal, Newborn and Child Health	2,060,073	2,083,062
Remote Community Development	1,201,418	1,263,125
Innovation, Learning & Evaluation	180,084	185,433
Knowledge Sharing	103,892	95,524
Total programme costs	3,545,467	3,627,144
Core support	1,569,750	1,619,559
Total expenses	5,115,217	5,246,703
NET DEFICIT FOR THE YEAR		
	(215,037)	(671,936)
Other comprehensive income		
Foreign currency translation loss	(101,985)	(53,726)
Other comprehensive loss for the year	(101,985)	(53,726)
TOTAL COMPREHENSIVE DEFICIT FOR THE YEAR		
	(317,022)	(725,662)

# ADARA DEVELOPMENT SUMMARY COMBINED STATEMENT OF FINANCIAL POSITION

As at 31 December 2024. Presented In United States Dollars (USD).

	2024	2023
ASSETS		
Current assets		
Cash and cash equivalents	891,406	986,018
Trade and other receivables	126,672	98,002
Other current assets	-	235,103
Total current assets	1,018,078	1,319,123
Non-current assets		
Plant and equipment	18,574	55,685
Intangible assets	2,907	7,459
Other non-current assets	750	750
Total non-current assets	22,231	63,894
Total assets		
	1,040,309	1,383,017

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 2024 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2024 available at [www.adaragroup.org](http://www.adaragroup.org). The Operations Report 2024 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 2024 and the Summary Combined Statement of Financial Position as at 31 December 2024 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 7 May 2025.

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.

	2024	2023
LIABILITIES		
Current liabilities		
Trade and other payables	42,046	45,767
Deferred revenue	-	68,232
Employee benefits	249,651	174,745
Lease liability	7,394	27,761
Total current liabilities	299,091	316,505
Non-current liabilities		
Employee benefits	16,632	17,510
Lease liability	-	7,394
Total non-current liabilities	16,632	24,904
Total liabilities		
	315,723	341,409
NET ASSETS		
	724,586	1,041,608
Accumulated funds		
Accumulated surplus	1,119,052	1,334,089
Foreign currency translation reserve	(394,466)	(292,481)
TOTAL ACCUMULATED FUNDS	724,586	1,041,608

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 Somerbys, 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/2025/05/Adara-Development-Australia-2024-Financial-Statements.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 2024, 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 Financial 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 7 May 2025. That report also includes Emphasis of matter paragraphs that draw attention to the Notes in the audited Combined Financial Statements.

Notes 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

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Liability limited by a scheme approved under Professional Standards Legislation.

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

Our audit report relates to the Summary Combined Financial Report which will be published on the Australian website (www.adaragroup.org) (the website). Management is responsible for the integrity of the website. We have not been engaged to report on the integrity of the website. We also do not opine on any other information which may have been hyperlinked to/from the Summary Combined Financial Report or contained within the Adara Group Operations Report 2024.

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 2024.

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 (SE Qld Partnership)

HLB Mann Judd (SE Qld Partnership)  
Chartered Accountants

Brisbane, Queensland  
20 May 2025

WHERE OUR MONEY GOES

MATERNAL, NEWBORN AND CHILD HEALTH US \$2,060,073

AdaraNewborn

Kiwoko Hospital, Centre of Excellence

- 120 local staff. Includes a surgeon and 5 doctors; 93 neonatal intensive care unit (NICU), antenatal and maternity nurses; 12 cleaners; and 9 local hospital support staff including finance staff, Human Resources 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
- 374 newborns cared for in the Nakaseke Hospital newborn unit in 2024
- 2,765 deliveries in the Nakaseke maternity ward in 2024

Luwero Hospital

- Conducted Essential Care for Labour and Delivery training, targeting the intrapartum care team to enhance maternal health outcomes during childbirth
- Implemented Phase One of the Helping Babies Survive (HBS) training, focusing on both intrapartum care and inpatient newborn care teams, to improve neonatal resuscitation and immediate postnatal care
- Provided clinical and biomedical mentorship, aimed at strengthening the skills and capacity of healthcare workers in maternal and newborn care
- Supplied medical equipment to support the intrapartum and inpatient newborn care units, ensuring better service delivery and improved patient outcomes
- 797 Special Care Baby Unit (SCBU) admissions
- 5,214 deliveries in the maternity ward

Hospital to Home (H2H)

- Newborn follow-up programme designed to support high-risk infants both in the hospital and when they return home
- 120 Adara-trained community healthcare workers (CHWs) are incentivised, skilled, supervised and supplied so they can follow-up and provide ongoing support to families at home
- 120 CHWs are compensated monthly in the form of allowances for transport, airtime and refreshments
- 1 Community Midwife and 1 Community Nurse 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 alcohol wipes and soaps
- Distribution of drought-resistant seeds to caregivers in the H2H programme to support food security
- 1 Uganda-based Research Officer to coordinate and manage the Hospital to Home public research study
- 818 infants were enrolled in the H2H programme in 2024
- Began implementation of Hospital to Home Public at Nakaseke Hospital
- 51 CHWs were trained in the ‘Home’ component for Hospital to Home Public

Baby Ubuntu

- Baby Ubuntu is an early-intervention programme that aims to improve quality of life for children with moderate to severe neurodisabilities and their caregivers
- Baby Ubuntu Coordinator to oversee the programme and support early identification and intervention of children with disabilities so these children and their families can thrive
- Physiotherapist, Clinical Psychiatric Officer and a Speech Therapist are engaged to attend group meetings on a regular basis to provide care
- Expert mothers and other volunteers are supported with airtime for their work
- Disability awareness training for health workers, local leaders and community health workers in Nakasongola and Luwero districts
- 58 new infants were enrolled in the Baby Ubuntu programme and 22 babies graduated
- 208 infants have participated in the programme since inception in 2021

Programme support

- 23 staff including 4 programme management staff based internationally, 19 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
- 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
- 1 social worker, 1 lab technician, 1 cleaner and 2 security guards plus volunteer peer educators and health workers
- Equipment and supplies for the centre
- 147 new young women enrolled in the AYCC to receive antenatal care2,983 counselling sessions were provided to youth
- 3,205 youth received health education through the AYCC
- 739 youth accessed care at the AYCC
- 498 antenatal care appointments were provided

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
- Mental health and epilepsy clinic support

REMOTE COMMUNITY DEVELOPMENT US \$1,201,418

AdaraRemote

Education, Humla

- Midday meals for more than 550 students at Syada and Santa schools
- Provision of learning materials for 8 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 more than 1,050 students from target villages, including uniforms, stationery and notebooks
- 12 daily before and after school classes in 2 villages
- Salaries for 13 teachers, 2 school helpers and 4 early childhood development teachers
- 1,394 students enrolled in Adara-supported schools – 53% are girls

Education, Ghyangfedi

- Programme Manager costs and related travel expenses
- Midday meals, utensils, learning materials, uniforms provided to 617 students at the Shree Ghyangfedi School and the surrounding 7 feeder schools



- General physical examination for school children
  - Salaries of 14 teachers
- Child protection**
- Child protection training at Adara-supported schools
  - Approx. 3,300 antitrafficking radio programme episodes were aired, with 6 aired daily from January to June and 12 aired daily from July to December.
  - 7 of Adara-supported schools have established child clubs, with 62 child club meetings held in 2024
- Youth development**
- Life skill and personal development training organised for Adara-supported youth in Humla and Ghyangfedi
  - 67% of graduated Adara youth from Ghyangfedi are employed
  - Supported 70 youth from Humla and Ghyangfedi with scholarships to pursue tertiary education or vocational training
  - 16 Adara supported youths are currently working back in their Humla community
  - 55 students received higher education and training scholarships
  - 93 youth are enrolled in Plus Two (optional Grades 11 and 12) across Adara-supported schools
- Health**
- Maternal, Newborn and Child Health (MNCH) training for health workers in Humla and Ghyangfedi, delivered by neonatal nurses from Adara’s clinical team
  - Provide necessary infrastructure support for telemedicine services at Chauganfaya health post
  - Equipment and medicines to support 5 health posts so the community has access to year-round health care
  - 2 health assistants, 1 lab technician, 1 senior nurse and 1 auxiliary nurse midwife to ensure the health posts and birthing centres are attended by skilled health professionals
  - Health training to Humli communities on topics including MNCH, farming, water, sanitation and hygiene
  - 7,652 appointments at 5 Adara-supported health posts
  - 2,520 visits to the Sowa Rigpa (traditional Tibetan medicine practitioner) in Humla providing Tibetan medicines and health care in Humli villages
  - 59 births at Adara-supported birthing centres
- Community resilience**
- Build child friendly and earthquake safe buildings, including 8 classroom buildings as well as toilet blocks and drinking water stations in Syada School; 3 classroom buildings in Shree Ghyangfedi School; 3 Early Childhood Development (ECD) classrooms and 2 toilets in Red Panda Bal Jyoti Basic School (Feeder School); and 3 ECD classroom buildings in Nava Sikchya Niketan (Feeder School)
  - One Child, One Tree project which teaches students at Adara-supported schools to plant, nurture and protect fruit saplings. 1,400 fruit saplings were distributed to school students
  - 111 households received new greenhouses in Humla, with 476 participants receiving greenhouse training
  - 650 households received vegetable seeds
- Hands in Outreach**
- More than 160 children received continued support from Hands In Outreach Nepal for their education
  - Adara supported healthcare and dental care for 5 children in need
  - 7 families received Adara-supported direct assistance
  - Contribution to salaries of 9 teachers
- Himalayan Children’s Society**
- 13 local staff, including 5 teachers, plus related office costs
  - 120 students accommodated in safe school hostels during the year
  - 2 agriculture teachers facilitating agriculture and farming education in Yalbang
  - 120 children receiving Adara scholarships (food support, notebooks, textbooks)

- The Himalayan Innovative Society**
- 4 local staff and related office costs
  - FM radio programme (14 over the year) 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**
- 1 Adara-supported lawyer leads a team of experienced legal staff to seek justice for survivors of domestic violence and protection for hundreds of women and girls each year
  - 393 women were supported with 362 cases settled
- Programme resources**
- 3 staff including a Programme Manager based internationally and 2 local staff including the Director of Remote Community Development, Finance Officer and related local office costs
  - 25 local programme staff including the Programme Managers and support teams 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 \$103,892   |
| <ul style="list-style-type: none"><li>• 2 staff including Senior Knowledge Sharing Manager (Sydney) and Knowledge Sharing Manager (Nepal)</li><li>• Meetings with government and Sowa Rigpa Association advocating for national recognition of traditional Tibetan herbal-medicine practice</li><li>• Coordinate an event with civil organisations, government agencies and policymakers to discuss action for ending child trafficking</li></ul>  |                |
| INNOVATION, LEARNING AND EVALUATION  | US \$180,084   |
| <ul style="list-style-type: none"><li>• 3 staff including Senior Advisor of Innovation and Best Practice plus 2 Interns</li><li>• 4 staff including Monitoring and Evaluation Manager (Sydney) and Research, Monitoring and Evaluation Managers in Uganda and Nepal</li><li>• Research and literature reviews on relevant and pressing topics</li><li>• Monitoring and evaluation of all projects</li></ul>  |                |
| CORE SUPPORT   | US \$1,569,750 |
| <ul style="list-style-type: none"><li>• Core support expenditure during 2024 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</li><li>• 20 global support staff (plus 2 secondees and 1 volunteer) including the CEO, finance, legal, partnerships and communications team members together with related office costs</li><li>• Leadership and development of short and long-term strategy and direction</li><li>• 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</li><li>• Managing global governance, compliance, legal, human resources, information technology and administration</li><li>• Financial compliance including grant reporting, global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction</li><li>• Global communications internally and externally</li><li>• Fundraising and regular reporting and liaising with existing financial partners worldwide</li></ul> |                |

# 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 is registered as a charity in Australia, and Australian taxpayers can make Australian tax-deductible donations through Adara Development (Australia). In 2004, it also had a licence to operate in Nepal as an international non-government organisation

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](#).

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.

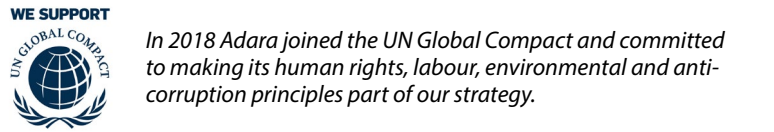
Photographs © Adara Group, 2011–25, are courtesy of our amazing staff, supporters and volunteers, unless otherwise credited.

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 [www.joshuabinns.com](http://www.joshuabinns.com) Printed by Bright Print Group







**ADARA**  
GROUP  
— BRIDGING WORLDS —

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