



ADARA
GROUP
— BRIDGING WORLDS —

Impact Report

Maternal, Newborn &
Child Health

January to June 2021

COVID-19 in Uganda

Uganda's second wave of COVID-19 created unprecedented challenges for Adara, but with your support, our team rose to the challenge with extraordinary courage and skill.

At the peak of the crisis in June and July this year, Uganda had over 1,000 new cases of COVID-19 daily, with a 30% positivity rate in the Nakaseke district, where Adara works. Low vaccination rates, very few ICU beds and a lack of oxygen resources left the Ugandan population very vulnerable. Sadly, over 3,000 Ugandans have now lost their lives since the beginning of the pandemic.

Adara's partner, Kiwoko Hospital, were deeply impacted by this recent surge in cases. Since the beginning of the third wave, 48 of the hospital's staff (12%) tested positive to COVID-19. Thankfully, they have all since recovered, but this staffing disruption created challenges for the hospital's ability to serve the local community throughout this medical crisis. Despite these challenges, Kiwoko's dedicated staff expertly cared for 292 COVID-positive patients over the past several months. Sadly, 11 people passed away.

Whilst infection rates have been steadily declining in recent weeks, the nation's low vaccination rates of less than 2% of the population being fully vaccinated are concerning. Low vaccine supply means that many citizens will have to delay their second dose, and vaccine hesitancy is proving to be an obstacle to increasing overall vaccine rates. Additionally, Kiwoko hospital is seeing a small number of COVID-19 patients returning to the hospital weeks after their initial infection, still very ill and having respiratory issues.

This medical crisis did not stand in the way of Kiwoko and Adara's incredible teams continuing to deliver their vital maternal, newborn and child health services. In the maternity ward, our teams cared for 24 mothers who tested positive to COVID-19. 23 of these were cared for within the maternity ward and were safely discharged, and one was referred to the Mulago Hospital maternity ward in the capital, Kampala for more specialised care.

The secondary impacts of this third wave such as rising rates of teenage pregnancies and early marriage are creating further challenges. Admission rates at Kiwoko decreased by 10% throughout this wave, as many people delayed seeking healthcare during periods of lockdown. Consequently, many more vulnerable people such as HIV-positive and diabetic patients have faced difficulties accessing their medications. There has also been a 14% decrease in the number of births at Kiwoko. Mothers arrived to the hospital later in their labour due to problems accessing transportation, leading to increased complications. With lockdown measures recently being lifted, Kiwoko are now seeing much higher rates of admissions to the hospital.



Essential PPE being delivered to Kiwoko Hospital

With your support, Adara has been able to respond to this medical crisis and support our teams to protect the community from COVID-19 whilst ensuring our essential maternal, newborn and child health services can continue.

Since the beginning of this third wave, our response work has included:

- Regularly supplying the Adara team, Kiwoko Hospital staff and Nakaseke Hospital staff with large volumes of PPE equipment such as face masks and sanitiser, which was critical as the Ugandan Ministry of Health mandated that all health workers practice 'double masking.'
- Sourcing and delivering numerous oxygen concentrators and pulse oximeters to healthcare workers at Kiwoko and Nakaseke Hospitals to ensure that COVID-19 patients can receive essential care.
- Supporting the staff at Kiwoko Hospital by preparing staffing contingency plans and providing for the funding for additional staff to ensure the hospital can maintain it's high quality of care.
- Providing COVID-19 protocols, guidelines of care and regular updates on the most effective prevention methods to the Kiwoko and Nakaseke teams.
- Contributing to a local radio programme by regularly broadcasting messages on COVID-19 safety and prevention, encouraging vaccination, and how health care workers can best support their local community. This radio show is broadcast across 10 districts in Uganda.
- Supporting Kiwoko Hospital to make renovations to the outpatient's department, maternity wards, and neonatal intensive care unit so that they could safely isolate COVID positive patients.
- Providing tents to the NICU so they could hold mother's education classes outside in a COVID-safe, socially distanced manner.

We know that the COVID-19 pandemic will not be over for any of us, until it is over for all of us.

Thank you for standing with Adara during this difficult time and supporting the people of Uganda to continue accessing life saving health care.



Oxygen concentrators arriving at Nakaseke Hospital.



Broadcasting messages on a local radio programme



Project Highlights

While the previous few months have presented a number of challenges, Adara's teams have continued doing incredible work.

Project highlights from January to June 2021 included:



Staff at **Kiwoko Hospital** cared for **292 COVID-19** patients from January-June this year, **including 24 pregnant women**. This work was extremely complex, however the team continued to provide a high-quality of care to all patients.



99% of babies born at Kiwoko Hospital in this period were exclusively breastfeeding upon discharge. Exclusive breastfeeding provides optimal protection from a range of diseases and the best chance at achieving optimal development and growth.



Despite the disruptions of lockdowns, Adara was able to continue with our planned renovations to expand the special-care baby unit (SCBU) at Nakaseke Hospital from a five-bed to a fourteen-bed unit. This work will allow this unit **to care for larger numbers of more high-risk infants**. The new unit will open in October this year.



Adara has begun work to establish **the Adara Youth Community Centre**. The centre will be managed by an Adara social worker and will provide important services such as sexual health education, HIV/AIDS screening and counselling, and recreational activities such as dance and drama classes. The centre will open in October this year.



Together with Kiwoko Hospital, Adara has made some great progress in 2021 towards launching **AdaraNewborn**. AdaraNewborn is Adara's bold vision to **expand our high-impact model of maternal and newborn health care** to 10 health facilities across Uganda. Over the past few months our teams have further refined the AdaraNewborn model and scoped how the programme will be implemented over the next several years.



Kiwoko Hospital – Centre of Excellence

The first half of 2021 has been a difficult time for the people of Uganda and the population that Kiwoko Hospital serves. Spending 42 days in harsh lockdown conditions, including travel restrictions, meant that many people could not seek out facility-based healthcare. This is particularly concerning for women, who may have avoided healthcare facilities before, during and after birth due to fears of contracting COVID-19. Despite this, Kiwoko Hospital continued to provide vital maternal, newborn and child health services to the community.

From January-June 2021, Kiwoko's staff:



Delivered **1,047 babies in the maternity ward**. 84% of these babies were put to breast within one hour of birth, which is essential for a strengthening a baby's immune system. The remaining 16% of babies were delivered by C-Section, which can unfortunately delay breastfeeding. **99% of these babies were exclusively breastfed upon discharge from hospital.**



Cared for 1,485 patients who were admitted to the maternity ward. 256 of these patients were referred to Kiwoko from other health facilities – a sign of the trust the community has in Kiwoko as a center of excellence in maternal, newborn and child health.



635 babies were cared by the Kiwoko staff in the neonatal intensive care unit (NICU). There is currently an **89% survival rate in the unit** for 2021 as of June this year, compared to 86% for 2020, and 88% in 2019. After seeing decreased admissions in 2020 due to COVID lockdowns, we are happy to see admissions slowly increasing again. It is important that women and children reach the hospital without delay to receive life-saving healthcare.

As lockdown and restrictions have begun to ease in Uganda, Kiwoko have seen a sharp increase in the number of patients seeking care, many of whom delayed seeking care throughout the lockdown period. Thankfully, in August, the hospital had three surgical interns begin their placement and training, which will have a positive long-term impact on Kiwoko's service delivery.

Community-Based Health Care

Whilst lockdown restrictions made it difficult for Adara and Kiwoko to continue much of our community-based health care programmes, some important work was carried out over the past several months. This included:

- Administering hundreds of cervical cancer vaccinations at local schools in February and July this year. By July, 501 girls have received a vaccination, 34% of whom have completed their vaccination schedule.
- Supported patients living with chronic-illness such as those with diabetes and HIV, by ensuring that patients were stocked up on their medications at each visit. Travel restrictions meant that many such patients may have struggled to access their life-saving medications throughout the lockdown period.
- Vaccinated 3,602 children aged under five with essential immunizations against a range of diseases such as Diphtheria, Typhoid and Polio, administered through Kiwoko's Safe Motherhood Clinics.



90 Days in the Kiwoko NICU

We are constantly in awe of the incredible skills of Kiwoko Hospital's staff, and the high quality of care they provide. But some stories stand out as a true testament to the dedication and commitment of the team to ensure that even the most vulnerable babies survive and thrive.

Suzan was 20 years' old when she delivered her baby James at only 27-weeks. She arrived at the Kiwoko maternity ward shortly after delivering him, and both her and James were not doing well. James was admitted to the neonatal intensive care unit (NICU) weighing just 0.82 kgs. Suzan was admitted to the maternity ward and was cared for by the nurses as she recovered from giving birth.

Because James was so premature and very small, he required extensive and specialised care to help him survive. The NICU staff ensured that he received all the care he needed, including oxygen therapy, phytotherapy, six blood transfusions and 53 days of CPAP treatment to help him breathe.

The team helped Suzan to practice kangaroo mother care, which involves continuous skin-to-skin contact with James. This is an effective way to help meet a premature baby's basic needs for warmth, nutrition, stimulation, and protection from infection. Kiwoko also provided Suzan with daily meals to boost her milk production and she received lots of training by the nurses on how to care for James when he was ready to be discharged.

All in all, James spent 90 days in the NICU. In that time, he was carefully watched and nurtured by the amazing team of nurses every day. He was discharged as a healthy, happy baby, weighing 1.84 kgs.

Suzan brought James back to Kiwoko for follow-up appointments each month for the next three months. On her most recent visit, the staff were pleased to see that James was healthy and well nourished, weighing 4.7 kgs. Suzan and James will need to continue receiving regular checkups from Adara's community health workers, but we know that thanks to the skill and determination of the doctors and nurses who cared for him, James will continue to thrive.



Suzan and her baby James on their most recent follow-up appointment

Newborn scale up - Nakaseke Hospital

From January – June 2021, staff at Nakaseke Hospital:



Delivered **1,461 babies** in the maternity ward.



Cared for **166 babies** who were admitted to the hospital's special-care baby unit (SCBU) and maintained the **neonatal survival rate above 96%**.

Staff Training

In response to an increase in the number of babies experiencing birth asphyxia, Nakaseke staff completed some refresher training in April on resuscitation techniques. Eight midwives and four nurses participated in the training. In June, staff also received training on the essentials of newborn care.

Quality Improvement Process

In April 2019, Adara worked with staff at the Nakaseke SCBU to develop and implement a quality improvement process to monitor and evaluate quality of care in the unit. This process allows staff from the SCBU, maternity ward, postnatal ward and members of hospital leadership to identify gaps in quality of care, set goals and celebrate achievements. Several projects have been implemented since then to improve the quality of care in the unit, which has led to some incredible results. There has been a 75% improvement in the quality-of-care score between April 2019 and May 2021.

A new unit for Nakaseke

Adara has been working at the Nakaseke Hospital SCBU since 2018 as our first 'scale-up' site. Part of this 'scale-up' work included introducing a training programme and providing regular beside mentoring to the team of healthcare workers operating the unit, delivered by Adara's National Newborn Trainer, Christine Otai. Over the past three years we have seen excellent outcomes come out of the SCBU – for example there was a 96.5% survival rate in the unit in 2020.

Based on this success, Adara has begun work to expand and upgrade the unit so it can care for more higher-risk infants. In 2021 Adara has begun renovating the unit to increase its capacity from a 5-bed, level 1 unit to a 14-bed, level 2 unit. Thanks to Adara's incredible equipment partners such as the DAK Foundation and Fre02, this new unit will be supplied with all the necessary medical equipment and an innovative oxygen system will allow the SCBU to provide high-quality care to vulnerable infants.

These renovations were able to continue throughout lockdown and are progressing well. We hope to have completed this work by the end of September.



Renovations at the Nakaseke SCBU



Nakaseke midwives receiving training on resuscitation

Adara Youth Community Centre

Since the beginning of the pandemic, Adara has been watching closely some of the concerning secondary impacts of Uganda's COVID-19 lockdowns and school closures. Amongst the disruptions in access to healthcare services, there has also been a noted increase in domestic violence targeting children at home, child marriages, teenage pregnancies, and reports of sexual abuse.

Adara's Innovation and Best Practice team conducted some research earlier this year into the best ways to address these issues. They found that youth-friendly centers are a fantastic way to engage with young people on how these issues affect them and provide them the support they need to navigate these complex situations. Youth-friendly centers are also fantastic ways to strengthen peer networks in the community and improve youths' knowledge of important health concepts such as reproductive health.

Based on these findings and in an effort to provide a safe space for the children and youth of the Kiwoko community, Adara has begun work to set up a Youth-Friendly Center. The center will work with volunteer medical staff from Kiwoko Hospital to provide services including HIV/AIDS screening and counselling, sexual and reproductive health education, and menstrual-hygiene management education. It will also host sports and recreational activities such as dance and drama classes when restrictions allow.

Adara has recently hired Margaret, a social worker, to manage the center and oversee the various programmes and activities it will host. Together with the Adara team, Margaret will begin setting up the center and gathering resources such as furniture and games.

Adara begun renovations on the chosen site for the center in August. The building is currently being repainted, and landscaping is being done to make sure the center is an inviting space for children and youths. This work is expected to be completed in late September, with the center opening in October.



The Adara Youth Community Centre, currently being renovated

Baby Ubuntu & Hospital to Home

Baby Ubuntu



Previously known as the ABAaNA Programme, the Baby Ubuntu programme is a key part of Adara's MNCH work. This programme is an early-intervention, community-based programme that supports children with a disability and their caregivers, ensuring caregivers feel empowered to care for their children and meet their needs. The programme helps the caregiver understand their child's disability and provides them with practical skills to help feed, communicate, and play with the child. Education and support are provided in groups which are facilitated by expert parents, themselves parents of a child with a disability, alongside healthcare professionals. The programme covers 10 modules

There are currently **38 children and their caregivers participating in the programme**. Unfortunately, these groups were not able to meet during Uganda's COVID lockdown, so have been receiving telephone call check-ins throughout Uganda's third wave.

In April this year, some new Baby Ubuntu facilitators participated in a training session that aimed to promote better facilitation skills and encourage strong partnerships between the facilitators and expert parents. Evaluations at the end of the 5-day participatory course showed that the participants reported a marked increase in their confidence in the content of the programme and their facilitation skills. Sister Christine Otai and another Kiwoko Hospital staff member participated in the course, allowing them to become Master Trainers which enables them to train other facilitators in the programme. **Adara will be training 120 community health workers (CHWs)** in the coming months in the Baby Ubuntu programme, to support them to identify families with a child with disability and refer them into the Baby Ubuntu programme.

Hospital to Home



Adara's Hospital to Home (H2H) programme ensures that at-risk infants receive follow-up care after discharge from the Neonatal Intensive Care Unit (NICU), and strengthens hospital discharge processes, to give such at-risk babies the best chance of surviving and thriving. The programme is currently facilitated by a team of 100 community health worker (CHW) volunteers, who attended training sessions on topic such as COVID-19 prevention, malaria prevention and the safe transportation of babies between health units. Thankfully, 80% of these CHWs are fully vaccinated, with another 18% having had one dose of a vaccine, meaning that they were able to continue their follow-up visits throughout Uganda's prolonged lockdown. Where in-person visits weren't possible, CHWs conducted phone check ups to ensure that the most at-risk infants receive the care they need.

From January to June this year, **431 eligible babies** were discharged from the Kiwoko NICU into the H2H programme, 412 of whom received at least one in-person follow-up visit from a CHW. In this period, 327 babies reached six months of age and graduated from the programme. As of July 2021, there are **385 babies** currently participating in the programme.

H2H – Helping the most vulnerable

Harriet Birungi is one of the hundreds of mothers benefitting from the support of Adara's H2H programme.

She and her five-month-old baby Elijah were receiving regular check-ups from a community health worker (CHW) when she began to struggle to provide enough food for herself and her baby. Harriet is a single parent, has no family nearby to support her financially, and she struggles gaining employment. She found breastfeeding very difficult and the overall stress caused her to lose weight, worsening the situation.

Harriet decided to reach out to her CHW and ask for help. After talking with our Community Midwife, Sister Cornety, Adara started supporting Harriet by providing nutritional support and food baskets that were delivered by the CHW. After a few short weeks, Harriet began to gain weight and Elijah was able to breastfeed successfully. She was extremely grateful for the support.

The community saw how much healthier Harriet had become and were happy to hear that Adara could help vulnerable mothers and babies like Harriet.

Harriet now has a job, and her and her Elijah's futures are looking much brighter.



Harriet, receiving food support from Adara

AdaraNewborn

A major focus for Adara's MNCH work over the next six months are our plans for scaling-up our work in Uganda.

AdaraNewborn is our bold plan to reduce maternal and newborn deaths by 50% across 10 facilities in Uganda.

Uganda is not on track to achieve the Sustainable Development Goals (SDGs) for maternal and newborn mortality by 2030. It is estimated there were 2,121 maternal deaths and 30,000 newborn deaths in Uganda in 2019 alone, well above the SDG thresholds. Over the next decade, Uganda needs to prevent the deaths of an additional 5,000 mothers and 100,000 babies to meet their commitment.

At Adara, we believe that in order to reduce mortality, we need to address the quality and availability of services, across the continuum of care. **AdaraNewborn is a high-impact maternal and newborn model of care that has been pioneered at Kiwoko Hospital in central Uganda since 1999.** This model has shown that improvements in the quality of care provided for mothers and their babies across five arms of care – from pregnancy through to childhood – reduce mortality rates.

With three-quarters of women in Uganda now delivering their babies in hospitals, interventions to improve the quality of facility-based care around the time of birth and prior to discharge can have a major impact, especially when targeting the leading causes of maternal and newborn death in Uganda. Also, by ensuring a link between health facility and home allows for the quick referral of mothers and newborns who experience complications after discharge.

Between 2010 and 2019 at Kiwoko Hospital, maternal deaths as a proportion of births fell by 50% to 0.14% and Neonatal Intensive Care Unit survival rates remained above 89% over the period. **Uganda's Ministry of Health now recognises the hospital as a National Centre of Excellence in newborn care.**

Adara believes that the knowledge created through our programmes is not ours to keep. We strive to scale the impact of our programmes by Knowledge Sharing. AdaraNewborn will have a global reach via an open-access online platform where we can share data, research conclusions, training packages and lessons learned.

In September and October this year, Adara will host a series of roundtable discussions with key global stakeholders and leaders in the maternal, newborn and child health space to discuss our AdaraNewborn model. These events will help gather feedback and facilitate an important conversation about how best to expand access to vital MNCH services in low-resource settings. We are excited about these discussions and look forward to sharing the key learnings from them in due course.



The Road Ahead

While the COVID-19 situation in Uganda remains uncertain for the remainder of 2021, Adara is confident that our team and our partners at Kiwoko Hospital will continue to provide excellent maternal, newborn and child health services.

With your support, we will ensure that our teams and hospital staff are equipped with the necessary PPE and equipment to continue to support COVID-19 patients and protect staff. With patients still suffering from COVID-19 symptoms weeks and months after their initial diagnosis, our work providing essential health services to support the community throughout the pandemic will not cease anytime soon. As lockdown restrictions continue to ease, Adara will work to safely resume our programmes that have been disrupted by the third wave, particularly our community-based healthcare work.

Adara plans to conduct some further training for Kiwoko and Adara staff in the coming months as vaccination rates rise and COVID-19 cases continue to decline. This includes inducting and training 20 new CHW volunteers to support the Baby Ubuntu programme by identifying children with disabilities in the community and running 35 NICU staff and 10 CHWs through a training course on providing palliative care.

Our MNCH teams also have identified Monitoring and Evaluation priorities for the remainder of the year, including:

- Evaluating the antenatal services provided by Kiwoko Hospital to find the biggest strengths and challenges;
- Evaluating rates of cesarean section deliveries at Kiwoko and Nakaseke and researching the causes of cesarean deliveries using the Robson assessment;
- Investigating safe sleep practices for discharged NICU babies, who are more at risk of SIDS due to their prematurity; and
- Discussing how Adara's MNCH expertise in Uganda can be replicated on our project sites in Nepal.

Thank you for continuing to stand with Adara in 2021. Together, we are ensuring that essential health services are accessible to everyone, regardless of where they live.



Thank you!

From everyone at Adara, thank you for standing with us to ensure remote populations in Uganda can continue to access quality health services.

To discuss this report further or ask any questions, please contact us at:



Jessica Millar
Senior Partnerships Manager
Jessica.millar@adaragroup.org
+61 2 9395 2826

Lauren Swift
Partnerships Manager
Lauren.swift@adaragroup.org
+61 2 9395 2821

