

A close-up photograph of a woman with dark skin and braided hair kissing a newborn baby on the forehead. The woman is on the left, and the baby is on the right. The baby is wearing a white onesie with a red star and a small American flag design. The background is blurred, showing what appears to be a hospital or clinic setting.

## Impact Report: Maternal, Newborn and Child Health

July – December 2021

# About Adara

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

The first part of the Adara Group is an international development organisation called Adara Development that has expertise in maternal, newborn and child health, and remote community development. Adara Development has been working in Nepal and Uganda for more than 20 years.

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

Adara reaches more than 170,000 people living in poverty each year and countless more through knowledge sharing.



## Transforming Communities

We envision a world where every person has access to quality health and education services, no matter where they live. We bring this to life by delivering leading programmes across Maternal, Newborn and Child Health, and Remote Community Development.



## Amplifying Impact

We touch the lives of more than 170,000 people living in poverty each year as well as countless others through our influence, networks and knowledge sharing.



## Building Partnerships

For more than 23 years, we've been forging partnerships across sectors and countries. Thanks to our business-for-purpose model, 100% of every donation supports our work with people in some of the world's remotest places.

# Adara's Maternal, Newborn and Child Health Work



## Centre Of Excellence

Together with Kiwoko Hospital, we have pioneered a holistic model of care to women, newborns and children in the facility and community. It encompasses nurse and midwife training; clinical support; and high standards of care across antenatal, postnatal, maternity and neonatal intensive care. We have a laser focus on upskilling and equipping staff and facilities to ensure quality care.



## Early Intervention

In partnership with the London School of Hygiene and Tropical Medicine, we implemented and tested an early-intervention programme in Uganda. The programme, called Baby Ubuntu, improves quality of life for children at risk of disabilities and their caregivers. We are now implementing the programme and training others to deliver it in their communities.



## AdaraNewborn

We have ambitious plans to expand the high-impact model we've established at Kiwoko Hospital to other Ugandan facilities. We call our model 'AdaraNewborn'. It has five components: antenatal care, intrapartum care, inpatient care for small and sick newborns, postnatal care, and follow-up care and early intervention. We are piloting the foundations of this programme at Nakaseke Hospital, a government facility.



## Critical Healthcare

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



## Bubble CPAP Kit

Respiratory distress syndrome (RDS) is a leading cause of death for babies born prematurely. To help these tiny babies breathe, we have teamed up with PATH, University of Washington, Seattle Children's Hospital and Kiwoko Hospital to develop an innovative bubble continuous positive airway pressure (CPAP) kit for babies suffering from RDS in low-resource settings. It could save hundreds of thousands of lives worldwide.



## Hospital To Home

Our Hospital to Home (H2H) programme supports high-risk infants in the hospital and when they return home. H2H strengthens care to infants in a newborn unit through comprehensive education programmes and promotion of care that encourages good brain development. It also provides at-home follow-up support through a network of volunteer community health workers for up to a year after the baby's birth.



## Adara Youth Community Centre

Our Adara Youth Community Centre provides support to at-risk adolescents through counselling; sexual and reproductive health education and services, including family planning; life skills training; and connection with Kiwoko Hospital services. Our goal is to provide youth with support to lead happy and healthy lives.

# COVID-19 in Uganda

As with other places around the world, we are seeing continuous spikes of COVID-19 in many of the countries where Adara works, largely driven by the Omicron variant. Uganda is no exception.

Uganda's second wave of COVID-19 peaked in June last year, when the country was seeing over 1,000 new cases of COVID-19 daily and a 30% positivity rate in the Nakaseke district, where Adara works. With your support, Adara's teams and the incredible healthcare workers at Kiwoko Hospital rose to the challenge and cared for close to 300 COVID positive patients, despite staffing disruptions caused by a number of Kiwoko staff also testing positive. During this time we continued to provide high-quality maternal, newborn and child health services, ensuring that these essential services continued in a COVID-safe way.

Thanks to our incredible community of supporters, Adara regularly supplied the Adara team, Kiwoko Hospital staff and Nakaseke Hospital staff with large volumes of PPE equipment such as face masks and sanitiser, provided COVID-19 protocols guidelines of care, and sourced and delivered numerous oxygen concentrators and pulse oximeters to Kiwoko and Nakaseke Hospitals.

The positivity rate and case numbers in Uganda started to decline in July 2021, meaning that by August, the government brought the months-long lockdown to an end. Thankfully, this decreasing of restrictions did not lead to a surge in cases, with cases continuing to decline and stabilise in September. The end of the lockdown did however cause a surge in admissions to Kiwoko Hospital, driven by patients who delayed seeking healthcare throughout the months where travel restrictions prevented them from accessing the essential services facilities like Kiwoko provide. Thankfully, Uganda's total vaccination rate began to increase in earnest from October as vaccine supply slowly increased.

*Photo: Kiwoko Hospital staff in PPE, 2021.*



The most recent surge in COVID (predominantly Omicron) cases lasted from late December through to mid-January. During this time Kiwoko Hospital experienced a significant increase in cases among staff and patients, with Uganda recording close to 1,000 new daily cases on average. In total, 54 staff members and 214 patients tested positive. As of February 2022, case numbers in Uganda have now stabilised, recording only 35 new cases on 5<sup>th</sup> February. Vaccination rates remain extremely low, with only around 14% of the population having received two doses of a COVID-19 vaccine.

Thanks to our generous supporters, we have equipped the Adara and Kiwoko Hospital teams to manage ongoing surges of COVID-19. Kiwoko is well prepared with a respiratory ward, healthy PPE supplies, and clear COVID-19 guidelines and protocols in case another significant wave occurs.

**Thank you for standing with us as we work to ensure that essential healthcare services are accessible throughout the pandemic, and our key maternal, newborn and child health services can continue.**

# Programme Highlights



In November 2021, two of our incredible Adara team members were recognised at the 2021 Heroes in Health Awards for their extraordinary achievements in the field of maternal, newborn and child health. Adara's Newborn National Trainer, Sister Christine Otai, was awarded the Lifetime Achievement Award for her dedicated service to newborns for almost 40 years. Our Community Midwife, Sister Cornety Nakiganda, was a finalist in the Midwife of the Year category and our partner, Kiwoko Hospital, was also a finalist in the Mission/Faith Based Facility of the Year category.



We officially launched AdaraNewborn! Taking our learnings from 24 years at Kiwoko Hospital and through our maternal, newborn and child health programmes, we are aiming to halve stillbirth and newborn deaths in 10 facilities across Uganda in the next decade.



After months of renovations, Nakaseke Hospital officially launched their new newborn care unit, which was upgraded to a Level 2, 'Special Newborn Care' facility. With the support of Adara's partner, FRE02, the new, 14-bed unit will allow Nakaseke to provide life-saving care to greater numbers of at-risk babies, including providing lifesaving oxygen therapies.



From October-December 2021, Adara and Kiwoko Hospital participated in a feasibility and usability study for a Safe Bubble CPAP Kit – an innovative technology that has the potential to help thousands of premature babies survive in low-resource settings. The results of the study are being analyzed but show initial promise, and was a fantastic opportunity for Adara to make an even bigger impact upon the field of maternal, newborn and child health.



Final preparations were made for the Adara Youth Community Centre (AYCC) to launch in early 2022. From hiring a Social Worker who will manage the Centre, to conducting stakeholder focus group discussions, the center will be ready to open its doors to adolescents in the Kiwoko district very soon, providing essential health, counselling and recreational services.

AdaraNewborn is our evidence-based, high-impact model with the power to halve stillbirths and newborn deaths in low resource settings. We plan to use this model to help Uganda meet the Sustainable Development Goal of 10 or fewer newborn deaths per 1000 live births by the year 2030.

The model works across the continuum of care – from when the mother is pregnant, through birth, after birth including the care of small and sick newborns, to community-based care when they return home.

We are sharing the knowledge and scaling up the expertise we have developed over 24 years at Kiwoko Hospital to partner with 10 facilities across Uganda in the next decade. Much of the model reflects our work with small and sick newborns at Kiwoko and Nakaseke Hospitals, and existing programmes such as Hospital to Home and Baby Ubuntu, as you'll read on the following pages.

By developing a package that can be shared and implemented more widely, with partners and the Ugandan Ministry of Health, we hope to reach 500,000 mothers and babies, and save 7,000 lives over the next decade. We will reach many more through sharing the model and our knowledge across Uganda, the East African region, and the globe.

The first two AdaraNewborn sites are at Kiwoko Hospital and Nakaseke Hospital where our partnerships have resulted in significant improvements in newborn survival rates. At these sites, our focus on newborn care will continue, but will also expand to include antenatal, intrapartum, and postnatal care in the future.

In July to December 2021, we continued to work with these facilities to improve service delivery and quality of care, particularly through training and mentorship, implementing quality improvement processes, and strengthening leadership and governance. We also started to share our knowledge through four global roundtables with key maternal, newborn and child health experts and leaders.

## ADARANEBORN: HALVING NEWBORN DEATHS



**50%**  
newborn deaths

AdaraNewborn is an evidence-based, high-impact model of maternal and newborn care

### EXPERIENCE

This model is based on more than two decades of partnership with Kiwoko Hospital in Central Uganda. The survival rate for sick and small infants has increased from 61% to 88%. Since 2010 maternal deaths as a proportion of hospital births have fallen by 50%. Kiwoko is considered a centre of excellence.

### THE MODEL

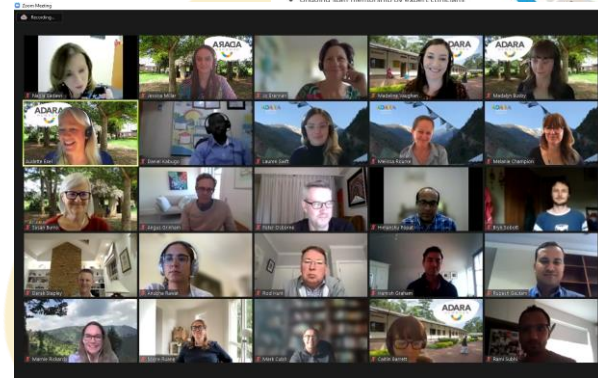
AdaraNewborn works across five arms to address the continuum of care. This includes antenatal care, caring for mother and baby during delivery, supporting the mother and baby after birth, inpatient care for sick and small newborns, and providing follow-up care to high-risk infants, ensuring they survive and thrive.

#### 10 FACILITIES OVER 10 YEARS



#### Each AdaraNewborn facility will receive:

- Comprehensive, evidence-based training curriculum for each arm
- Clinician staff mentorship by expert clinicians



and other Implementing Partners, we work in newborn care, working to strengthen the



### PORTS

focus on addressing the critical health blocks around the five color arms), local to ensuring that the health system serves the needs of mothers and babies.

Brooke Magnusson, Global Health Director  
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Photos: AdaraNewborn Australian roundtable participants; AdaraNewborn overview.

# Kiwoko Hospital – Centre of Excellence

Adara has worked at Kiwoko Hospital in Central Uganda for 24 years. Over this time, we have seen significant improvements in survival rates for mothers and babies, with the Uganda Ministry of Health now recognising it as a Centre of Excellence in newborn care.

In 2021, we continued this life saving work through delivering high quality maternal, newborn and other health services, bridging services between the facility and the community, and training and mentoring facility and community-based staff.

## Key Highlights

Between July and December 2021, our partnership with Kiwoko Hospital involved the following activities and achievements:

- Kiwoko Hospital saw an incredible **1,075 live births in the Maternity Ward** from July – December 2021. Almost all these babies were exclusively breastfeeding upon discharge from the hospital – a crucial part of early newborn development.
- **1,549 mothers** were admitted to the Maternity Ward, **a third of whom** had attended at least four antenatal appointments at Kiwoko Hospital before their admission – with many having attended the recommended eight antenatal appointments. Most mothers in Uganda only attend 1 antenatal appointment throughout their pregnancy.
- The Maternity Ward maintained a maternal survival rate of **99.8% in 2021**.
- **655 babies** were admitted to Kiwoko's Neonatal Intensive Care Unit (NICU). Throughout 2021, the NICU maintained a **survival rate of 87%**.
- The success of the Kiwoko NICU continues to be seen in the way the community entrusts the facility with the care of the most at-risk neonates. **49% of all admissions** to the NICU during this period were referred in from other facilities.
- Kiwoko continued to care for **COVID-19 positive mothers** in the Maternity Ward. They received high-quality care in isolation at the hospital and were all able to deliver their babies safely and be discharged in good health, with **no lives lost** during the reporting period.

*Photo: Nurses caring for babies in Kiwoko Hospital's neonatal intensive care unit.*



## Community Based Health Care

Kiwoko and Adara's Community Based Healthcare (CBHC) programme continues to ensure that essential maternal, newborn and child health services are accessible not only in facilities, but also in the community. From July to December this year, our Safe Motherhood Clinics delivered essential childhood immunisations to more than 3,700 children – protecting them against disease such as diphtheria, typhoid and polio. Safe Motherhood Clinics also provided antenatal appointments to 326 expectant mothers during the same period – despite the disruptions of Uganda's extended lockdown. 76 postnatal appointments were also provided - services that are vital to improving maternal and newborn health outcomes.



## Kiwoko Hospital Celebrates 30<sup>th</sup> Anniversary

Adara's long-term partner in Uganda, Kiwoko Hospital, celebrated 30 years of service to the community in November 2021. To commemorate the occasion, the hospital held a week of celebrations that included marching bands, community sport competitions, and events that celebrated and thanked many of the hospital's long-serving staff – some of whom have worked at Kiwoko for decades.

They also held a two-day medical camp, providing a range of free services such as pathology screenings, blood donations, eye tests and orthopedic consultations. More than 650 people benefitted from these services over the two days.

Adara, and our Founder and Chair, Audette Exel AO, were even given a special mention by the Founder of Kiwoko Hospital, Dr. Ian Clarke. In his address at the celebration, he thanked us for working tirelessly for 24 years to “develop the best remote NICU in the country, which consistently produces exceptionally high survival rates.”

We look forward to another 30 years of partnering with the incredible Kiwoko Hospital.



*Photos: (bottom left) patient receiving community-based care in Nakaseke District; (top right) Kiwoko Hospital 30-year anniversary celebrations.*



# Nakaseke Hospital

Nakaseke Hospital, a key partner in Adara's aim to scale our model of maternal, newborn and child health care across Uganda, celebrated a significant milestone in 2021 – the opening of their upgraded newborn unit.

After partnering with Adara in 2017, Nakaseke Hospital's Special-Care Baby Unit (SCBU) has seen incredible improvements in their neonatal survival rates and quality of care. In 2019, the need was identified to expand the size of the unit in order to provide more advanced care to more at-risk newborns. In 2021, After months of renovations on an existing room in the hospital, the new 14-bed unit officially opened in November.

Thanks to Adara's incredible equipment partners such as the DAK Foundation and FREQ2, this new unit has been supplied with medical equipment and an innovative oxygen system to enable provision of a higher level of newborn care.

The launch of the unit was attended by key officials, including Permanent Secretary of the Ministry of Health, Dr Diana Atwine, and Chair of the National Newborn Steering Committee, Dr Margaret Nakakeeto. You can read more about the event and the new unit [here](#).



Photos: Nakaseke Hospital Special Care Baby Unit opening – (clockwise from top right) Ministry of Health formally opening the unit with a ribbon cutting ceremony; Adara and Nakaseke Hospital staff at the opening; the fully equipped unit.

## Key Highlights

Between July and December 2021, our partnership with Nakaseke Hospital involved the following activities and achievements:

- The Special-Care Baby Unit (SCBU) at Nakaseke Hospital cared for **196 babies, with a survival rate of 95.9%**.
- The number of staff working in the unit continues to grow, with **5 nurses currently working in the unit** and an **additional 2 staff** receiving training offsite.

Baby Ubuntu is an early intervention programme that aims to improve quality of life for children at risk of disabilities and their caregivers. In partnership with the London School of Hygiene and Tropical Medicine, Adara implements Baby Ubuntu across Nakasongola, Luwero and Nakaseke Districts in Central Uganda.

In Uganda, there are very few resources for children with a disability. Parents are often ostracised from their community, feel unsupported, and at times, hopeless. The programme provides emotional and practical support, empowering caregivers to maximise child development, health and quality of life. This community-based programme is led by healthcare workers and expert parents that have a child with a disability, and aims to reduce stigma and misinformation surrounding disability in the community.

At the end of 2021, there were **32 children currently participating in the programme across four groups**. As Baby Ubuntu looks to grow in 2022, we spent much of the year focused on training health workers and facilitators and referring new babies into the programme.



Photos: (left) volunteer health teams after their Baby Ubuntu training; Baby Ubuntu group meeting.

## Key Highlights

Between July and December 2021, the Baby Ubuntu programme undertook the following activities:

- **10 Chief Volunteer Health Teams (VHTs) received training** on identifying children with a disability and referring them to the programme. Three disability training sessions were conducted for an additional 43 VHTs.
- **Two new Baby Ubuntu facilitators were trained** in facilitating the programme, bringing the total number of trained Baby Ubuntu facilitators to nine. Facilitators of the programme include health workers, community health workers, expert parents and Adara staff members.
- **14 children were referred to the programme** by community members, VHTs and healthcare workers – a positive sign of the programme's growing profile in the community and the ability of community members to better identify disability.
- **Emergency support services were provided on 15 occasions** for children participating in the programme.
- **Adara was excited to welcome to the team Samuel Semakula, the new Baby Ubuntu Coordinator, in September 2021**. Sam is passionate about promoting the rights of vulnerable communities. He is highly experienced in the identification of disabilities and providing psycho-social support and therapy to children with disabilities and their families.
- To ensure effectiveness of the programme, **verbal and written feedback was requested from some of the parents and caregivers**. Parents and caregivers noted that they had improved knowledge about their children's condition. Children were reaching developmental milestones such as sitting, standing, walking, and being able to feed well. They noted that sharing their experiences and hearing from others relieved their stress, isolation and built their confidence in parenting, increasing their hope for the future.

# Hospital to Home



Adara's Hospital to Home (H2H) programme is a key part of AdaraNewborn, sitting in the model's fifth arm, 'Follow Up Care and Early Intervention'. It is designed to support high-risk infants and their families after they are discharged from the neonatal unit to give them the best chance to survive and thrive.

H2H addresses a critical gap. Babies born small or sick have an increased risk of complications after discharge. Hospital to Home strengthens hospital discharge processes, provides comprehensive parent education, strengthens breastfeeding practices, and promotes care that encourages healthy brain development.

It also provides vigilant, at-home follow-up support to families for six months after discharge, with a developmental milestone check-up at both nine and 12 months. These follow-up visits are led by a network of specially trained, volunteer community health workers.



Photos: (left) volunteer health teams after their Baby Ubuntu training; Baby Ubuntu group meeting.

To date, the Hospital to Home has shown improvements in:

- Breastfeeding: Exclusive breastfeeding at six months increased from 6% to 42%.
- Infant growth: Weight gain for infants improved during their stay in the NICU, and rates of wasting, stunting, and small head circumference reduced at six months.
- Vaccinations: Immunisation rates at six months increased from 77% to 89%.
- Neurodevelopment: Incidences of neurodisability were reduced.

## Key Highlights

Between July and December 2021, Adara implemented the Hospital to Home programme at Kiwoko Hospital and in surrounding communities across the district.

- **458 babies** were discharged from the Kiwoko Hospital NICU into the H2H programme between July-December 2021.
- There are currently **417 infants** participating in the programme, receiving regular check-ups from Village Health Team (VHT) workers in the community and at home.
- **377 healthy babies** reached 6-months of age and graduated from the programme between July-December 2021. The **survival rate** for infants in the H2H programme was **98%** in 2021.
- **20 VHTs** were trained in September, broadening the programme's reach and allowing the team to provide support to more babies and their families. Planning and refresher training meetings were held **60 times** between July and December 2021.
- **10 Chief VHTs** participated in a management and leadership training course in late 2021, enhancing their skills in leading Village Health Teams to be as effective as possible in delivering the H2H programme.

## Your Impact: Hospital to Home

Rachel was only six months pregnant when she welcomed a little girl, Ruth, into the world at a local health centre in Central Uganda. She was very small, weighing only 1.3kg. Scared of caring for a fragile newborn with complex needs, Rachel feared holding her own baby.

“This baby will not survive,” relatives told her. “Don’t waste time taking her from here for care.”

Fortunately, a Hospital to Home community health worker (H2H CHW), Joseph, was working in the health centre at the time. H2H CHWs are volunteers trained to provide families with advice, assess the presence of danger signs in newborns and refer babies to higher levels of care when necessary. Upon seeing how small and sick Ruth was, Joseph spoke with Rachel about the services available at Kiwoko Hospital. He explained that babies like Ruth have very good chances for survival when they receive the right care at the right time.

Rachel took Joseph’s advice, and they were referred to Kiwoko Hospital. After arriving at Kiwoko, baby Ruth was admitted to the NICU and nursed for a month by the hospital’s expert team of nurses and clinicians. Staff also provided Rachel with comprehensive education about caring for an infant, including advice around breastfeeding, immunisations and safe sleep.

Once she had gained enough weight, Ruth was discharged from hospital. Ruth then received follow-up support from a H2H CHW to make sure she was thriving. One week after discharge, Ruth fell sick again. This time, Rachel knew to immediately take Ruth back to Kiwoko for care. And after two weeks, Ruth returned home for good.

Now, six months later, Ruth is 6kg and thriving. Look at that cheeky smile! The family’s CHW believes Rachel and Ruth’s story is an example of the power of giving parents the skills to care for their infants and instilling in them a belief that premature newborns can survive. It highlights what’s possible when families have hope.



*Photo: Rachel and baby Ruth at 6 months old.*

# Bubble CPAP Kit

Adara is passionate about advancing innovations that improve health outcomes for women, children and infants, and helping to ensure more newborns survive and thrive. We seek out high-impact and low-cost innovations that can scale widely in low-resource settings and share these ideas globally. In 2021, we were privileged to partner with global health non-profit PATH, Seattle Children's Hospital, the University of Washington and Kiwoko Hospital to conduct a feasibility study of a new technology that has the potential to help thousands more premature babies in low-resource settings survive.

The technology is a low-cost, non-electric Bubble CPAP Kit, a critical tool in treating respiratory distress syndrome (RDS) in premature babies. RDS is a leading cause of death for premature newborns, and is caused when babies are born prematurely, before their lungs have finished developing. In high-income countries, elaborate machines and treatments are available to ensure babies get the breathing support they need to survive. But for babies in low-resource settings, RDS can be a death sentence if facilities do not have the necessary equipment, training or power supply to provide such treatment.

Adara's partners in this study have developed a bubble CPAP device that can be operated without a power source. It includes the use of fixed-rate blenders that blend room air with oxygen, allowing staff to administer safer, more appropriate levels of oxygen to newborns. For premature babies, delivery of 100% oxygen can be toxic and result in blindness, lung injury and brain damage.

After years of work developing this device – led by PATH – we were pleased to be able to test the bCPAP kit at Kiwoko Hospital in late 2021. We assessed the usability and acceptability of the device, with 14 babies enrolled in the study.

Feedback from nurses in the Kiwoko NICU was very positive. They were excited that the kit allowed them to provide less than 100% oxygen - 60% or 37% oxygen could be administered to the babies, which is safer, especially for premature infants.

After adjusting the device based on the feedback from Kiwoko's nurses, we hope to see it manufactured and commercialised. We believe countless lives could be saved by making this technology available across the developing world – and we are very proud to have played such a crucial role in its early development.



# Adara Youth Community Centre

Adara Development Uganda in partnership with Kiwoko Hospital have established Adara Youth Community Centre (AYCC) as a place where young people can go and access information, evidenced-based education and services which address their needs, including sexual and reproductive health, as well as life skills and recreational activities.

Renovations on the AYCC building were completed in late 2021, and Adara and Kiwoko have spent the previous few months preparing to officially launch the centre.

## Key Highlights

Between July and December 2021, Adara undertook the following activities in preparation for the opening of our new Youth Community Centre:

- Welcoming **Margaret Nabaweesi to the team as Adara's Social Worker**. Margaret will oversee the operations of the AYCC, bringing with her several years experience in Human Resources, Counselling, Teaching and Youth Work. She is passionate about supporting vulnerable communities, such as those living with HIV/AIDS and adolescents.
- Conducting **focus group discussions** with several key stakeholders to get feedback on the challenges young people face, and how the AYCC can support them. Meeting with adolescents, parents, and health workers, they discussed how a lack of sexual and reproductive health education, and the impacts of Uganda's lengthy COVID-19 lockdowns upon youth mental health, have created the need for more services directly supporting young people. Stakeholders were keen to see the centre provide counselling services, health education classes and extracurricular and vocational classes.
- **Finalising the services the AYCC will provide** and how it will operate. The centre will operate 5 days a week, during business hours, of which three days will include health clinics. It will provide services such as HIV/AIDS screening, access to contraception, antenatal and postnatal care, menstrual health management resources and education, counselling and a range of recreational activities. Margaret aims to create a safe space in which youths are empowered to make informed decisions, actively participate in their own healthcare, and access opportunities for learning and development as they transition into adulthood.



# Knowledge Sharing

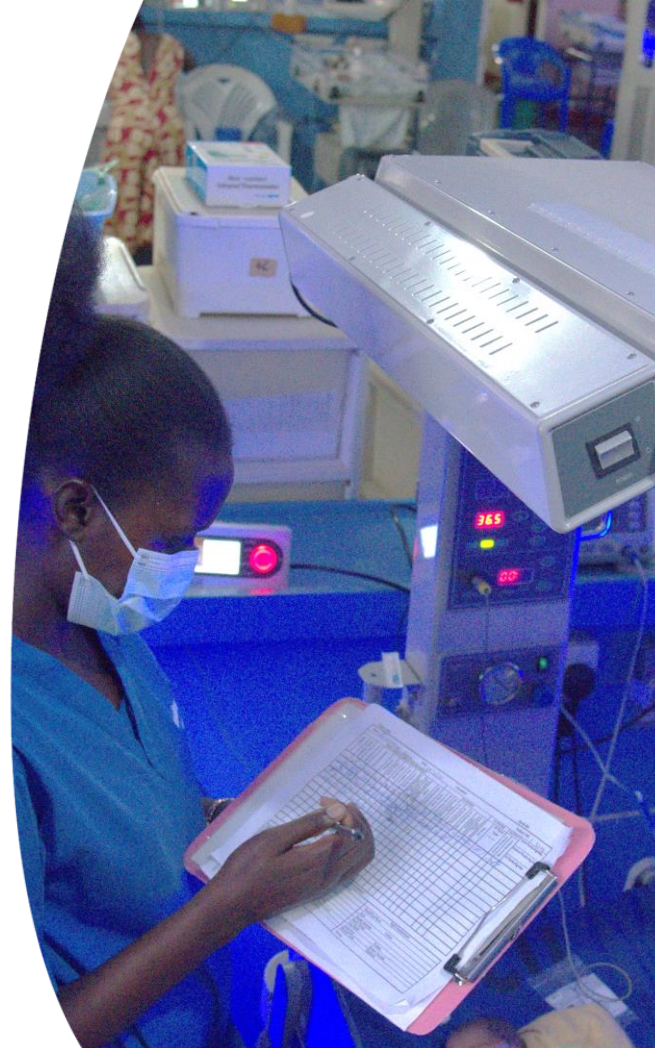
Adara believes the knowledge created through our programmes is not ours to keep. We strive to scale the impact of our programmes by sharing the data, research conclusions, training packages and lessons learned.

## Key Highlights

Between July and December 2021, our Knowledge Sharing activities included:

- Participating in the **Bubble CPAP Kit usability and acceptability study** with our partners. As mentioned, Adara and Kiwoko Hospital were incredibly proud to participate in such a ground-breaking study and contribute to the field of medical research in this way. We are excited to continue contributing to this area of work – ensuring that the research conclusions are widely shared amongst our peers in the field of maternal, newborn and child health.
- Adara collaborated with the Uganda Ministry of Health and other key bodies like the World Bank, to provide feedback and input in the country's new five-year **Sharpened Plan**. This plan will guide Uganda's health focus areas and allocate available funding accordingly. Adara has worked to ensure maternal, newborn and child health is central to these plans.
- Sharing our findings on the importance of **Kangaroo Mother Care (KMC)** in newborn care in the Ugandan Ministry of Health's Newborn Health Magazine. Published in November 2021, the magazine featured a contribution from Adara that detailed how the Hospital to Home programme has had positive health impacts on rates of exclusive breastfeeding, risk of neurodevelopmental impairment, and growth at six months and beyond.
- Continuing the development of Adara's Newborn Training Curriculum, and our Hospital to Home Package, which will allow others to learn from Adara's expertise and implement these programmes in other settings.

*Photo: Nurse in Kiwoko Hospital neonatal intensive care unit.*



# The Road Ahead

2022 is going to be another exciting year of growth for Adara, as we continue to deliver essential maternal, newborn and child health services and remain vigilant on the ongoing COVID-19 pandemic.

In particular, we look forward to:

- **Scaling up our AdaraNewborn work.** We will work in our first two sites – Kiwoko and Nakaseke Hospitals, strengthening the model through training, mentorship and quality improvement measures. We will start scoping our third and fourth sites at nearby health centres. Adara will also be engaging with prospective funders and partners to make this work possible.
- **Officially launching the Adara Youth Community Centre.** Set to open its doors in February 2022, we will start welcoming youths from the Nakaseke, Kiwoko and Nakasongola districts to the centre. We will share the first few months of activities in our next Impact Report.
- Continuing discussions with our partners on plans for the continuation of the **Safe Bubble CPAP Kit** research study. After the trial study at Kiwoko Hospital, our Global Health team will be collaborating on publishing a paper with these results.
- **Recruiting and training Baby Ubuntu facilitators** to grow the programme's size and community reach. We will also conduct refresher training for existing facilitators to ensure their skills continue to develop. The programme will also trial a new disability assessment tool as they enroll children in the Baby Ubuntu programme. The Malawi Development Assessment Tool (MDAT) will be used to screen children between the ages of six months and four years.
- **Publishing the Hospital to Home (H2H) Outcomes Paper** and finalizing the development of an H2H Package that will include all the materials and instructions necessary for other facilities to implement their own H2H programmes. We will publish and disseminate our findings on the outcomes from the H2H trial in the coming months and circulate the H2H Package to other health facilities across Uganda.





## Contact Us

Thank you for standing with Adara to provide essential maternal, newborn and child health services.

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