

Impact Report: Maternal, Newborn and Child Health

January – June 2022

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 24 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 200,000 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 200,000 people living in poverty each year as well as countless others through our influence, networks and knowledge sharing.



Building Partnerships

For more than 24 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.

Our 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 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.

The context in Uganda

In times of disaster and conflict, we know that communities living in poverty are often hit the hardest.

After years of climbing food costs due to COVID-19 and climate-related factors, the war in Ukraine has exuberated the global food security crisis. Close to 193 million people are reported by the United Nations to be acutely food insecure, meaning their inability to consume adequate food put their lives in immediate danger. That's nearly 40 million more people than the previous high reached in 2020. And numbers are only rising.

In Uganda, grain has become unaffordable for many families, and there are reports of many farmers having their produce stolen. Petrol prices have risen by 22% since the end of 2021 and there is talk of "pumping air" – which means service stations cutting petrol with paraffin oil. The country has faced several waves of COVID-19, with more restrictions in January and February 2022, and only 27% of the country are fully vaccinated.

Climate change is evident in rural Uganda. If the next rainy season fails and crops do not produce, the entire region could be in the grip of a staggering famine. With famine, comes increase in civil unrest, extreme hunger and malnutrition, teenage pregnancies and unaffordable and inaccessible health care.

With the incredible support of our donors and partners, Adara is responding to these challenges hand in hand with our teams and the communities we work alongside. As well as deepening our existing work, we have been equipping our teams with the tools and resources they need to face the ongoing COVID-19 crisis, the food and fuel shortages and the many secondary implications for health and safety.

Our teams and partners have shown incredible resilience and strength in facing these relentless challenges. They continue to deliver excellent service to save lives.

Photo: Adara's Uganda team in Kiwoko with Founder, Audette Exel, Legal Counsel, Susan Burns, and Senior Partnerships Manager, Jessica Millar.



Programme Highlights



The Adara Youth Community Centre formally launched on 8 July 2022! They are already providing sexual and reproductive health services, life skills training, and connection with health services to youth in the district. The ceremony was attended by Adara's Founder, Audette Exel AO in Kiwoko, Uganda. You can watch a [video of the launch here](#).



Our work with at-risk and low birthweight newborns in low-resource settings has been recognised as **an exemplar in Global Health**. Adara's Uganda Country Director, Daniel Kabugo, explains how our innovative AdaraNewborn model can halve newborn deaths and stillbirths in 10 health facilities across Uganda. [You can read the full article here](#).



We are really pleased to see Kiwoko Hospital's neonatal intensive care unit (NICU) **survival rates have increased to 85%** after a decline to 83% during July to December 2020. Adara and our colleagues at Kiwoko Hospital, Makerere University, and University of Washington had a [paper published in PLOS One](#) looking at how COVID-19 and lockdown restrictions negatively impacted these survival rates.



The Baby Ubuntu programme continues to grow. In the second quarter of 2022 alone, three new groups were formed, welcoming 22 new children living with disabilities and their carers into the programme. The outreach efforts of the Ubuntu team have resulted in not only an increase in referrals to the programme, but an increase in awareness amongst the community about disability.



AdaraNewborn is our evidence-based, high-impact model with the power to halve stillbirths and newborn deaths in low resource settings. Our aim is to help Uganda meet the Sustainable Development Goal of 10 or fewer newborn deaths per 1,000 live births by the year 2030.

In partnership with the Ministry of Health, District Health Offices and Newborn Steering Committee, we will scale up this model to 10 facilities in Uganda over the next decade. In each site, we will work across the continuum of care – from when the mother is pregnant, through labour, after birth including the care of small and sick newborns, to community-based care when they return home.

We are seeing significant improvements in newborn survival across the first two AdaraNewborn sites – our Centre of Excellence, Kiwoko Hospital, and nearby public facility, Nakaseke Hospital.

Key Highlights

- We are continuing to strengthen newborn care at our second site, Nakaseke Hospital, and **expanding our interventions into their maternity department.** We have some impactful training sessions planned for midwives in July!
- We are continuing to **develop and package relevant curriculum, resources and materials** to better implement the AdaraNewborn model in new facilities and to share beyond our partner facilities.
- Adara has **secured our first cornerstone investor** from the ELMA Philanthropies, in partnership with Makerere University, which will be critical in helping us launch in five new facilities over the next three years. Thank you ELMA!

A key part of AdaraNewborn is Knowledge Sharing – not only between our official partner facilities, but across Uganda, the region, and the globe. This work is already in full swing. You can read more on page 15 of this report.



Photo: The opening of Nakaseke Hospital special care baby unit at the end of 2021 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. They are pictured here with one of the unit's first and tiniest clients!

Kiwoko Hospital – Centre of Excellence

Adara has worked with Centre of Excellence in newborn care, Kiwoko Hospital, for more than 24 years.

Considering our first AdaraNewborn site, we are taking the expertise and knowledge developed here to scale our impact across the country. With your support, we continue to deliver high quality maternal, newborn, child and other health services in Central Uganda. Together, we are training and mentoring facility and community-based staff, and bridging services between the facility and the community.

Key Highlights

- Kiwoko Hospital saw an incredible **1,109 live births in the Maternity Ward** from January to June 2022. Of these, 99.5% were exclusively breastfeeding upon discharge from the hospital – a crucial part of early newborn development.
- **1,560 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 World Health Organization’s recommended eight appointments. On average, mothers in Uganda only attend one antenatal visit throughout their pregnancy.
- The Maternity Ward maintained a **maternal survival rate of 99.8%** from January to June 2022.
- Educating mothers before they are discharged is an incredibly important part of the work at Kiwoko Hospital. Uganda’s first Neonatal Therapist, Tadeo, **conducts daily trainings** on topics such as breastfeeding, cord care and safe sleeping.
- **721 babies** were admitted to Kiwoko’s Neonatal Intensive Care Unit (NICU) with a **survival rate of 85%**.
- **42% of all admissions** to the NICU during this period were referred from other facilities, demonstrating Kiwoko Hospital’s reputation and expertise in caring for the most at-risk neonates.
- Kiwoko continued to care for **COVID-19 positive mothers**. 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.
- **You can watch more about our maternal, newborn and child health work across the continuum of care at Kiwoko Hospital [here](#).**

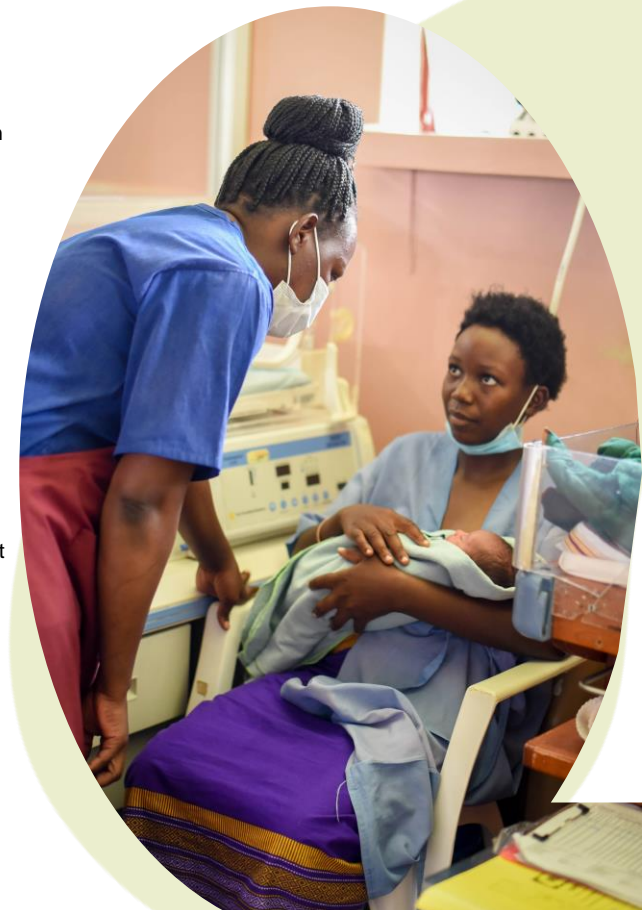


Photo: Nurse assisting mother with her newborn baby in the Kiwoko NICU.

Adara's work at Kiwoko Hospital is leading the way for maternal, newborn and child health in Uganda. The success of the neonatal intensive care unit (NICU) is becoming known across the country, and our sharpened focus on community outreach through our Hospital to Home and Baby Ubuntu programmes has resulted in a huge increase in admissions to the hospital.

Our 80-bed maternity unit is often overflowing, and we are routinely seeing 50 to 60 at-risk babies in the 34-bed NICU each day. We are working hand in hand with the hospital to increase capacity, so we continue to save more lives, expand our reach, and deepen our expertise. Read more about our plans for the road ahead on page 16.

Community Based Health Care

Kiwoko Hospital's Community Based Healthcare (CBHC) programme ensures that essential health services are accessible not only in facilities, but also in the community. The CBHC programme addresses a range of health issues, including childhood and adolescent immunisations, disabilities, epilepsy, Menstrual Hygiene Management, and hygiene and sanitation.

Since the beginning of 2022, our Safe Motherhood Clinics **delivered essential childhood immunisations to 3,758 children** – protecting them against disease such as diphtheria, typhoid and polio. The clinics provided antenatal appointments to **306 expectant mothers** – despite more COVID-19 disruptions in January and February 2022. **2,239 antenatal appointments** were also provided at Kiwoko Hospital – services that are vital to improving maternal and newborn health outcomes.

Every Thursday, Adara runs a **radio programme** via a local radio station to raise awareness about health issues such as COVID-19, HIV/AIDS and common childhood illnesses. The programme aims to encourage health-seeking behaviours and promote available health services including Safe Motherhood Clinics, Hospital to Home, Baby Ubuntu, the Adara Youth Community Centre.



Photo: A mother and her baby at a Safe Motherhood Clinic in the community with a community health worker.

Nakaseke Hospital

The second AdaraNewborn site, Nakaseke Hospital, is a public facility 18km or approximately 45-minute drive along some very dusty and bumpy roads from Kiwoko. This hospital was selected as an appropriate second facility to implement our model due to the large numbers of referrals of mothers and babies for care to other facilities, mostly Kiwoko. Having worked there since 2017, Adara helped open a new special care baby unit at the hospital in 2021.

From January to June 2022, we worked with Nakaseke Hospital to improve service delivery and quality of care, particularly through training and mentorship, implementing quality improvement processes, and strengthening leadership and governance.

Key Highlights

- The special care baby unit (SCBU) at Nakaseke Hospital cared for **161 babies, with a survival rate of 99%**.
- The number of staff working in the unit continues to grow. By the beginning of September 2022, there will be **seven nurses working in the unit**.
- We **trained SCBU staff** on topics such as essential newborn care and seizure management. We will start training nurses in the Maternity Ward and the Antenatal Unit from July 2022 to ensure there is the same level of understanding and training across departments.
- We have sponsored a nurse to **study ultrasound technology** to deepen expertise in the maternity unit.

Despite these successes, we have also faced many challenges working in our first public health facility in Uganda. The staffing of the unit is an ongoing issue. We are working with Nakaseke Hospital leadership and the District Health Office to assign an appropriate staff to patient ratio and are also waiting for a doctor to be assigned to the unit.

The quality of the road between Nakaseke and Kiwoko Hospitals is poor and makes transferring mothers and babies to Kiwoko Hospital extremely hazardous and slow. We will continue our work to equip staff at Nakaseke with the knowledge and skills they need to treat at risk mothers and babies there to reduce referral numbers.



Photo: Nakaseke Hospital special care baby unit.

"The Ministry of Health is recognising our effort in a government setting and the newborn survival rate at Nakaseke Hospital for January to June 2022 stands at 99%. So, we feel like this kind of care in a government setting is reducing neonatal mortality and will help us contribute to achieving the Sustainable Development Goals!"

– **Beatrice Niyonshaba,**
Adara Development Uganda



Adara's Hospital to Home (H2H) programme supports high-risk infants and their families 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 from a facility. At Kiwoko Hospital's neonatal intensive care unit, the programme provides comprehensive parent education, including strengthening breastfeeding practices and promoting care that encourages healthy brain development.

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

Key Highlights

- **492 babies** were discharged from the Kiwoko Hospital NICU into the H2H programme between January and June 2022.
- There are currently **454 infants** still participating in the programme, receiving regular check-ups from a community health worker at home.
- The **survival rate** for infants in the H2H programme is currently **97.4%**.
- **91% of at-risk babies** discharged from the Kiwoko Hospital NICU during the first half of 2022 have received at least one in person visit from a community health worker so far.
- **413 healthy babies** reached six-months of age and graduated from the programme between January and June 2022.
- **Adara conducted 60 training sessions for community health workers** since the beginning of the year. These trainings broaden the programme's reach and allowed the team to provide support to more babies and their families.

*Photo: Sister Cornely Nakiganda visiting babies in the community.
[You can read more about Cornely's incredibly story here.](#)*



Your Impact: Hospital to Home

Sarah was only seven months pregnant when she went into labour at home. Being so far from any hospital or health centre, Sarah delivered her premature baby boy at home with the help of her husband and neighbours. When the baby arrived, he was incredibly small.

Having no experience with premature babies, her neighbours commented *“this baby cannot survive, it is too small, I have never seen such a tiny baby before”*. They decided there was no point in taking the baby to hospital. So, for two weeks, they stayed at home with their newborn son, feeling completely hopeless.

A visiting friend who knew about Adara’s Hospital to Home (H2H) programme recommended they seek help at their local health centre. There, they spoke to a community health worker, who was shocked at the baby’s condition. He called for the support of his colleague, Robinah. Robinah came immediately and identified the baby’s danger signs – he was weak, emaciated and dehydrated. She helped Sarah place the baby on her chest in the Kangaroo Mother Care position and urged her to seek care at Kiwoko Hospital urgently.

“If you want a live baby don’t stop anywhere, go straight to Kiwoko Hospital because your baby is not well, he needs urgent care” she advised.

At Kiwoko Hospital, the baby was immediately admitted to the neonatal intensive care unit where he received the care he needed to save his life. Sarah looked around the unit, shocked to learn that many babies who had been even smaller than hers were being sent home – healthy and well. She realised that her son had a chance of survival. She attended every training session, practised Kangaroo Mother Care and watched as her baby put on weight and regained health. After two months, her precious boy, now named Miracle, was able to return home.

Her husband couldn’t believe his eyes. He wondered how a baby born so small could survive. *“I cannot reach the hospital but appreciate those NICU staff for me for the good work done to save our baby”*. When Robinah came back to visit the family, they were excited and grateful for the support they had received – both from the H2H programme and Kiwoko Hospital.

Sarah and Miracle’s story is just one that shows the power of H2H to support newborns to survive and thrive. Thank you for standing with us to deliver countless stories of hope.



Photo: Sarah with her baby, Miracle, in August 2022, visited by one of Adara’s H2H VHTs.

Baby Ubuntu is an early intervention programme that aims to improve quality of life for children aged between six months and four years 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 2022, Adara expanded its reach of the Baby Ubuntu programme in Uganda. Through community sensitisation, many parents and carers are reporting that this intervention has improved the health and wellbeing of babies with neuro-disabilities, the confidence and ability of their carers, and the changing attitudes of community members. Adara's Baby Ubuntu Coordinator, Sam, has made significant progress in growing the number of groups and participants, developing relationships with the Ministry of Health, training facilitators, expert parents and health workers, and educating whole communities.

The programme also faced some challenges. Sadly, three babies passed away from January to June 2022 – attributed to COVID-19 lockdowns, delayed access to care, and other financial, geographic and nutritional-specific challenges faced by families. Many of these mothers or carers still attend their Baby Ubuntu sessions for the peer support. The heightened cost of petrol is impacting many of the public modes of transport, such as boda bodas (motorbikes). This makes it incredibly difficult for some families to seek care for their children when they need it. Adara has an emergency support fund to assist parents in need of urgent transportation or referral to hospital and we are looking to increase this to meet the growing need.



Key Highlights

- **There are 37** children currently engaged in the Baby Ubuntu programme.
- In the second quarter of 2022 alone, **three new groups were formed**, welcoming **22 new children** into the programme. Each group has two facilitators – a health worker and an expert parent.
- Carers and families reported an **increase in understanding and awareness about disability**, with many admitting that they no longer feel the same levels of exclusion, hopelessness, blame and regret. There has been a reduction in stigma and exclusion from others in the community.
- **25 health professionals, expert mothers, facilitators and Adara staff** underwent training on identifying children with a disability and referring them to the programme.
- **42 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.
- **76 children were referred for additional services** including physiotherapy, psychiatry and seizure medication which shows that an understanding of the need for and access to these services is growing.

Your Impact: Rachael's testimonial

In Uganda, the stigma of having a child with a disability often puts a strain on relationships, including marriages, families and in the community. An important part of the Baby Ubuntu programme builds a network of peer support and helps families not to feel hopeless or alone. Community sensitisation and awareness sessions aim to address these challenges.

Racheal, who attends one of the groups in Nakasongola with her son Samson, aged two years old was abandoned by husband when he realised their son had a disability. This is part of her story.

"I decided to try the Baby Ubuntu program (and) to my surprise... I saw different parents having children with the same condition as mine. This relieved me so much of my agony that I wasn't alone in the world. The facilitators were so hospitable that it made me feel comfortable to open up and share my life experience with them.

The more I continued attending the group meetings, the more my life started changing greatly. I started seeing people interacting freely with my child. This was the climax of my happiness. I would always ask myself when the other session of the group would be there because this could be my happy time. My mood and attitude started changing, I started laughing with people, a person who was so hostile had now become a changed person.

*The more I loved my child, the more I started practicing what was taught to me and did it to my child, now he started sitting and achieving some of the developmental milestones. **These days, I always walk with my head up. I no longer feel the sorrow I used to have. I am not afraid of what people will say about my child, I am so proud of the programme.***

When they brought us a psychiatric officer, he offered us medication free of charge for my son's seizures. Since then, he has started improving greatly and I know by the time I will conclude with this programme, my child will have met all the different developmental milestones.

I have been taught how to feed my Samson, and how to prepare his food in a way that he won't vomit it back. I have learned how to position him in a proper way so that his spine can grow strong and its growing stronger and stronger each day.

I am now Samson's advocate, am his defender and this is all because of the Baby Ubuntu programme."

Photo: two mothers joking together during a water drinking exercise in a Baby Ubuntu session, July 2022.



Adara Youth Community Centre

In partnership with Kiwoko Hospital, we launched the Adara Youth Community Centre (AYCC) in 2022. The AYCC is a place where young people can access information, evidenced-based education and services that address their needs. It provides support to adolescents through counselling, sexual and reproductive health education and services including family planning, life skills training, and connection with Kiwoko Hospital services. These services are available to young people aged 10-24.

The centre is a safe space focused on empowering youth to make informed decisions so they can actively participate in their own healthcare, and access opportunities for learning and development as they transition into adulthood.

Key Highlights

- **Four Peer Educators were trained.** These are young adults who will volunteer at the centre. Volunteer clinicians from Kiwoko Hospital were also recruited to assist at the centre, including nurses, HIV counsellors, and lab technicians.
- **Referral pathways were established between the AYCC and Kiwoko Hospital.** The Kiwoko Hospital laboratory will also receive samples from the centre to test for sexually transmitted infections and HIV.
- **Adara's Social Worker, Margaret Nabaweesi conducted meetings to increase awareness about the centre** in villages surrounding Kiwoko town. They were held in schools with teachers, parents, church leaders and other local community members.
- We are adapting an evidence-based curriculum in partnership with other leading youth centres and the Ugandan Ministry of Health to ensure best practice in our teaching and information materials.

The AYCC was officially opened on 8 July 2022. Adara's Founder, Audette Exel, attended the launch in Kiwoko, Uganda. You can watch a [video of the launch here](#). Now the centre is open, it will operate five days a week with Adara's Social Worker, Margaret Nabaweesi, overseeing all operations and supervising staff at the centre.



Photos: (top) the Adara Youth Community Centre launch; (bottom) Social Worker, Margaret.

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.

As our Maternal, Newborn and Child Health work scales up across Uganda, the region, and the globe – this work is more important than ever.

Key Highlights

- In June 2022 we presented at one of the **World Health Organization's Science Café**. 30 staff attended the session, including the Director for the Department of Maternal, Newborn, Child and Adolescent Health and Aging, Dr Anshu Banerjee. The presentation was very well received, and Adara has since been invited to participate in the some of the content development groups of the model of care for small and sick newborn care.
- In April 2022, we hosted a **panel event at the Skoll World Forum** on our AdaraNewborn model. We were joined by global leaders in newborn health, including Adara's Director and leading expert in Uganda from Makerere University, Dr Peter Waiswa, who shared their reflections on the progress needed to achieve the SDGs.
- Adara's work with Kiwoko Hospital to improve maternal and newborn health in Uganda has been **acknowledged as an Exemplar in Global Health** by Gates Ventures. [You can read the full article here.](#)
- We are developing a Knowledge Sharing platform on our website where we can house **relevant curriculum, resources and materials**, such as for our AdaraNewborn model, so we can share both our successes and challenges with other organisations, facilities, governments and governing bodies.
- Adara's Remote Community Development programmes have opened a **new birthing centre in the remote Humla region of Nepal**. This properly staffed, equipped and resourced clinic has already starting delivering babies. Sharing our knowledge and deep expertise developed over 24 years in Uganda between our teams internally will support the success of this life saving intervention for mothers and babies living in the Himalayas.

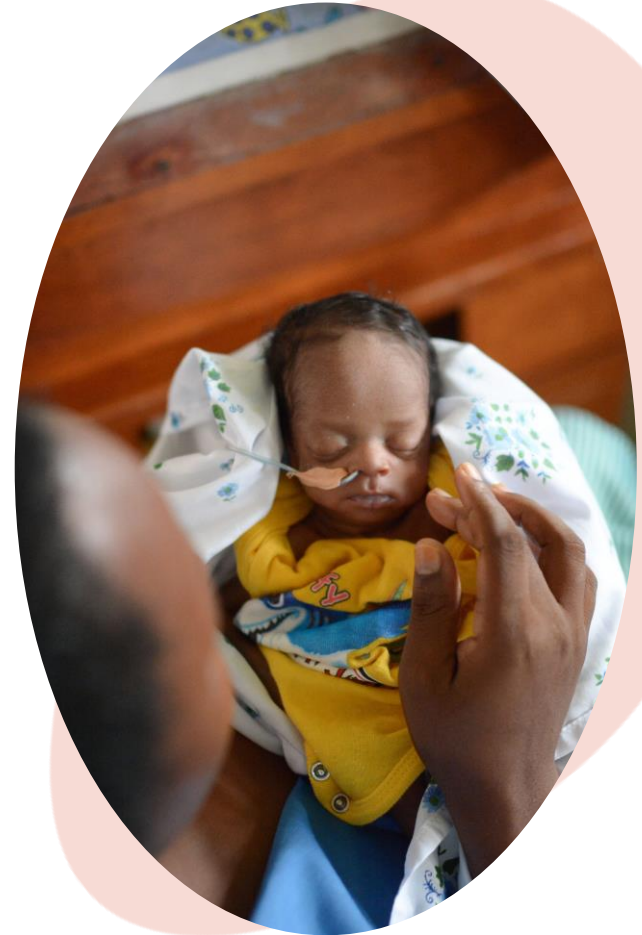


Photo: Nurse in Kiwoko Hospital neonatal intensive care unit.

The Road Ahead

The second half of 2022 is going to be another exciting period 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.

- For the remainder of 2022, we will scope the third site to help continue **scaling our AdaraNewborn model** of care. Adara has engaged a cornerstone investor, the ELMA Philanthropies, who has committed US\$300,000 over the next three years to help expand this life saving work. We are currently looking for matching donors to bolster this support.
- With the increase in admissions and referrals to the Kiwoko Hospital NICU, we are routinely seeing 60+ at-risk babies in the unit, which was built for half those numbers. Our AdaraNewborn work will ultimately reduce the strain on Kiwoko Hospital as we increase the capacity of surrounding health facilities and hospitals. In the meantime, we are **supporting Kiwoko Hospital to build a step-down unit** to support stable infants to stay with their mothers as they get ready to transition to home, and to help alleviate the current congestion. This is being set up in an empty building previously used for physiotherapy, and one nurse will be diverted to staff the unit. Longer term, we are drawing up plans for a more permanent NICU unit expansion.
- With the launch of the new **Adara Youth Community Centre** in Kiwoko we plan to reach many more youth. We have more outreach sessions and trainings planned, targeting schools in surrounding towns, to increase the impact of the centre.
- After completing a successful early feasibility study of the **Safe Bubble CPAP Kit** with our partners PATH, University of Washington, and Kiwoko Hospital in 2021, we are now collaborating on publishing a paper with the study results and disseminating the findings. We will continue to work together with our partners on plans for the next stage of the project, with the goal of getting the device to market.
- In the second half of 2022, Adara's global teams will be collaborating to **plan our next three-year strategy** for 2023-2025. This process will start with Mini-Summits with our teams, partners and stakeholders in Uganda and Nepal, and culminate with our Global Leadership Team, Board and Global Support Office Staff finalising the strategy in Sydney. We look forward to sharing these exciting plans with you soon.



Contact Us

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

Jessica Millar

Senior Partnerships Manager

Jessica.millar@adaragroup.org

Lauren Swift

Partnerships Manager

Lauren.swift@adaragroup.org

Rosie Gallagher

Partnerships Manager

Rosie.Gallagher@adaragroup.org