



Impact Report: Maternal, Newborn and Child Health

July to December 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 25 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 25 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.

Maternal, Newborn and Child Health



Centre Of Excellence: Kiwoko Hospital

At the heart of AdaraNewborn is a holistic model of care to women, newborns and children that we pioneered with our partner, Kiwoko Hospital. This work has been recognised by Uganda's Ministry of Health as a Centre of Excellence (CoE) in the country. We are committed to maintaining the hospital as a CoE by supporting the maternity unit, neonatal intensive care unit and community based healthcare programmes.



AdaraNewborn

We have ambitious plans to expand our high-impact model established at Kiwoko Hospital to 10 health facilities across Uganda in the next decade. Called '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. By working with facilities, district governments and the Ministry of Health, we will ensure sustainable systems change, saving lives now and reducing maternal and newborn deaths into the future.



Hospital To Home

Hospital to Home is our flagship newborn follow-up programme, designed to support high-risk infants both in the hospital and when they return home. It strengthens care for infants during admission to a neonatal unit through comprehensive parent education programmes and promoting care that encourages healthy brain development. It also provides frequent regular at-home follow-up support to these vulnerable infants for six months after discharge through a network of volunteer community health workers. H2H sits in the 'follow up and early-intervention' arm of AdaraNewborn.



Bubble CPAP

To help premature babies breathe, we teamed up with PATH, University of Washington, Seattle Children's Hospital and Kiwoko Hospital to develop an innovative bubble continuous positive airway pressure (bCPAP) kit for babies suffering from respiratory distress syndrome in low-resource settings. It could save hundreds of thousands of lives worldwide.



Early Intervention

Developed by and implemented with the London School of Hygiene and Tropical Medicine, Baby Ubuntu is an early-intervention programme to improve quality of life for children with moderate to severe neurodisabilities and their caregivers. This sits in the 'follow up and early intervention' arm of AdaraNewborn.



Adara Youth Community Centre

Launched in 2022, 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: Uganda

Thanks to our community of supporters, the period between July to December 2022 saw Adara's work in Maternal, Newborn and Child Health continue to thrive and expand, reaching more mothers and babies in low-resource settings.

Despite the successes and achievements you will read about in the following pages – the final six months of 2022 were not without its challenges.

In September 2022, Uganda declared an Ebola disease outbreak, which saw Adara responding once again to ensure the safety of our teams, partners and the communities we work with. We helped sensitise and prepare them to address this deadly and highly contagious virus, including training on protocols for protecting oneself and patients, and the supplies necessary to do so. Thankfully, there were no confirmed cases of Ebola across the Nakaseke, Luwero and Nakasongola Districts where we work, including in our partner facilities, despite several close calls. We continue to remain alert and cautious of how pandemics, epidemics and infectious disease outbreaks might impact our programming.

Global inflation, due to disruptions like the war in Ukraine, is seeing the cost of basic commodities rise rapidly. This has had adverse effects on Adara's work in low-resource settings. For example, petrol prices increased threefold over a few weeks in Uganda, making the cost of transport out of reach for many. This had implications for accessing health care in a timely manner. Similarly, the rising cost of food is causing food insecurity and a nutrition crisis across the globe. Addressing the nutritional needs of mothers, babies and their families in the communities where we work is something we have factored into our [2023-2025 strategic plan](#), which you can read more about on slide 16.

We know that even after nearly 25 years, and so much already done, there is much left to do.

Thank you for standing with us as we continue to strive toward our goal to reduce maternal, newborn and child deaths and to improve the health and wellbeing of communities. Together, nothing can stop us.

Photo: Mother with her baby in the Kiwoko Hospital neonatal intensive care unit.



Programme Highlights

July to December 2022



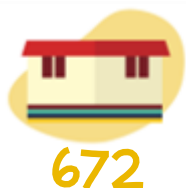
Our AdaraNewborn work is scaling as we strengthen services in our first Centre of Excellence, Kiwoko Hospital, and expand the model in our second site, Nakaseke Hospital. We have already begun consulting with our third site – Luwero Hospital – and are set to launch there in 2023 with a goal to halve newborn deaths and stillbirths over the programme period.



Kiwoko Hospital has officially been recognised as a Centre of Excellence in neonatal health, and in November, hosted **Uganda's national World Prematurity Day celebrations** to help raise awareness about prematurity and showcase the work of AdaraNewborn through Kiwoko and Nakaseke Hospitals. The celebrations were attended by key Ministry of Health officials, including Dr Jesca Nsungwa Sabiiti, Commissioner for Maternal and Child Health.



During the World Prematurity Day celebrations at Kiwoko Hospital, Adara's **Hospital to Home (H2H) package was officially endorsed by the Ugandan Ministry of Health**. H2H supports high-risk infants in the hospital and when they return home. The package contains the training guides, job descriptions, and guidelines of care that health facilities need to implement the programme. H2H sits in the fifth arm of AdaraNewborn – 'follow up care and early intervention'. The package will soon be available to download through Adara's new Knowledge Centre on our website.



Since launching in July 2022, The Adara Youth Community Centre is growing in reach. **672 young people** between the ages of 10 – 24 have enrolled at the centre over this six-month period for services including family planning, sexually transmitted infection and HIV testing, antenatal care, counselling and life skills training.

AdaraNewborn is our evidence-based, high-impact model with the power to halve stillbirths and newborn deaths in low resource settings. We aim to save 7,000 lives and reach 500,000 mothers and babies in the next decade.

AdaraNewborn works across the continuum of care. This includes from the time the mother becomes pregnant, throughout her pregnancy and delivery, supporting the mother and baby after birth (including access to family-centred inpatient newborn care), and providing long-term follow-up care to high-risk infants after going home. By focusing on these five arms of care, we can dramatically improve maternal and newborn survival.

In partnership with the Government of Uganda, Ministry of Health, and other implementation partners, each facility will receive a comprehensive package, including targeted training, mentorship, infrastructure upgrades and equipment.

The hub and spoke model will see two regional Centres of Excellence connect with surrounding hospitals, health centres and community health systems. We have already started working in two sites, our first Centre of Excellence, Kiwoko Hospital, and nearby Nakaseke Hospital, demonstrating impressive improvements in survival rates. We are now working to launch in the third site at Luwero Hospital in 2023. You can read more about this work on the following pages.

Key highlights:

- In the second half of 2022, Adara began consultations with our third partner for AdaraNewborn – **Luwero Hospital**. Less than an hour's drive away, Kiwoko Hospital receives the highest proportion of referrals from Luwero, with one quarter of all referrals from other facilities coming from Luwero. The District Health Officer from Luwero has requested this partnership as he sees too many maternal and newborn lives being needlessly lost there. Luwero Hospital has over 3,000 births each year and currently needs to refer many of these babies. Through our interventions, starting in 2023, we look to halve mortality rates over the programme period.
- We conducted **training for multiple departments** at both current AdaraNewborn sites including newborn resuscitation and warm transport for referrals. Ongoing mentorship solidifies the skills learned in these trainings, and we will continue more advanced training as skills are mastered. Kiwoko Hospital neonatal intensive care nurses, doctors and Hospital to Home community health workers also participated in palliative care training.

Why AdaraNewborn?

Despite making significant gains in reducing child deaths since 1990, Uganda is not on track to reach the Sustainable Development Goal (SDG) target for maternal and newborn mortality. [A paper published in The Lancet in August 2021](#) estimates Uganda will still have 21.9 neonatal deaths per 1,000 live births in 2030, instead of the SDG target of 12.



Kiwoko Hospital: Centre of Excellence

Adara has partnered with Kiwoko Hospital for 25 years. Together, we have pioneered a holistic model of care to women, newborns and children in the facility and the community. It encompasses rigorous training and mentorship, clinical support, resourcing and equipment – all in order to provide high standards of care across antenatal, postnatal, maternity and neonatal intensive care. We also bridge the gap between the facility and community by managing two follow up and early intervention programmes – Hospital to Home and Baby Ubuntu. These programmes are built into the fifth arm of AdaraNewborn (see pages 11-13 for more information).

Kiwoko Hospital is now recognised by the Ugandan government as a national Centre of Excellence in newborn care and an Exemplar in Global Health by Gates Ventures. Considered the first AdaraNewborn site, and the first hub in our model, we are committed to maintaining its quality of care.

Key highlights:

- There were **1,027 live births** at Kiwoko Hospital in Jul-Dec. There were **679 admissions** into the neonatal intensive care unit (NICU), with a survival rate of **85.1%**. In this period, survival rates were negatively impacted by more complex cases arriving at Kiwoko as referrals from other facilities. Annual admissions have increased by over 200 babies since 2020, and by 191% since the new NICU opened in 2010.
- **1,458 mothers** were admitted to the Maternity Ward. **36.2% of these women had attended at least four antenatal** appointments. Through our AdaraNewborn model, we look to increase the proportion of women attending the World Health Organization's recommended eight antenatal care visits by 50%. We are doing this through strengthening care, education and referral pathways throughout the region, particularly in the community and surrounding health facilities and health centres. The Maternity Ward maintained a **maternal survival rate of 99.8%** from July to December 2022.
- Kiwoko Hospital hosted **Uganda's national World Prematurity Day celebrations** to help raise awareness about prematurity and showcase the work of AdaraNewborn through Kiwoko and Nakaseke Hospitals. The celebrations were attended by key Ministry of Health officials, including Dr Jesca Nsungwa Sabiiti, Commissioner for Maternal and Child Health. The Assistant Commissioner for Reproductive and Infant Health, Dr Richard Mugahi also attended. **He took the opportunity to call for more NICUs across Uganda, which further underpins the importance of AdaraNewborn and our scale up plans.**

“We lose 400 newborn babies every week in Uganda... We are supposed to have NICU at every regional and national referral hospital. But out of 20 that we need, we only have four, three are here in Kampala and one is in Kiwoko [in Nakaseke District]. That is a huge gap, and we are going to continuously engage government and the stakeholders to ensure that we bridge that gap.”

- To help address the congestion in the Kiwoko NICU, particularly caused by high levels of referrals into the facility, we **established a step-down unit**. Babies at lower risk are selected for admission based on a list of criteria and the unit allows mothers to stay next to their babies. It continues to offer the Hospital to Home parent training and discharge package, making sure families are involved in the care of their babies and prepared to care for them at home. This is an intermediary solution as we work with hospital management to plan a more permanent expansion of the unit.



Photo: World Prematurity Day parade promoting AdaraNewborn and our scale up plans.

Community based and critical care

Adara has helped strengthen community-based and critical care at, and beyond Kiwoko Hospital, including for patients with HIV and diabetes. The Community Based Healthcare (CBHC) programme addresses a range of health issues, including childhood and adolescent immunisations, disabilities, epilepsy, Menstrual Hygiene Management, and hygiene and sanitation.

Key highlights:

- Adara supported **199 patients to receive care for HIV treatment** at Kiwoko Hospital and in their community each quarter, including 143 children and teenagers.
- **404 diabetic patients received quarterly care** via insulin and oral treatments.
- Safe Motherhood Clinics **delivered essential childhood immunisations to 3,561 children** – protecting them against disease such as diphtheria, typhoid and polio.
- The clinics provided **antenatal appointments to 104 expectant mothers**. Kiwoko Hospital held **2,034 antenatal appointments**– 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. The episodes that aired in November covered topics including STIs and HIV prevention.



Photo: Family and their premature triplets being visited by Adara's Hospital to Home team.

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 township. 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, particularly Kiwoko Hospital.

Having partnered with the hospital since 2017, we started by implementing the third arm of AdaraNewborn – ‘inpatient care of small and sick newborns’, establishing a small special care baby unit. The first newborn unit was small, but already started saving lives as we introduced a training programme and provided regular bedside mentoring to staff. In December 2021, we opened a larger neonatal unit and supplied it with medical equipment and an innovative oxygen system to provide high quality care. We are now expanding this work into other departments, starting with maternity to roll out the ‘antenatal care’ and ‘intrapartum care’ arms of our model.

Key highlights:

- There were **1,377 babies born** between July and December 2022 at Nakaseke Hospital.
- **198 babies were admitted to the special care baby unit (SCBU)**, with a **survival rate of 99%**. The smallest and sickest babies are still referred to Kiwoko Hospital. We anticipate that over time, the survival rates will decline as the unit cares for smaller and sicker babies.
- During this six-month period, there were **seven staff** working in the SCBU, thanks to two returning from upgrading their qualifications from enrolled nurse to registered nurse.
- **Renovations of Nakaseke Hospital’s maternity ward and labour suite** are well underway. These works will replace old and damaged supplies and equipment, including beds, they will address drainage system issues and provide more privacy for mothers while giving birth.
- **The survival rate remains very high in the Nakaseke Hospital SCBU.** AdaraNewborn’s hub and spoke model is designed to strengthen newborn care across a whole region – making referral pathways incredibly important. Currently, Nakaseke refers many of their babies to Kiwoko Hospital. However, as Nakaseke is able to provide higher-level care, more small and sick babies will remain at Nakaseke Hospital for treatment, and fewer babies will be referred to Kiwoko. By strengthening care throughout the region, we hope this will reduce the strain on the Kiwoko Hospital NICU.

We are also working to address some key challenges at Nakaseke Hospital, such as the lack of accommodation for mothers. Because there is no onsite accommodation, and there is limited room in the postnatal ward, mothers often discharge their babies from the SCBU early. To address this, hospital administrators at Nakaseke are currently looking for additional space where mothers can stay.

Similarly, uninterrupted electricity is essential in running a newborn unit, particularly if incubators are in use. Electricity at Nakaseke Hospital often cuts out and generators or fuel are frequently unavailable. To help combat this, Adara is exploring the possibilities of installing a solar power system in partnership with a private company to help ensure a continuous supply of power to critical equipment in the SCBU. This will be explored for feasibility in 2023.



Photo: Baby Robinah (story featured on following page) happy and healthy at home after receiving care at Nakaseke Hospital SCBU.

Your impact: Alice's Story

When 19-year-old Alice began to feel back pain weeks before she was due to have her baby, she sought the help of a Traditional Birth Attendant. Accompanied by her Aunt, she told the attendant her symptoms and was instructed to go home and wait.

When she returned home, she began to feel unwell. Alice had malaria and was concerned she would pass it on to her baby. In the early hours of the morning, Alice felt the baby coming. Her Aunt rushed her to nearby Nakaseke Hospital. Alice gave birth moments after arriving at the hospital, to a tiny baby girl weighing only 1.4kg.

Baby Robinah was taken to the Special Care Baby Unit, where committed nurses attended to her and provided the lifesaving care she needed. They monitored her vital signs, particularly her temperature to address hypothermia and provided proper care to treat Robinah's illness.

Alice struggled to breastfeed for the first few days, so the nurses provided support to help her milk come in, leading to breastfeeding success. Over the next month, Robinah continued to receive care from the SCBU nurses, and began to improve and gain weight. She was discharged weighing 1.8kg, breastfeeding successfully and growing steadily.

Now, Alice and Robinah are doing well back at home. Alice is so grateful for the care she and her baby received at the Nakaseke Hospital SCBU.

She says, *“Abasawo baribafayo ngabampisa burungi”*, which means the health workers were so committed and caring.



Photo: Alice and her baby Robinah in the Nakaseke SCBU

Hospital to Home (H2H) is Adara's flagship newborn follow up programme. It supports high-risk infants and their families to give them the best chance to survive and thrive. It sits in the fifth arm of AdaraNewborn – 'follow up care and early intervention'.

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 (NICU), 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 nine months. These visits are led by a network of specially trained, community health workers.

Between July to December 2022, we focused on upskilling community health workers in topics such as nutrition, we prepared our H2H package to be shared widely to help other organisations implement similar lifesaving programmes, and we responded to the Ebola outbreak to help keep the community safe.

Key highlights:

- **495 babies** were discharged from the Kiwoko Hospital NICU into the H2H programme.
- The **survival rate** for infants in the H2H programme was **99.2%**.
- There were **470 infants** still participating in the programme at the end of the reporting period, receiving regular check-ups from a community health worker at home.
- **98% of at-risk babies** discharged from the Kiwoko Hospital NICU during the second half of 2022 received at least one in person visit from a community health worker.
- **438 healthy babies** reached six-months of age and graduated from the programme.
- **Adara conducted 60 training and programme meetings for community health workers** between July and December. These trainings broaden the programme's reach and allow the team to provide support to more babies and their families. Topics include maternal nutrition, complementary feeding for babies ages six to twelve months, danger signs in babies, and in quarter three there was a focus on Ebola awareness.
- During the World Prematurity Day celebrations at Kiwoko Hospital, Adara's **H2H package was endorsed by the Ugandan Ministry of Health**. The H2H package contains all the training guides, job descriptions, and guidelines of care that health facilities need in order to start implementation of the programme. The package will soon be available for download from Adara's Knowledge Centre on our website, so that other organisations can implement this lifesaving work.



Photo: Baby being weighed at home as part of Adara's Hospital to Home programme.

Your impact: Natalie's story

Natalie's baby, Thomas, was born prematurely. When it came time to be discharged from Kiwoko Hospital neonatal intensive care unit (NICU), they were enrolled in the Hospital to Home (H2H) programme. While in the NICU, the nurses educated Natalie about how to care for Thomas when they returned home, including instructing her to continue breastfeeding, but to also express milk and give the baby additional feeds to ensure he would grow steadily.

A H2H Community Health Worker (CHW) visited Natalie within 24 hours of her reaching home. During the visit, the CHW observed Natalie successfully expressing milk and cup-feeding her baby. But Natalie's mother-in-law was arguing with her, saying that in their culture they don't look at breastmilk, and shouldn't touch anything in the house after breastfeeding. This confused Natalie and she stopped expressing milk, choosing to exclusively breastfeed instead.

When the CHW came to visit again, baby Thomas had lost weight. They tried to counsel the mother-in-law, but she refused to listen. Natalie became very confused and stressed, and her milk supply reduced.

The CHW decided to involve the local community leaders to counsel the mother-in-law. Together they convinced the woman to allow Natalie to express milk for her baby, and to create a calmer environment for Natalie to help increase her milk supply. They urged Natalie to continue feeding Thomas as she had been shown and taught while in the NICU.

At the next visit, Thomas had gained weight. When he was big enough, she stopped expressing and could feed the baby by exclusively breastfeeding. She was incredibly grateful to the Hospital to Home team.

After seeing Thomas grow and thrive, her mother-in-law told the CHW, *"This H2H programme is very helpful. It will help many babies to survive because they are very serious and persist on what is right."*

Following up mothers and their babies in the community is vital to ensuring babies have the best chance to survive and thrive. The vigilant at-home follow up support is offered to not only mothers, but their whole family and even community for six months after discharge, with a development check at nine months. In 2023 we will be introducing an additional 12-month check.

Photo: Natalie with her baby and her H2H community health worker.



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 neurodisabilities 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.

The programme continues to grow, with **three new groups** formed in the last six months of 2022. Awareness of the programme amongst parents, their communities, other local organisations, and the local government are a huge part of this growth.

In Nakasongola, the District Health Officer personally attended some of the group sessions, seeing firsthand the impact of the programme. He has since given our team opportunities to present the programme to various stakeholders. In particular, he invited the Ugandan Ministry of Health Commissioner in charge of the Community Health to one of the Baby Ubuntu groups. The Commissioner was amazed by the programme and the way it brings together parents of children born with developmental disabilities. The Commissioner has since asked if he can bring other Ministry of Health officials to see the work.

At the end of 2022, the Nakasongola District Health Officer nominated the Baby Ubuntu programme in the **Social Innovation in Health Initiative's 2022 'Call for Solutions'**. We were among the top seven 'best solutions in health', reviewed by an expert panel from multi-sectoral disciplines. The Baby Ubuntu programme was recognised as new, different and innovative, contributing to significant improvements in the region, addressing a key health priority and has a gender-related response. The programme was recognised as having the potential to reach many people, enhancing equity and access. It is an affordable solution, and has already demonstrated positive outcomes for the health of the local community.

Key highlights:

- There are **74 babies** currently engaged in the Baby Ubuntu programme across **nine groups**.
- We formed **five new groups** from July to December, welcoming **40 new children** into the programme.
- **27 health professionals, expert mothers, facilitators and Adara staff** participated in meetings and community sessions on identifying children with a disability and how to refer them to the programme.
- **92 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.
- **135 referrals were made 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.
- Since introducing hygiene, sanitation and infection control training to our groups, we've seen a **decrease in hospital admissions for respiratory and infectious diseases**.

Adara Youth Community Centre

In partnership with Kiwoko Hospital, we launched the Adara Youth Community Centre (AYCC) in July 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 to 24 years.

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

Awareness of the centre is growing. Adara's Social Worker, Margaret, continues to conduct meetings and educational sessions about the centre's services in the community and at schools across the sub-county. In July 2022, Margaret ran an adolescent mentorship training with 250 attendees with 21 schools represented. The purpose of the training was to equip adolescents to make informed decisions regarding social and health related issues. In the training they discussed child rights, life skills, the importance of education, menstrual hygiene management and HIV/AIDs. This outreach work is vital to raising awareness and breaking down the stigma of sexual and reproductive health.

The AYCC offers education and training on family planning methods and access to contraception. During the period, a total of **223 condoms were distributed to adolescents and an additional 8,823 condoms to adults** at the centre, stakeholder meetings in the community and via key community leaders such as local council members, religious leaders and head teachers at schools. We noticed far more men and boys seeking and accepting contraception than girls in the period. Many men do not want their wives and daughters seeking alternative family planning methods. We will continue to educate girls on their family planning options at the centre and through outreach programmes.

Photo: Students playing indoor games at the Adara Youth Community Centre.

Key highlights:

- **672 young people** enrolled to access the range of services at the AYCC from July - December.
- We held **eight community outreach meetings** reaching **267 participants** with information about the centre and its services.
- We screened **137 adolescents and two adults for STIs**, providing treatment to 66 of these clients. We screened **218 adolescents for HIV**, with **two** testing positive who were referred to Kiwoko Hospital for treatment.
- **26 pregnant adolescent girls enrolled** at the AYCC for antenatal care. We held a total of **132 antenatal appointments** during the period, referring **19 to Kiwoko Hospital** for further management.
- **66 youth** accessed information and education about family planning methods from the centre.



Knowledge Sharing

Adara believes that 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.

From July to December 2022, we worked in partnership with Atlassian to develop our new Knowledge Sharing platform – the Adara Knowledge Centre. This platform, set for launch in 2023, will facilitate the adoption of best practices across our areas of expertise, sharing our experiences, challenges and successes in order to add value to other like-minded organisations and their work. In particular, as part of AdaraNewborn, the platform will provide tools, resources and training curriculum for our partner facilities and beyond as we scale up our work, and our impact to save lives.

We also continued building partnerships with key partners, organisations and networks to increase our reach across the globe.

Key highlights:

- Adara received recognition for our work with Kiwoko Hospital and AdaraNewborn to improve maternal and newborn health in Uganda **as an Exemplar in Global Health** by Gates Ventures. [You can read the full article here.](#)
- We released a paper discussing the **outcomes of the Baby Ubuntu feasibility trial** on early care and support for young children with developmental disabilities and their caregivers in Uganda. [You can read the paper here.](#)
- Adara presented to the World Health Organization on AdaraNewborn and our Hospital to Home programme. Our plans were well received, and **we have been invited to collaborate with them on their approach to newborn care.**
- In 2022, Adara **launched our partnership with Makerere University and a consortium of organisations working in newborn care** across Uganda. This group, funded by the ELMA Foundation are collaborating and sharing approaches to strengthen and broaden the reach of quality newborn care in the country. We have shared the AdaraNewborn continuum of care model, indicators and resources with this group to add value to their work.

Photo: Baby visited through Adara's Hospital to Home programme – now healthy and thriving!



The road ahead

2023 is an exciting year for Adara, as it's 25 years since our story began. To celebrate this anniversary, Adara launched bold and ambitious new three-year strategic plan at the beginning of the year. [You can read the plan here.](#)

The theme of our strategic plan is **Strong Foundations, Broad Horizons**. It is an acknowledgment that as we seek to broaden our impact through scale and knowledge sharing, we are building on a 25-year history of deep service delivery to reduce preventable maternal, newborn and child deaths and improve the education, health and wellbeing of communities. Over the next three years we will build on this to impact more lives through our work.

Some exciting activities to look forward to in 2023 include:

- **Launching the AdaraNewborn model in the third site**, Luwero Hospital, by consulting with local leaders, establishing a memorandum of understanding, starting clinical training and mentorship, and planning for critical infrastructure upgrades and equipment provisions.
- Continuing to **address the issue of space in the Kiwoko Hospital NICU**, by expanding the centre to cater for the need. We have already formed a steering committee with the hospital, and plans are underway. We are hoping to begin construction late in 2023.
- **Boosting nutrition** amongst the families in the Hospital to Home programme by distributing drought resistant seeds to families based on need, identified by community health workers. We plan to distribute 4kg of seeds each to 60 families across two planting seasons.
- **Growing our Baby Ubuntu programme** with six new groups, continue trialing and implementing new livelihood and male engagement modules, and providing additional services, such as emergency care and assistive devices.
- **Reaching more young people** in and around Kiwoko with sexual and reproductive health services through the Adara Youth Community Centre.

Photo: Peer educators at the Adara Youth Community Centre.



We can't do any of this exciting work without the support of our incredible partners, donors and champions, like you. Thank you for being a part of Adara's journey over the past 25 years, and for continuing to stand with us as we bring our 2023-2025 strategic plan to life.

Contact us

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

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