



Impact Report: Maternal, Newborn and Child Health

January – June 2023



About Adara

At Adara, our mission is to bridge the world of business and the world of people in extreme poverty.

The Adara Group consists of an international development organisation, Adara Development, and two corporate advisory businesses, Adara Partners and Adara Advisors.

We have two very different parts but one shared purpose: to bring quality health and education services to communities in need.



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

Since 1998, we have touched the lives of more than 600,000 people living in poverty 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

We're on a mission to strengthen maternal, newborn and child health services in low-resource settings. And thanks to our generous supporters, we're making progress every day.

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

With 25 years' experience working in partnership with Kiwoko Hospital to develop a Centre of Excellence, we are now scaling our programmes to accelerate change across Uganda and beyond through **AdaraNewborn**.



AdaraNewborn

We have ambitious plans to expand our high-impact model established at Kiwoko Hospital to other Ugandan facilities. 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. We are implementing this programme at Kiwoko, Nakaseke and Luwero Hospitals, and plan to expand an additional seven facilities over the next decade.



Bubble CPAP

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.



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.

25 years of Adara

In March 2023, Adara celebrated our 25th anniversary! It has been humbling to reflect on our incredible journey, hand in hand with our partner communities and supporters like you, since we began bridging worlds and changing lives.

In our 2022 Operations Report, we celebrated some of the achievements we've seen in our Maternal, Newborn and Child Health work over this time:



From 2005 to 2022, the **survival rate** for newborns in the Kiwoko NICU has increased **from 77% to 86%, with a high of 90% in 2018** despite an increase in acuity and a 108% rise in admissions. Since 2013, more than **11,000 newborns** have been admitted to the NICU.



From 2011 to 2022, more than **40,000 women have received care** in the Kiwoko Hospital maternity ward. During this time, maternal deaths as a percentage of total births have halved, while births have increased by 400%.



From 2019 to 2022, **3,268 infants** discharged from the Kiwoko NICU have been **enrolled in our Hospital to Home programme**. **90% of these** have received at least one at-home follow-up visit.



Since 2018, **229 infants with neurodisabilities have participated** in the Baby Ubuntu programme.



From 2019 to 2022, **1,481 newborns received care** in the Nakaseke Hospital special care baby unit with a **99% survival rate**.

So much done, so much left to do! We are at an exciting part of our history, with over two decades of experience and expertise – allowing us to develop scalable models across health and education that have global reach and applicability. We know AdaraNewborn has the power to halve maternal and newborn deaths, and stillbirths, across Uganda – but also across other low resource settings in East Africa, and beyond!

Over the coming years, we will continue to be guided by our values of compassion, passion, teamwork, mutual respect, integrity and excellence, unconventionality, and humility. And we will continue to be inspired by the people and communities we work alongside.

Thank you for being a part of our journey; this work is possible because of you.



Photos (top to bottom): Kiwoko Hospital newborn unit in 2000; Audette Exel and NICU In-Charge Sr Christine Otai (now Adara's National Newborn Trainer) in 2013; Nurse Prosy in the Kiwoko Hospital NICU in 2022.

This year, we launched a new strategic plan for 2023 to 2025. The theme of our strategy is “**Strong Foundations, Broad Horizons**”. It acknowledges that we are building on our 25-year history of service delivery to bring quality health and education services to people living in some of the world’s remotest places. At the same time, we are seeking to broaden our impact through scale and knowledge sharing.

However, Adara’s work is not without its challenges. **Newborn disorders are the leading cause of mortality and morbidity in Africa, across all ages.** There were 750,000 newborn deaths across Africa in 2019 – 30,000 were in Uganda alone. Newborn disorders account for more deaths than malaria, heart disease and respiratory infections like pneumonia.

Uganda, like most African countries, is still not on track to meet the Sustainable Development Goals for maternal and newborn health. A recent Lancet report (Uganda 2030 NMR Projection 2021) estimates by 2030 there will still be 21.9 neonatal deaths per 1,000 live births, rather than the goal of 12. **Over the next decade, Uganda needs to prevent the deaths of 80,000 newborns to achieve the SDGs.**

The global context is presenting additional complexities to this work – further exacerbated by natural and human made disasters, and inflation.

Due to the Russia-Ukraine war there is still an ongoing fuel crisis, which is impacting supply chains and the provision of food and infrastructure. Increases in costs of living and ongoing unreliable weather patterns are having huge impacts on malnutrition and food insecurity. Overall reductions in economic productivity are placing particularly young girls at increased risk of missing out of an education, sexual violence, unwanted pregnancy, early marriage, and even trafficking. It also means families are sometimes forced to delay or not access health care services when needed.

It is more important than ever that we collaborate and coordinate efforts to address issues of poverty and inequality in low-resource settings.

At Adara, we are determined to continue to provide essential services to low resource settings, despite these unprecedented times. Over the following pages, you will read how Adara and our partners are delivering high-quality healthcare to women, newborns and children at health facilities, in the community and at home. We are upskilling health workers, equipping facilities and strengthening the health system.

Thanks to your support, we are saving lives!

Photo: A mother and her newborn in the Kiwoko Hospital neonatal intensive care unit.



Programme highlights

January to June 2023



664

Kiwoko Hospital neonatal intensive care unit (NICU) admissions with a 87.3% survival rate.



99.9%

survival rate for mothers across both Kiwoko and Nakaseke Hospitals' maternity wards.



Luwero

Hospital partnership officially launched as the third AdaraNewborn site.



96%

of newborns discharged from the Kiwoko Hospital NICU into Hospital to Home received at least one follow up visit from a community health worker.



79

babies participated in the Baby Ubuntu programme over the past six months.



3,153

youth attended health education sessions through Adara Youth Community Centre services and outreach.

AdaraNewborn is our evidence-based, high-impact model of maternal and newborn care with the power to halve newborn deaths and stillbirths across 10 health facilities in Uganda over the next decade.

Newborn disorders are the leading cause of death across Africa and in Uganda, according to the [Global Burden of Disease](#). Most African nations, including Uganda, are off-track to achieve the Sustainable Development Goal (SDG) for newborn survival – 12 neonatal deaths per 1,000 live births by 2030.

Adara has pioneered a model for increasing survival rates for the sickest and smallest newborns to the levels in some high-income countries, and we have sustained this work for more than two decades.

This model works because it supports newborns and their mothers across the entire continuum of care. This includes from pregnancy, to delivery, inpatient newborn care, postnatal care and follow-up at home.

Through AdaraNewborn, we aim to reach 500,000 mothers and babies and save close to 7,000 lives.

We know we have the track record to make this possible. Our work has been acknowledged as best practice by the Ugandan Ministry of Health and has been named an [Exemplar in Global Health](#) by Gates Ventures. Adara recently won the [Washington Global Health Alliance Organizational Impact Award](#).

There are seven years left to achieve the SDGs and most off-track countries cannot meet these goals without reducing the deaths of small and sick newborns. That means investing in models like AdaraNewborn at scale.

Our vision is global. As we show what AdaraNewborn can do in Uganda, many other countries can adapt and adopt this model.



Watch this video to learn more about our powerful AdaraNewborn model:

<https://youtu.be/zloKeaW6lQw>

Adara's deep expertise in newborn health is being drawn on by many other in-country institutions and organisations. We are consulting with the Ugandan Ministry of Health on developing the national newborn curriculum, reviewing guidelines of newborn care, and providing feedback on the establishment of national newborn forms and data. This is part of a national push to refocus on newborn health after newborn conditions became the leading cause of deaths in Uganda.

Kiwoko Hospital: Centre of Excellence

At the heart of AdaraNewborn is a holistic model of care to women, newborns and children that we pioneered with our partner, Kiwoko Hospital. The work we have accomplished together has led the hospital to be recognised by Uganda's Ministry of Health as a Centre of Excellence in the country. We are committed to maintaining the quality of care provided at Kiwoko by supporting the hospital's programmes across the continuum of care.

Key highlights:

- There were **664 admissions** into the neonatal intensive care unit (NICU), with a **survival rate of 87.3%**.
- There were **1,265 admissions into the Maternity Ward**, and **901 deliveries at Kiwoko Hospital** between January and June 2023. The Maternity Ward maintained a **maternal survival rate of 99.9%** and has documented
- As always, continuous medical education, training, mentorship, and maintain quality of care is critical to our work. Some examples of training at Kiwoko Hospital over the past six months include:
 - **25 staff attended training on retinopathy of prematurity (ROP)** by Dr Iddi Ndyawabe, an ophthalmologist who was recently hired by Kiwoko Hospital to conduct weekly ROP screenings. He is the only specialist in Uganda doing public screening for ROP.
 - In April 2023, **six staff from Adara and Kiwoko Hospital attended obstetric simulation training** of trainers in Helping Mothers Survive at Mbarara University of Science and Technology.
 - **59 community health workers from the Kiwoko Hospital Community Based Healthcare programme were trained** in disability identification, causes, and the Baby Ubuntu programme in June 2023.

Photo: Nurses in the Kiwoko Hospital neonatal intensive care unit.



Kiwoko Hospital is responding to the growth of NICU and Maternity Ward admissions and required staff numbers from both a short- and long-term perspective. This includes:

- **The step-down unit** that was established in the third quarter of 2022 is still relieving some of the congestion in the Kiwoko NICU. Lower acuity babies are selected for admission based on a list of criteria and the unit allows mothers to stay next to their babies. The step-down unit 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.
- **10 additional staff were added to the NICU in 2023**, to address growing number and acuity of admissions.
- Consultation and planning are well underway for the **large capital project of expanding the existing maternity ward and NICU**. We have already undertaken extensive consultation, which has determined that in a phased transition over the next 10 years, we will increase the NICU ward from 38 to 80 beds, spanning from 'at-risk' babies through to high risk small and sick newborns. It will also include a 'step down' facility as an intermediate step for mothers before discharge. We are currently looking at potential partners for the unit design, and expect construction to begin in 2024 and take up to two years.
- Kiwoko Hospital has recently completed fundraising for an **expansion of their operating theatre**, largely to help accommodate the growing number of cesarean sections and other surgical cases. This project will commence by the end of 2023 or early 2024.
- Plans for **expanding nurse accommodation** have been drafted, looking to construct a second story to an existing building, adding 10 rooms and a new septic system. We will also build a second building that can accommodate an additional 14 staff. Access to accommodation in remote areas, such as Kiwoko, is critical to attracting and retaining quality staff.

Community-based and critical care

Adara helps to strengthen community-based and critical care at, and beyond Kiwoko Hospital, including for patients with HIV/AIDS and diabetes. The Community Based Healthcare (CBHC) team travelled almost 26,000km between January and June 2023 to deliver quality health services, including childhood and adolescent immunisations, disabilities, epilepsy, Menstrual Hygiene Management, and hygiene and sanitation.

Key highlights:

- Adara supported **147 patients to receive treatment for HIV** at Kiwoko Hospital and in their community each quarter.
- **182 diabetic patients** received quarterly care via insulin and oral treatments.
- Safe Motherhood Clinics delivered essential childhood **immunisations to 3,617 children** – protecting them against disease such as diphtheria, typhoid and polio.



Photo: Mother in Luwero District of Central Uganda with newborn twins.

Nakaseke Hospital

Nakaseke Hospital is the second AdaraNewborn site – taking the learnings and expertise developed at Kiwoko Hospital over more than two decades to scale, so we can save more lives.

Adara supported Nakaseke Hospital in 2017 to introduce a newborn care training programme and newborn unit. Since then, Nakaseke has maintained average survival rates of 98%. We also implemented a quality improvement system in the newborn unit and saw a 75% improvement in the quality-of-care score between April 2019 and May 2021.

Between January and June 2023, training and mentorship was a focus to continue improving quality of care. This included expanding training into maternity, antenatal and postnatal departments.

Key highlights:

- There were **1,244 deliveries** over this six-month period, with **189 special care baby unit (SCBU) admissions**. There were sadly two newborn deaths in the SCBU over this time, being a 99% survival rate.
- **41 babies were referred out** of the SCBU to Kiwoko Hospital or other facilities for higher levels of care. It is important for nurses to know when it is appropriate to refer vulnerable babies to other health facilities, or when to continue to treat them at Nakaseke Hospital. This is crucial to ensuring the babies have the best chance at survival.
- **21 staff underwent biomedical training** in the second quarter of 2023 on safe use of oxygen with Adara's partner, FREQ2.
- **Biomedical engineers are a critical part of the AdaraNewborn model** to ensure medical equipment stays in good working order – so it is available to support the delivery of quality life saving care. For example, the SCBU had two radiant warmers that were generously donated by Adara's equipment partner, the DAK Foundation. After years of use, they required repair, which was done on site by the hospital biomedical technician, William (pictured right).
- In March and June 2023, Adara held **leadership and governance training** in the Nakaseke District and at Nakaseke Hospital. These involved those in supervisory roles including the District Health Team, health facility in-charges, hospital board members, and Health Unit Management Committee members in the district. Those who took part in the sessions were trained to become trainers, and are now able to train their respective facility teams to strengthen quality of care
- Thanks to a grant from the Cerebral Palsy Alliance, Adara has the opportunity to **adapt and pilot our Hospital to Home (H2H) programme at Nakaseke Hospital**. This will occur over two years and will guide how we scale H2H to other AdaraNewborn facilities. In late June 2023, a new Research Officer, Saidah Menya, was hired to manage this project.



Your impact: Baby Leon was born with malaria and was having trouble breastfeeding. He was losing weight rapidly. After two weeks of care at the Nakaseke Hospital SCBU, he was feeding and recovering well. His mother, Mary said, "The nurses took care of me very well and the baby was given quality care. I have loved this place where they are treating my baby. It's beautiful and clean."

Luwero Hospital

An incredibly exciting highlight from 2023 was the launch of a third AdaraNewborn site!

In March 2023, Adara was thrilled to launch our partnership with Luwero Hospital, a nearby public facility that refers high numbers of babies to Kiwoko Hospital and other facilities because they are unable to provide the required care in their facility.

Facility assessments and benchmarking have already been completed. We are preparing to provide essential infrastructural upgrades and equipment, in partnership with the DAK Foundation, and training and mentorship for staff in the new newborn unit.

We know that unless there is facility leadership buy-in, interventions like AdaraNewborn are unlikely to be a long-term success. Adara has been setting a strong foundation for our partnership with Luwero Hospital by holding multiple consultation meetings with their leadership team to go over facility needs, the facility needs assessment analysis and Memorandum of Understanding. Already, buy-in by this critical group is very encouraging!



Photo: A nurse consulting with a mother with her newborn baby at Luwero Hospital.



You can watch more about our partnership with Luwero Hospital here:
<https://www.youtube.com/watch?v=vpRi6sbAmeE>

Hospital to Home



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

It strengthens care for infants in a neonatal unit through comprehensive parent education programmes and promotion of care that encourages healthy brain development. It also provides 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.

Key highlights:

- Between January and June 2023, there were **472 newborns** discharged from the Kiwoko Hospital neonatal intensive care unit into the H2H programmes. Of these, **454 or 96% received at least one follow up visit.**
- H2H has two schedules – A for higher risk babies, who received more intensive and regular care from the community health workers, and B for lower risk babies. Over these six months, 73% of new babies entering the programme were lower risk. It is great to see that the quality of care being provided at Kiwoko and the discharge care and education provided through H2H are sending babies home healthier with lower risk of complications.
- There were **12 medical referrals** over this period to Kiwoko Hospital and other local hospitals and health centres primarily for hypothermia, weight loss, diarrhea and fever.
- Sadly, despite all efforts to provide follow up care for these vulnerable newborns, **seven babies passed away.**
- **427 babies graduated** from the H2H programme after six months of follow up care!
- The dedicated team of 120 Adara-trained and supported H2H community health workers did an incredible job visiting newborns, mothers and their families to provide education, guidance and care. There were **59 meetings** that occurred over the six months with a **94% attendance rate.**

A current and pressing issue for communities across the globe is food security. This is equally true across the Nakaseke, Luwero and Nakasongola Districts in Uganda. Adara responded by **distributing drought resistant seeds** to families in the Hospital to Home programme. We are distributing 4kg of seeds each to 60 families identified by community health workers across two planting seasons. Those who didn't receive seeds in the first quarter of this year will in August 2023, ahead of the next growing season.



Photo: Sr Cornety Nakiganda who lead's Adara's Hospital to Home programme.

Developed by and implemented in partnership with the London School of Hygiene and Tropical Medicine, **Baby Ubuntu is an early-intervention programme that aims to improve quality of life for children with mild to moderate neurodisabilities and their caregivers.** The programme includes a parent education training programme with 11 modules. Baby Ubuntu also sits in the 'follow-up and early intervention' arm of AdaraNewborn.

Over the past six months, our Baby Ubuntu Coordinator, Sam, and team have been tirelessly supporting families, facilitators and communities alike. This has seen programme grown in participants, referrals, modules and community understanding!

Key highlights:

- **There were 11 groups with a total of 79 babies and children who participated in the programme over this time.** This included three new groups consisting of 24 children, while one group of seven children, graduated.
- **We have expanded the reach of the programme through training** of over 75 local leaders and 120 Hospital to Home community health workers across Nakaseke, Luwero and Nakasongola districts in disability identification. This is expected to increase the quantity and quality of referrals into the Baby Ubuntu programme.
- **We implemented group physiotherapy sessions** at the beginning of 2023, which have had positive impacts on empowering both parents and training facilitators in basic physiotherapy techniques. This also reduces the pressures experienced by parents and facilitators in one-on-one sessions.
- **We are extending our reach to the siblings of children with neurodisabilities.** We have recently started to encourage parents to bring along their other children so that they can engage with the programme and learn more about how they can support their sibling. We have found this has resulted in an increase in positive behaviour between the siblings and overall family cohesion and happiness.
- **One module being developed and trialed through Adara-supported Baby Ubuntu groups is a livelihoods module,** which focuses on caregivers who are facing unemployment and have no access to income generation. It provides information about pathways and opportunities for training and generating income and connects interested participants with appropriate organisations. For example, Adara partners with Baylor Uganda to offer free entrepreneurial skills training for young mothers in the Baby Ubuntu programme.
- Adara is continuing **community education and awareness raising**, and even successfully recruiting male expert parents. We are already seeing successes in sensitising fathers to Baby Ubuntu before the groups start and inviting them to attend the groups.



Photo: A Baby Ubuntu participant and their sibling, 2023.

Your impact: bringing hope

Stories are powerful, because they show the true impact of programmes like Baby Ubuntu. Seeing how this work transforms, even one life, or one family's lives makes it all worthwhile.

This story is about the family of William and Sharon. They faced immense struggles in search of treatment for their young daughter, two-year-old, Aggie. Aggie was born at home with the help of some local women. Her mother, Sharon, did not seek help until she noticed her baby's seizures after four days. Despite advice to access medical treatment at nearby Kiwoko Hospital, the couple opted for alternative treatment options from traditional herbalists.

The traditional herbalists advised them to pay two million Uganda shillings (around US\$520) and purchase two cows, two goats, and various items for a sacrificial ceremony. This was meant to appease the gods and remove a curse they believe had taken over the child. The father, William used his family home as collateral to secure a loan from the bank to pay for the treatment, but it proved ineffective. The couple's financial status deteriorated as they sought other forms of treatment, causing them to default on loan payments and sadly lose their home.

After losing everything, Sharon learned about Adara Development and the Baby Ubuntu programme that teaches parents to care for their children with neurodisabilities. She enrolled in the programme and has since found hope for her daughter's future.

"My husband and I had tried everything to find treatment for our child, but no one had ever explained to us why our baby looks the way she is. (Baby Ubuntu staff) Teddy and Big Sam gave us an explanation on what happened to my child, I understood for the first time why my baby experiencing seizures. I regretted why I hadn't known of this programme in the first instance. We were offered medication and for the first time, I saw my baby not fitting, the crying decreased. I was taught how to feed my baby, I started noticing changes in my baby. Aggie started recognising her daddy and her siblings. We started gaining peace at home.

My heart has now rested. I know what happened to my child. Now she has started sitting by herself. She has started holding things in her hands by herself. I am just extremely happy for this program, because it has saved my marriage, because soon I was giving up and going back to my parents' home. My husband greatly changed the attitude he had towards me and my girl. Though we no longer have our own place to stay in, we now have hope. I no longer sleep with stress, I no longer fear what people say about my child because I understood what happened to her.

I can't thank enough the Baby Ubuntu programme. They don't know what they have done for our family."

Photo: Aggie and her mother, 2023.



Adara Youth Community Centre

The Adara Youth Community Centre (AYCC) provides support to adolescents through sexual and reproductive health education and services including family planning, counselling, life skills training, and connection with health services.

It also provides community outreach, working closely with schools, parents and local leaders. These services are available to young people aged 10 to 24. Our goal is to provide youth with support to lead happy and healthy lives.

Between January and June 2023, the AYCC conducted testing for sexually transmitted diseases and infections (SDI/STIs), HIV, pregnancy and Hepatitis B. Young people accessed antenatal, family planning and counselling services and had access to contraception. There was also substantial awareness raising, engagement and education activities conducted – already this year, **26 out of 27 target schools** and **22 out of 24 target villages** have been reached. This is a mammoth effort by Adara's Social Worker, Margaret Nabaweesi and her team!

Key highlights:

- There were a total of **388 new youth enrolled** at the AYCC between January and June 2023. It is exciting to see our reach grow as word spreads about the centre and its services.
- **Over 230 youth were tested** for STIs, with 3% testing positive. For HIV, over **300 youth were tested**, with a positivity rate of 2%. Those who did test positive, received or were referred for appropriate treatments including at the Kiwoko Hospital HIV/AIDS department.
- **77 new pregnant young women** were enrolled in the AYCC's antenatal clinics. **230 appointments** were held over this six-month period, with 68 males attending appointments with their partners.
- There was **also over 3,000 youth who attended health education classes**, with topics including hygiene and sanitation, sexual and reproductive health, family planning and life skills. This has already exceeded the expected annual reach of the centre of 2,000 young people!
- Our AYCC team organised a **music, debate and drama competition** for 14 schools, with 140 students and 14 teachers attending together with Kiwoko town council officials, community leaders, and Kiwoko Hospital and Adara staff. They addressed topics such as teenage pregnancy and debated topics like 'should sex education be taught in schools?' Overall, there was a great discussion of the importance of information and timely access to health care, tailored to youth. There was also a **sports competition** organised for secondary schools and tertiary institutions for six schools, with 246 youth attending. Once community members joined, there was a total of 400 people.



Photo: AYCC Peer Educators; students delivering a drama performance about the centre; a young women accessing AYCC health services.

Knowledge Sharing

We believe the knowledge created through our programmes is not ours to keep. We strive to scale the impact of our programmes by sharing data, research conclusions, training packages and lessons learned. We are taking our very best ideas and our biggest mistakes, distilled from more than two decades of working in the field, and sharing them locally, nationally and globally. We want to ensure that those who need this knowledge most can access and use it, in a format that best suits them.

A significant highlight from 2023 was the launch of our very own Adara Knowledge Centre, [housed on our website!](#) We have already uploaded 35 individual resources that can be downloaded and implemented in other low-resource settings. This has been a dream of Adara's as we've focused on sharing our knowledge globally – so it is extremely exciting to see this live and accessible. In the Knowledge Centre, we are also pleased to have launched our Hospital to Home package. This package is targeted at health professionals or leaders working in hospitals in low-resource settings who want to decrease the risk of preventable newborn deaths. It includes all the materials and instructions necessary for other facilities to implement their own H2H programme. This consists of guidelines covering breastfeeding and neuro-developmentally supportive care, training packages, job descriptions and reporting templates. We are proud that the package has been endorsed by the Ugandan Ministry of Health.

Key highlights:

- In May 2023, six staff from Adara Development (Uganda) and Kiwoko Hospital attended the **International Maternal Newborn Health Conference** in Cape Town, South Africa. During the conference, Dr James Nyonyintono presented a paper entitled “Outborn Newborns Drive Birth Asphyxia Mortality Rates: A Nine-Year Analysis at a Rural Level 2 Nursery in Uganda”, sharing the findings from Kiwoko Hospital's neonatal intensive care unit.
- In June, **Adara presented at the Internal Congress on Evidence-based Parenting Support.** The presentation focused on how the Hospital to Home programme supports parents caring for high-risk children during hospitalisation and at home after discharge.
- Adara had the opportunity to **participate in the Implementation Toolkit for Small and Sick Newborn Care online seminar series.** Hosted by NEST360 and UNICEF, over 150 attendees heard from our team as we shared an overview of our Hospital to Home Programme and how we incorporate Family Centred Care into the programme. Some of Adara's Maternal, Newborn and Child Health resources are also now available on [NEST360's toolkit site.](#)
- Kiwoko Hospital hosted **11 health workers from Babies and Mothers Alive (BAMA) and Kristina Health Centre (supported by Love Mercy Foundation),** to receive training on H2H, our flagship newborn follow-up programme. This next quarter, Adara's Uganda team will travel to their facility in Rakai to receive reciprocal training, this time in maternal care. BAMA have also started considering how they will implement our Hospital to Home programme in their own public settings.



Photo: BAMA and Kristina Health Centre staff after their training!

Next steps

We have some big and bold plans as part of our 2023-2025 Strategic Plan – as we continue to scale the impact of our programmes and share our knowledge to increase our global reach.

Over the next six months, we'll be working on the following activities:

- Continue **building our partnership with Luwero Hospital** including setting up and equipping a newborn unit and conducting newborn staff training.
- Continue **expansion work at Kiwoko Hospital** including the large capital project of expanding the existing neonatal intensive care unit and maternity ward.
- **We are exploring ways to enrich the lives of staff in Kiwoko Hospital.** This includes education opportunities, a new role of clinical educator in the NICU, team building activities and a partnership with the nursing school.
- Continue working with the Ugandan Ministry of Health on their **newborn training curriculum.** Implementation that will be rolled out across the country in the coming months. Excitingly, Kiwoko Hospital will be one of the Centres of Excellence delivering the training.
- We are continuing to scope the **implementation of Hospital to Home in the first public system facility,** Nakaseke Hospital, thanks to a grant from Cerebral Palsy Alliance.
- The Baby Ubuntu programme is developing an additional **module focusing on male and father engagement** and how we can support and encourage participation. This will start in the second half of 2023.
- Adara is working with **Clinton Global Initiative to launch a Commitment to Action** for our AdaraNewborn scale up work. This will take place at their September 2023 conference in New York. Our commitment will feature our core partners including the Ministry of Health, Makerere University and the ELMA Foundation.
- We are launching an AdaraNewborn-focused **documentary called Tiny Lives, Big Dreams,** in October 2023. Filming occurred in Uganda in the first quarter of 2023. We can't wait to share this with you!

Photo: Baby having their temperature taken on a Hospital to Home visit.



Contact us

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

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