



Impact report: Maternal, Newborn and Child Health

July – December 2023

Welcome to Adara's Maternal, Newborn and Child Health Impact Report.

Between July and December 2023 our work grew in leaps and bounds. Kiwoko Hospital continued to be a beacon of light in Uganda as a Centre of Excellence in newborn care and a hub for AdaraNewborn. We strengthened our partnership with third AdaraNewborn site, Luwero Hospital as we set to launch their newborn unit.

We started to adapt Hospital to Home for a public health setting, so we can scale our follow up programme across Uganda and beyond. The Adara Youth Community Centre exceeded three-year targets in just over 12 months! The centre is now planning to reach 40 schools and 32 villages in 2024.

**This is all possible thanks to your generosity and support.
Thank you!**



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.

The context

According to the World Health Organization, newborn conditions are the leading cause of death across Africa, for all ages groups (2019). Uganda is one of only nine African countries where newborn conditions are the leading cause on a national-level, and is therefore a leading contributor to these continent-wide mortality rates. As a result, Uganda is not on track to meet the Sustainable Development Goals (SDGs) for maternal and newborn health. A recent Lancet report (Uganda 2030 NMR Projection 2021) estimates that by 2030 there will still be 21.9 neonatal deaths per 1,000 live births, rather than the goal of only 12. Over the next decade, Uganda needs to prevent the deaths of 80,000 newborns to achieve the SDGs.

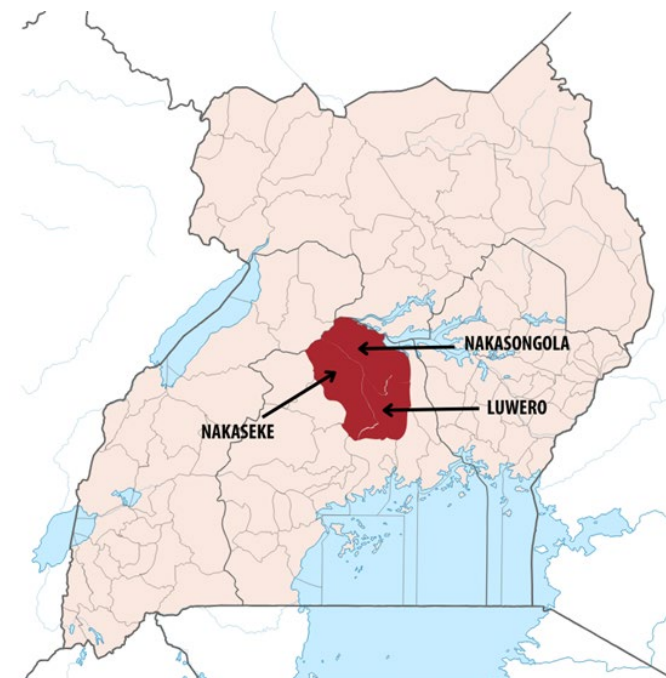
Uganda has the fourth highest number of maternal and newborn deaths and stillbirths in East Africa (Global Burden of Disease 2019, UNICEF 2021, WHO 2020). They also have the fifth highest fertility rate, the second highest birth rate in East Africa (UN 2020), and one of the highest unmet needs for contraception (GBD 2019). The COVID-19 pandemic also further magnified these challenges, particularly for young people. Uganda experienced one of the longest school closures and lockdown periods of any country in the world. According to UNICEF (2021), during the period between March and September 2020, there was a 366% increase in pregnancies among girls aged 10-14 years and a 25.5% increase among girls aged 15-19 years.

At Adara, we are striving to turn this tide for women, newborns, children and adolescents in Uganda and beyond. We have worked in partnership with Kiwoko Hospital in Central Uganda for over 25 years to develop a model of maternal and newborn care, called AdaraNewborn. It has the power to halve maternal and newborn mortality and stillbirths – to address the leading cause of death in Africa and help countries like Uganda meet the SDGs.

Adara currently works in Nakaseke, Nakasongola and Luwero Districts and has plans to scale across Uganda in partnership with the Ministry of Health. AdaraNewborn has applicability in other low resource settings, so we are sharing our model widely so we can work collaboratively to implement systems change and save more lives across the globe.

We know the power of AdaraNewborn, and we have great plans to scale. We just need partners and donors to come with us.

Rank	Cause	Deaths (000)	% of total deaths
1	Neonatal conditions	880	11.3
2	Lower respiratory infections	774	9.9
3	Diarrhoeal diseases	496	6.4
4	HIV/AIDS	435	5.6
5	Ischaemic heart disease	429	5.5
6	Stroke	426	5.5
7	Malaria	388	5.5



Maternal, Newborn and Child Health



AdaraNewborn

We are expanding our high impact model that has the power to halve newborn deaths and stillbirths across 10 facilities in Uganda over the next decade. It includes five arms of care: antenatal, intrapartum, inpatient care for small and sick newborns, postnatal, and follow-up and early intervention. AdaraNewborn will strengthen the health system by developing regional hubs of newborn care.



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. This work has been recognised by Uganda's Ministry of Health as a Centre of Excellence in the country. We are committed to maintaining Kiwoko as a Centre of Excellence by supporting the hospital's programmes across the continuum of care.



Community based and critical healthcare

We support vulnerable communities in Central Uganda, including people living with HIV, diabetes, disabilities, epilepsy, mental health conditions and tuberculosis. By supporting Kiwoko Hospital's HIV, diabetes and community-based healthcare (CBHC) programmes, we ensure these groups have access to essential services.



Hospital to Home (H2H)

Hospital to Home (H2H) is our flagship newborn follow-up programme supporting high-risk infants in the hospital and after going home. It strengthens care for infants in a neonatal unit through parent programmes and promotion of care that encourages brain development. It also provides regular at-home follow-up support after discharge through a network of community health workers. H2H sits in the 'follow-up' arm of AdaraNewborn.



Baby Ubuntu

Developed by 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 severe neurodisabilities and their caregivers. The programme is a peer-learning parent education training programme with 12 modules. Baby Ubuntu also sits in the 'follow-up and early intervention' arm of AdaraNewborn.



Bubble CPAP

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



Adara Youth Community Centre

The Adara Youth Community Centre 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 people aged 10 to 24. We aim to provide youth with support to lead happy and healthy lives.

Programme highlights

July to December 2023



98%

The newborn survival rate in the Nakaseke Hospital newborn unit currently sits at 98%.



99%

The maternity ward at Kiwoko Hospital has maintained a maternal survival rate of 99%.



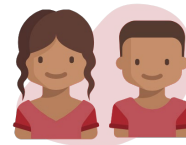
26 staff

We started to expand the newborn unit at Luwero Hospital and train 26 staff including midwives and biomedical engineers.



99%

Almost all newborns enrolled in the Hospital to Home programme received at least one follow up visit from a community health worker.



100%

There were no dropouts from the Baby Ubuntu programme over the past six months.



1,405

The Adara Youth Community Centre provided 1,405 counselling sessions to youth, which was an increase of 25% since June 2023.

AdaraNewborn is our evidence-based, high-impact model of maternal and newborn care with the power to halve newborn deaths and stillbirths in low resource settings.

This model, pioneered at Kiwoko Hospital in Central Uganda, works to address the quality and availability of services across the continuum of care. It provides care to mother and baby from the time of pregnancy through to when they return home after birth.

In partnership with the Ugandan Ministry of Health, we have committed to scale this model to 10 facilities in the next decade. Over this time, we plan to reach half a million women and children and prevent over 7,000 deaths. We will impact many more communities by sharing our knowledge and resources with health facilities and professionals locally and globally.

Through this work, we will support Uganda to meet the United Nations Sustainable Development Goals (SDGs) for maternal and newborn mortality. With only seven years left to achieve the SDGs and many countries struggling to meet these goals, we are seeking catalytic funding to carry out our ten-year plan and scale AdaraNewborn globally.

We know AdaraNewborn works – survival rates for small and sick newborns in the first two sites are on par with high resource settings. Kiwoko Hospital's neonatal intensive care unit survival rate rose to over 89% in 2019, even as they care for the smallest and sickest newborns, and Nakaseke Hospital special care baby unit in Uganda is seeing survival rates for mothers and babies as high as 99%.



Our work has been acknowledged as best practice on a global stage:

- Adara's partner, Kiwoko Hospital, has been named a **Centre of Excellence in newborn care** by the Ugandan Ministry of Health.
- Our implementation at AdaraNewborn sites – Nakaseke and Luwero Hospitals – has been **commended by the Ugandan Ministry of Health**.
- AdaraNewborn has been recognised as an **Exemplar in Global Health** by Gates Ventures.
- Adara was the winner of the **Organizational Impact Award**, for an organisation making an exceptional impact and improving global health equity as a result of innovation, deference to local leaders, and collaboration among diverse partners, by **Washington Global Health Alliance**.
- In September 2023, Adara made a **Commitment to Action at Clinton Global Initiative** – showcasing our ambitious plans to scale our life saving work.

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. Kiwoko Hospital is a non-profit facility that services a catchment of around a million people in rural Central Uganda. They see 70,000 patients each year. In 2023, they saw over 2,500 mothers in their maternity ward and 1,360 newborns in the neonatal intensive care unit.

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.

Between July 2023 and December 2023, key activities included:

- There **were 697 admissions** into the neonatal intensive care unit (NICU), with a **survival rate of 81%**. This unit is seeing an increasing number of outborn babies, often arriving small and sick. The qualified team of experts work tirelessly to treat these newborns as they arrive, however overcrowding in the unit is posing challenges, as word spreads of the quality and low-costs services it provides. This highlights the importance of AdaraNewborn's approach to strengthen whole regions, using a hub and spoke model.
- The **number of stillbirths has reduced by 25%** – totaling 24 – when compared to the first six months of the year. This is a positive sign that Kiwoko's antenatal and intrapartum services are supporting mothers through a healthy pregnancy and labour.
- **100% of babies** with birth asphyxia were successfully resuscitated in the past six months. We purchased 52 resuscitation bags and masks, 10 simulator dolls and 92 suction. We also led Helping Babies Breathe (HBB) and Essential Care for Every Baby (ECEB) training for Kiwoko NICU staff in November 2023. This included a significant component of neonatal resuscitation.
- In 2023, we began **planning and consultation for a significant expansion of the maternity ward and NICU** to address the increase in hospital admissions. Plans will be finalised in 2024, with construction reliant on significant capital funding. It is estimated the project will cost US\$2 million and take up to two years. We are seeking partners for this incredibly important project to ensure Kiwoko Hospital is resourced with the infrastructure, staffing and equipment to maintain quality care as a Centre of Excellence in Uganda.

Photo: nurse in the Kiwoko Hospital neonatal intensive care unit providing care to a premature baby.



- Between July and December 2023, there were **913 deliveries at Kiwoko Hospital and 1,326 admissions into the maternity ward**. The maternity ward has maintained a **maternal survival rate of 99.9%**.
- **We conducted training with maternity ward staff including on Helping Mothers Survive (HMS)** in September and November 2023 as part of our intrapartum arm of AdaraNewborn.
- **We undertook a review of Kiwoko Hospitals approach to antenatal care**, which is one important arm of AdaraNewborn. We surveyed patient satisfaction, conducted focus groups and analysed extensive data. From this review, we identified recommendations, including staffing and equipment considerations, and incentive and education opportunities. These recommendations will inform further implementation of AdaraNewborn's antenatal arm.

Focus on: community based and critical healthcare at Kiwoko Hospital

As well as quality maternal, newborn and child health services, we support vulnerable people through community-based healthcare (CBHC) programmes in partnership with Kiwoko Hospital. This includes support for people living with HIV, diabetes, disabilities, epilepsy, mental health conditions and tuberculosis.

Between July 2023 and December 2023, key activities included:

- Adara supported an average of **185 patients to receive inpatient and outpatient treatment for HIV** at Kiwoko Hospital each quarter. There were 88 new people enrolled in the clinic throughout this six-month period. Sadly, there were 14 deaths during this time.
- An average of **142 diabetic patients** received quarterly care via insulin and oral treatments.
- Safe Motherhood Clinics delivered a range of quality services for mothers and babies in the community. For example:
 - **3,729 children completed their full immunisations** – protecting them against disease such as diphtheria, typhoid and polio.
 - **858 pregnant women received tetanus toxoid immunisations** to protect them from getting and passing pertussis on to her infant. It also provides passive immunity to the infant.
 - **567 couples accessed modern family planning services and contraception.**



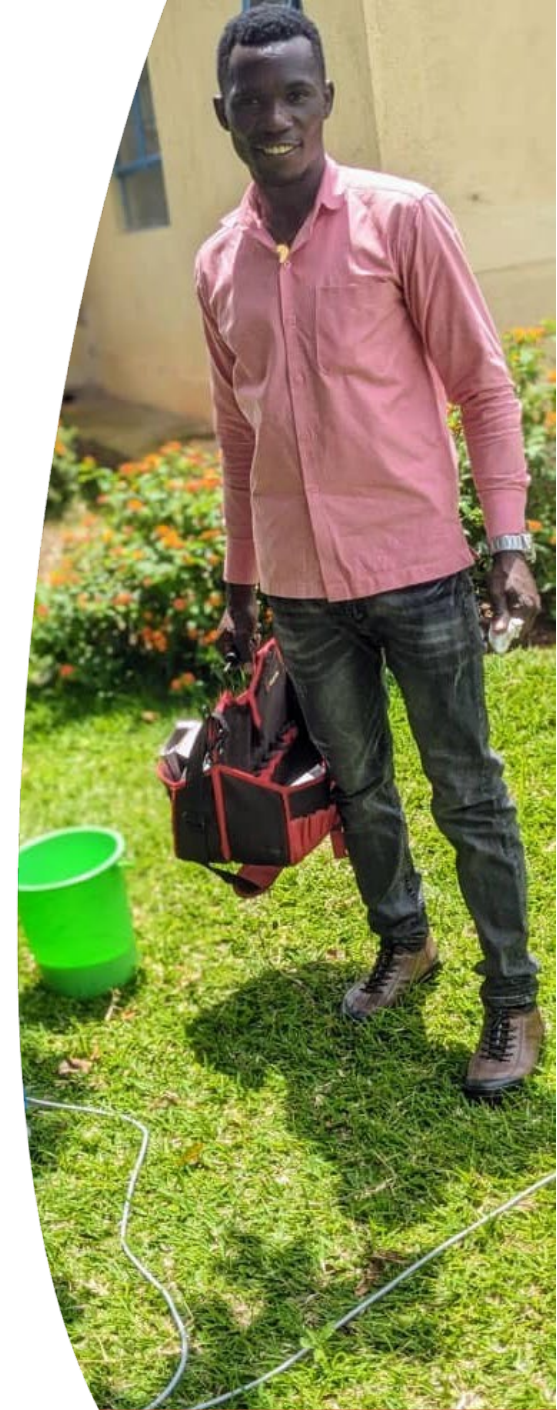
Photo: a child in their home in Central Uganda.

Nakaseke Hospital

Nakaseke Hospital is the second AdaraNewborn site – taking the learnings and expertise developed at Kiwoko Hospital to scale, so we can save more lives. When we partnered with Nakaseke Hospital in 2017, there was very little in the way of newborn care. The site was selected due to their high levels of referrals into Kiwoko Hospital, often with mother and babies arriving too late for life saving services. We supported the facility to build and equip a special care baby unit (SCBU), which is now staffed by seven trained nurses. In 2023, we expanded into other arms of AdaraNewborn – including antenatal, intrapartum and postnatal in the hospital's maternity ward and labour suite.

Between July 2023 and December 2023, key activities included:

- There were **1,372 deliveries** over this six-month period, which is an increase of 10% compared to the first six months of the year. With 99% of mothers now surviving in the maternity ward, we know the model is delivering results.
- With this increase in deliveries there was also an increase in **SCBU admissions**, with **195 babies admitted**. Over this time, seven babies were referred in from other facilities, and 34 were referred out – of which 31 went to Kiwoko Hospital for more specialised care. In fantastic news, the survival rate in the SCBU currently sits at **97%**.
- **718 babies, initiated breast feeding within one hour of birth.** This was 98% of total babies who received Kangaroo Mother Care (skin to skin contact) with their mother immediately after birth. As recommended by the World Health Organization, holding a baby skin to skin has many benefits including supporting the baby's physical health, as well as encourage breastfeeding. This is particularly important for premature and low birth weight babies.
- In December 2023, Adara ran a **feasibility workshop** alongside the Ministry of Health Uganda and Nakaseke Hospital to determine whether our **Hospital to Home (H2H) programme could be adapted to a public setting**. Excitingly, everyone agreed that Nakaseke will be the pilot facility for the adaption. In March 2024, there will be another workshop with implementation partners, including the Ministry of Health, to collaboratively design an adapted version of this programme suitable for a public facility setting.
- In 2019, we implemented a **Quality of Care tool at Nakaseke Hospital**. The indicators were assessed over two years, with the results seeing an impressive increase from 55.9% to 98.3%! We have now made the tool more comprehensive and cover all areas of the AdaraNewborn continuum of care. This new tool will be used from early 2024.



Over the past six months, we continued to conduct regular training for staff at Nakaseke Hospital. This included:

- **Providing oxygen equipment training** alongside our partner FREQ2 for nurses and technicians as well as training for Adara-supported biomedical engineers to ensure our equipment is well kept.
- Focusing on **Intrapartum Care** by working closely with the maternity department to provide hands-on trainings for “Helping Mothers Survive”, Kangaroo Mother Care and management of labour.
- **Delivering documentation training to 12 staff in November 2023.** It is crucial that staff are properly trained and have the knowledge and skill set to accurately collect data. If the data is not accurate, this can impact the decision-making process and create barriers to identifying issues or areas of improvement. The training was received well with participants stating it was very well facilitated, organised and helped fill gaps in prior knowledge.

Your impact: Jacqui's story

Jacqui had an uncomfortable pregnancy – right from conception. She experienced regular vomiting and loss of appetite. When she had intense pains at seven and a half months pregnant, she went to her local health centre. As the pain continued, she was referred to Nakaseke Hospital through torrential rain. Eventually, they reached the hospital at 3.30am. After nine hours of labour, Jacqui gave birth to a baby boy weighing only 2.1 kg. They named him Juma.

Juma spent three weeks in the Nakaseke Hospital special care baby unit (SCBU).

"The SCBU is so good, very clean, no noise, only babies are the ones who are crying. They (the staff) are so calm and polite. Most important, everything was free... It's amazing how such quality services are for free," Jacqui said with joy.

Jacqui was having trouble breastfeeding. The SCBU staff supported her and now she's able to express around 20ml each time. Jacqui said, "the breast milk is not enough to satisfy the baby, but I am trying all my best.. The staff were helpful."

Having such quality and affordable services close to where Jacqui and her family live was potentially life saving for baby Juma. Now, they have returned home – with both mum and baby thriving!

Photo: baby Juma and mother, Jacqui, sitting with Jajja (Grandmother) and Juma's older sibling.



Luwero Hospital

Luwero Hospital is the newest AdaraNewborn site, following the launch of our partnership in March 2023. A public facility that sees 3,500 deliveries each year, previously Luwero Hospital was referring a high number of babies to Kiwoko Hospital and other facilities because they were unable to handle high acuity cases.

Since March, we have worked with Luwero Hospital to implement the first phase of AdaraNewborn by conducting a Facility Readiness Assessment. This looks at what the facility needs in terms of infrastructure, staffing and essential equipment and supplies. We also evaluated current clinical skill levels increased quality of care in antenatal, maternity, newborn and postnatal units.

Between July 2023 and December 2023, key activities included:

- **Training and mentorship is critical to AdaraNewborn to create resilient systems and strengthen the health system.** We provided Helping Babies Breathe training to staff from the newborn unit and maternity ward. We also rolled out documentation training to help staff understand the importance of accurate record-keeping and data collection.
- To provide a range of medical services, we **trained biomedical technicians**, so they have the skills to set up, maintain and repair essential equipment.
- In the Facility Readiness Assessment, we determined that the newborn unit needed critical lifesaving equipment including newborn cots. We worked with our partner, the DAK Foundation to **expand the newborn unit and provide critical lifesaving equipment**, including incubators, kangaroo mother care chairs, phototherapy lights and radiant warmers. You'll hear more about the launch of this newborn unit in our next Impact Report!
- By **holding multiple consultation meetings with the leadership team at Luwero Hospital** we are ensuring there is strong facility support for the project. This local level of ownership and co-collaboration will be a powerful factor in driving sustainability.



Photos: a nurse consulting with a mother with her newborn baby at third AdaraNewborn facility, Luwero Hospital; the Special Care Baby Unit renovation work has begun!

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 community health workers (CHWs). H2H sits in the 'follow-up and early intervention' arm of AdaraNewborn.

Between July 2023 and December 2023, key activities included:

- There were **474 newborns** discharged from the Kiwoko Hospital neonatal intensive care unit (NICU) into the H2H programmes. Of these, **467 or 99% received at least one follow up visit**. This is fantastic to see and well exceeds our strategic goal of at least 90%.
- Occasionally babies who are discharged from the NICU are unable to be followed up once they return home. This could be due to relocation of the family or lack of understanding on the benefits of the H2H programme for their newborn. Over the past six months, **10 babies were unable to be followed up for a first session** with a CHW. We are continuing to ensure parents are educated while their child is in the NICU and before they are discharged to address these barriers.
- **429 babies graduated** from the H2H programme after six months of follow up care. We are now trialing developmental check-ins at nine and 12 months after returning home, which these babies will receive at the appropriate time.
- In August, across Nakaseke, Nakasongola and Luwero districts a total of **119 community health workers (CHWs) attended refresher training** on topics such as measuring and assessing growth, understanding developmental milestones and identifying danger signs. New topics were also taught including complementary feeding for babies six to twelve months and sudden unexpected infant death syndrome, including safe sleep practices. Home visits were also conducted as part of the assessment post training. The response to the training was positive with recommendations to conduct these yearly to ensure quality services can continue to be provided to families.
- There were **eight medical referrals** over this period to Kiwoko Hospital and other local hospitals and health centres primarily for weight loss, feeding problems and fevers. This shows the CHW training on identifying danger signs and referral for additional services as needed is working.



- Adara provided nutrition support to 19 families in need, including maize flour, grains, and vegetables. They also received soap and washing detergent to support them with hygiene and sanitation.
- **There were 11 babies referred to Baby Ubuntu**, a programme that supports children with neurodisabilities and their carers. It is great to see the results of training conducted with CHWs on identifying signs of neurodisabilities and referring to the Baby Ubuntu programme. You can read more about this life-transforming programme on pages 14-15 of this report.
- Sadly, despite all efforts to provide follow up care for these vulnerable newborns, **10 babies passed away** during this period. These were primarily from causes developed during pregnancy or birth, including congenital conditions, birth asphyxia (lack of oxygen during birth) and sepsis. As H2H is designed to care for the most at-risk babies after returning home, this can be a sad reality for mothers and babies in these low resource settings, however it reinforces Adara's holistic approach – to provide training and resources across the full continuum of care, to help save these little lives.



Photo: Adara's Community Nurse, Sister Cornety, and a community health worker conducting H2H home visit.

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 12 modules. Baby Ubuntu also sits in the 'follow-up and early intervention' arm of AdaraNewborn.

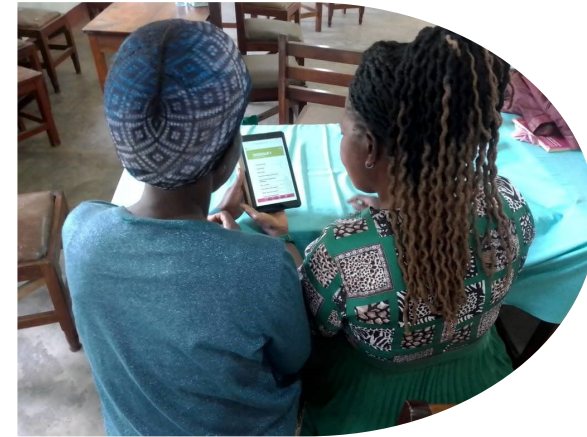
Over the past six months, we have seen some exciting developments in the Baby Ubuntu programme, this includes graduation ceremonies, facilitator training sessions and new modules!

Between July 2023 and December 2023, key activities included:

- **There were 12 groups with a total of 95 babies and children who participated in the programme over this time.** Excitingly, out of these groups, three groups, totaling 27 children in total graduated.
- **For six consecutive months there have been no dropouts from the programme!** It is fantastic to see that awareness of the Baby Ubuntu programme is spreading throughout the community and parents are trusting the modules and staff and are committed to attending.
- **We are continuing to encourage fathers of children to attend group sessions** in preparation for developing our new father's module next year. We will continue to conduct webinars that inform partners and health care workers why engaging fathers in disability programmes is important, as well as strategies on the best way to engage fathers in the programme.
- **Our Baby Ubuntu coordinator, Sam, was selected to participate in a Social Innovation Capacity Building Fellowship Programme** at Makerere University to acknowledge all his incredible work with Baby Ubuntu! The Social Innovation in Health Initiative (SIHI) identified various community health-based projects across Uganda, with Baby Ubuntu being selected from a final 12 projects. We are so proud of Sam!



- **A large emphasis has been placed on educating parents and care givers on maintaining correct WASH (water, sanitation and hygiene) practices.** This is particularly important with babies who have neurodisabilities as they may require slight modifications to WASH practices.
- **The facilitators of the Baby Ubuntu programme came together to discuss and reflect on the successes and challenges of the programme in 2023.** The two main topics of discussion included developing an action plan for future management of graduated babies and their neurodisability, receiving updates from families on successes of children’s development, and running through a recap of the Baby Ubuntu modules. We are excited to see these plans come to life in 2024!
- **Group facilitators were able to review the Baby Ubuntu app for mobile devices.** This app was developed by the Baby Ubuntu global team to support group facilitators delivering the programme’s modules. Previously teaching materials were paper-based. It will have interactive videos and all learning modules and activities at the touch of a screen. It hopes to better assist facilitators in delivering the modules – while saving some trees! Watch this space....



Community sensitisation is an important part of the Baby Ubuntu programme. As we scale and grow Baby Ubuntu, we will continue to work with health services and the community to help increase understanding of, and respect for, disability.

Neha gave birth to a little boy named Kapil who only weighed 1.5kg. They spent the next two months in the neonatal intensive care unit Kiwoko Hospital. It was only after discharge that Neha began noticing that her baby was not meeting his developmental milestones and was unable to breastfeed.

For Neha, the community stigma was unbearable, and the situation was creating an unhappy home environment. Luckily, a community health worker (CHW) visited their family – as part of Adara’s Hospital to Home programme. One aim of this programme is to ensure any babies who are showing signs of developmental delays are referred to Baby Ubuntu. After examining the baby, the CHW suggested Neha take her baby to be assessed for Baby Ubuntu.

Neha and her husband received counselling, which began to restore their hope. They quickly realised they were not alone and there were other families in the same situation as them.

Neha said, “I have learned how to feed and carry my child in a way that suits his condition, the physiotherapy sessions have been amazing. Since his last session he can sit and stand and even started to walk! I was taught how to communicate with my baby and learn how to stimulate his brain and my husband has also been taught the proper way to handle our child. I am so grateful to the Baby Ubuntu programme!”



Photos: two group facilitators reviewing the revised Baby Ubuntu app; Kapil and his parents in a Baby Ubuntu session.

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. We know to impact real change for young people, we also need to build a supportive community. That's why we also work to educate and sensitise parents, teachers, and community and religious leaders on the issues impacting young people, so they can better support them to thrive.

The programme's motto is, "An informed youth, a transformed generation." This reflects our goal of providing children and youth with the support they need to lead happy and healthy lives.

Between July 2023 and December 2023, key activities included:

- In exciting news, we have met our goal of reaching **27 schools** and **24 villages** in 2023 through the centre! This has included spreading awareness and sensitising the community on various sexual and reproductive health issues that impact adolescents. In 2024, we are going to expand our reach outside of Kiwoko town council to **40 schools** and **32 villages**.
- There were a total of **236 new youth enrolled** at the AYCC during this six-month period. Our reproductive health clinics take place three days a week and **over 192 youth were tested** for STIs, with only **8%** testing positive. For HIV, over **250 youth were tested**, with a positivity rate of only **1%**. According to the UPHIA 2020 assessment, the average prevalence rate of HIV among adults in Uganda is 5.8%, so this was encouraging results. Those who did test positive, received or were referred for appropriate treatments including at the Kiwoko Hospital HIV/AIDS department.
- **In the past six months we have created six group antenatal care (GANC) and postnatal care (PNC) groups for youth. 58 new pregnant young women** were enrolled in ANC clinics with 49 group sessions held – an increase of 81% from the previous six months.
- **212 appointments** were held over this period including both new and old patients. We will continue to monitor how many adolescents attend all eight GANC appointments in 2024. This will demonstrate the success of the group sessions and appointments on the girls understanding of care during pregnancy.
- The AYCC provided **1,405 counselling sessions** to youth on topics including drugs and substance abuse, family planning, menstrual hygiene, sex and sexuality, and career guidance.



Photo: Cara who received support from the AYCC.

Knowledge Sharing

A key part of Adara's work is sharing our knowledge. We strive to scale the impact of our programmes by sharing data, research conclusions, training packages and lessons learned 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.

Between July 2023 and December 2023, our Knowledge Sharing activities included:

- **In October 2023, 12 health professionals travelled to Kiwoko Hospital to receive the National Newborn Training curriculum.** After building our newborn expertise over 25 years, we want to continue to deliver this training to midwives and nurses across Uganda.
- **As part of The ELMA Foundation consortium led by Makerere University, we are continuing to share our AdaraNewborn package and programme data.** By working collaboratively, this group of five partners are consolidating and replicating the most effective newborn interventions in 20 districts across three regions of Uganda.
- **In September members of our Ugandan team visited Nepal to share their expertise in Maternal, Newborn and Child Health.** The team ran training in essential newborn care as well as helping babies breath for health post staff and female community health workers in Ghyangfedi.
- **In August 2023, Adara staff attended a three-day training course at Babies and Mothers Alive (BAMA) in Uganda** to learn from their reproductive and maternal health expertise. As part of our ongoing partnership with BAMA, this training which was complementing the training we led with BAMA earlier in the year.
- **Our Hospital to Home (H2H) team attended the Safe-motherhood Conference in October** with other organisations who are focused on supporting mother's and newborns in the areas of family planning and maternal and child health service delivery. The team presented on H2H and shared information on our programmatic work to the 603 people in attendance.
- **Kiwoko Hospital clinicians and staff travelled to India to observe best practice and visit leading health facilities and maternal care units.** They visited various facilities and met with likeminded organisations. The team reported many takeaways including the recommendation to design a mother newborn care unit, developing an induction package for NICU staff, improving practices around infection prevention and thermoregulation. They will be able to utilise this network for future support.



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:

- Continuing to **build our partnership with Luwero Hospital – our third AdaraNewborn site**. In 2024, we have plans to launch the newly renovated newborn unit and conduct newborn staff training.
- Continuing the **expansion work at Kiwoko Hospital** including the large capital project of the existing neonatal intensive care unit and maternity ward.
- **Continuing to adapt Hospital to Home for a public setting** by holding a co-creation workshop in early 2024 and adapting the package accordingly alongside the Ministry of Health.
- **Bolstering our support for community health workers** to ensure we are aligned with global expectations around salaries, benefits and support. We are currently benchmarking CHW salaries and stipends and have registered as a Community Health Impact Coalition (CHIC) ally to work in alignment with other like-minded organisations and the Ugandan Ministry of Health.
- **Continuing health worker training** for all nurses, midwives, counsellors and lab technicians who volunteer at the Adara Youth Community Centre (AYCC). We aim to equip them with the skills and knowledge of youth sexual and reproductive health and how to provide youth friendly services. We will start to also provide emotional intelligence training for all centre staff and volunteers.
- **Opening a Community Drug Distribution Point** at the AYCC, as advocated by the Ministry of Health. This will allow HIV+ youth to access their antiretroviral therapy medicine in a safe and comfortable space.
- **Continuing to search for catalytic funders for AdaraNewborn** so we can expand our model into two new sites in 2024.



Photo: Hospital to Home Community Health Workers conducting a house visit.

Contact us

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

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