

ADARA
GROUP
- BRIDGING WORLDS -



Impact Report

Maternal, Newborn and Child Health

January – June 2024

YOUR IMPACT

With your support, we are improving survival and quality of life for mothers, babies, and young adults in Uganda through our [AdaraNewborn](#) model and the Adara Youth Community Centre.

Since the year began, here's what we've achieved with your help:

- On 28 June, Adara was named NGO of the year in the Nakaseke District by the Nakaseke District Local Government. This achievement truly reflects the unwavering commitment of our teams to transforming the lives of mothers, babies and communities!

ADARANEBORN SITES

- 99% survival rates for mothers in the maternity ward at Kiwoko Hospital.
- 97% survival rates for newborns in the Nakaseke Hospital newborn unit.
- 20-bed newborn unit launched at Luwero Hospital.

HOSPITAL TO HOME

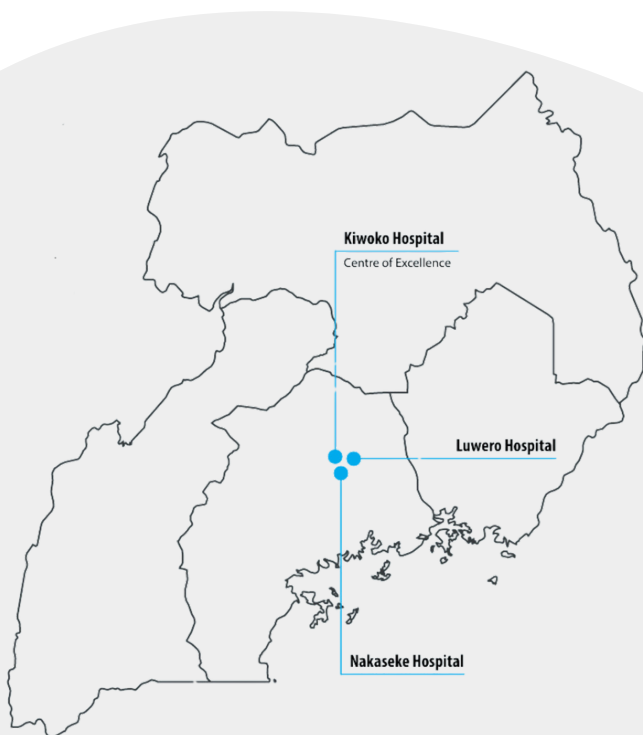
- 97% of babies received at least one follow-up visit after returning home from Kiwoko's neonatal intensive care unit.
- Adapted the Hospital to Home programme in a public setting for the first time – at Nakaseke Hospital.

BABY UBUNTU

- 56 new babies were referred to the programme by the community.
- 100% of babies enrolled have continued with the programme.
- Physiotherapy, psychiatry and speech therapy services provided to all children.

ADARA YOUTH COMMUNITY CENTRE

- 414 new youth enrolled, an increase of 75% from the previous six-month period.
- 1,567 counselling sessions provided.
- Six new peer educators hired, helping us to reach more youth!



Where we work

We have worked in Central Uganda for 26 years. We currently work across the Nakaseke, Nakasongola and Luwero Districts.

An update on

ADARANEBWORN SITES

We are working to halve maternal and newborn deaths across 10 health facilities in Uganda through our evidence based, high impact model, [AdaraNewborn](#). We are currently in three sites – **Kiwoko, Nakaseke and Luwero Hospitals.**



Kiwoko Hospital - Centre of Excellence

- Over the last several years, the number of babies coming through the neonatal intensive care unit (NICU) has been growing exponentially. More and more, Kiwoko Hospital is being recognised as a Centre of Excellence in newborn health. Mothers and babies are coming from all over the country to receive care. However, this has meant that the NICU is regularly overcrowded. To help address this congestion, we are planning to expand the unit in partnership with [Build Health International](#) (BHI). We're excited to share BHI's concept design for the unit. You can watch the fly-through video of the new unit below.
- Kiwoko Hospital has almost completed the expansion of its main operating theatre. It has been under strain due to a high volume of major surgeries – particularly caesarean births. This has been posing risks to mothers and babies in need of emergency procedures. Kiwoko has built two new rooms dedicated to caesarean deliveries and upgraded existing facilities to meet current and future demands. These upgraded facilities will be hugely beneficial to the AdaraNewborn programme, as we maintain Kiwoko Hospital as a Centre of Excellence.
- We provided training for 42 staff in thermoregulation, ensuring the team are equipped to address the high rates of hypothermia in babies in the NICU. We have also improved the transfer process between the labour suite and the NICU, to ensure babies at risk of hypothermia are kept warm and comfortable.



Video: Fly through of Kiwoko Hospital's proposed neonatal intensive care unit design!

Nakaseke Hospital

- We continue to provide Helping Babies Breathe and Essential Care for Every Baby training for newborn staff to regularly refresh their learning on resuscitation and identifying danger signs in newborns. Since the beginning of the year, Nakaseke staff successfully resuscitated 97% of babies with birth asphyxia.
- In May, Adara's clinical team trained 15 midwives and nurses on six critical topics. As the leading cause of maternal deaths in Uganda, post-partum haemorrhage (PPH) was a focus – particularly a [new intervention](#) that detects PPH early using a blood collection drape. The World Health Organization has heralded this as a major breakthrough in reducing deaths from childbirth-related bleeding.
- Nakaseke Hospital received a second ambulance in February, to help strengthen referral pathways between AdaraNewborn facilities. With around 80% of Nakaseke Hospital's referrals going to Kiwoko Hospital, it is crucial we improve the timeliness of this process to ensure we can save lives.

Luwero Hospital

- In January, Adara supported Luwero Hospital to open a new 20-bed newborn unit. The unit has seven nursing staff and a pediatrician and was equipped thanks to our partner, the [DAK Foundation](#). We are now working to install oxygen with our partner, the [FREO2 Foundation](#).
- As a newly established unit, it is important that we track and assess outcomes from the start. Adara's Quality of Care tool helps us to assess the care given and received in each facility. We measure health information systems, referral systems, competent and motivated staff, and environment and resources of the facility. These assessments are fundamental to understanding areas facilities need to improve to contribute to better maternal and newborn outcomes. In their first assessment, Luwero had an overall quality of score of 47%. Adara has a target to raise this to a minimum of 90% through our AdaraNewborn programme.
- Since we started rolling out our AdaraNewborn model, our team have trained 12 maternity ward and neonatal staff in Helping Babies Breathe and 25 staff in Quality of Care. Six staff received biomedical training in equipment use. We continue to provide regular clinical mentorship for staff across their newborn unit, labour suite and maternity ward.

Spotlight on Luwero

There are many people driving Luwero Hospital's commitment to newborn health. Steven Magera is one of them. Luwero's former Medical Superintendent has played a key role in helping Luwero become our third AdaraNewborn site.

[Meet Steven here!](#)



An update on

HOSPITAL TO HOME

We strengthen care for high-risk infants in the newborn unit through comprehensive parent education and provide regular at-home follow-up support for six months after discharge through a network of community health workers. Hospital to Home sits in the third and fifth arms of AdaraNewborn.



- This year, Hospital to Home (H2H) turned five! We began home visits for the very first baby in the programme on 1 April 2019. Since then, over 4,301 babies have received at-home follow up care.
- In partnership with the Ministry of Health, we are adapting our H2H programme for a public setting. Earlier this year we hosted a successful co-creation workshop and can now begin to test implementation at Nakaseke Hospital as the first public site!
- H2H community health workers (CHWs) continue to provide in-home follow up care to families across the Luwero, Nakaseke and Nakasongola Districts. During these visits, they provide counselling on topics like preterm babies, expectations during delivery and the importance of care during pregnancy for healthy baby development. These meetings help to increase awareness within the community and reduce stigma around pregnancy and birth.
- Adara provided nutrition support to 23 mothers to help improve breastfeeding and ensure healthy growth and development of their babies.
- We trained 21 H2H CHWs on disability identification and stress management and support for parents. This training aims to increase referrals to our Baby Ubuntu programme, which provides care and support for parents and their children with a neurodisability.



Photo: A community health worker recording the temperature of a baby as part of a home visit.

An update on

BABY UBUNTU

We provide early care and support for children with mild to moderate neurodisabilities and their caregivers, to improve their quality of life. Baby Ubuntu sits in the fifth arm of AdaraNewborn, "follow up and early intervention".



- All 80 children in the Baby Ubuntu programme underwent a professional assessment to determine whether they require an assistive device. These devices include Cerebral Palsy chairs, standing frames, corner seats and Ankle Foot Orthoses shoes. Excitingly, we will now provide devices to those who need them.
- Adara trained 29 health workers from Kiwoko Hospital on identifying and assisting families with children at risk of a neurodisability. We discussed what causes neurodisabilities and what preventative measures can be taken before and during pregnancy.
- Adara stays connected with families who've graduated the programme to ensure newly learned behaviour is retained. We recently met with 17 families of graduated groups from Nakasongola and discovered that 75% of parents were still implementing the modules they learnt at home. Facilitators provided extra support for those who needed it.
- A key focus of the programme is male and father involvement. We have developed content for a new module and it is ready for trial! We hope this will reduce domestic violence and improve family cohesion. We also encourage parents to bring their other children to the Baby Ubuntu sessions, so the whole family can build their knowledge and understanding.

Fun fact! 'Ubuntu' is the African philosophy of togetherness, or a sense of "I am, because we are". It is deeply rooted within cultural concepts of community and humanity in many countries and languages across Africa.



Meet Catherine and Baby Charles

It is not uncommon that neurodisability in children can be perceived as a curse or punishment for wrongdoing in Uganda. Luckily, Catherine and her husband were connected to Baby Ubuntu and began to understand why Charles wasn't meeting his developmental milestones. Now, they can support him to thrive.

[Read their story here.](#)

An update on

ADARA YOUTH COMMUNITY CENTRE

We provide support to adolescents through sexual and reproductive health education and services including family planning, counselling, antenatal care, life skills training, and connection with health services. We also provide community outreach, working closely with schools, parents and local leaders.



- The Adara Youth Community Centre (AYCC) had 414 new youth enrol in the centre since the start of the year.
- There were 82 youth enrolled in the antenatal clinic over the past six months. This included nine young women who attended a total of eight group antenatal sessions, which is recommended by the World Health Organization. The young women are grouped by age and the month their baby is due. This helps to build connections with others going through a similar experience. These groups can lead to adolescents feeling more confident, provide a peer support network and encourage health seeking behaviour during pregnancy.
- Health promotion and community outreach have been a huge focus for AYCC Social Worker, Maggie. Peer educators have already visited over 70 schools with 1,250 youth attending health education classes. This surpassed the target of 27 schools for the year. As a result, three schools referred 179 students to the centre for counselling, treatment, and health education services. Great work team!
- Four counsellors hosted a support group meeting for 36 adolescents who had tested positive for HIV. The group addressed how to handle stigma and any mental and health challenges associated with the positive diagnosis. The safe space of the support group allowed adolescents to feel comfortable sharing their experiences and receive encouragement from peers.
- In May, the AYCC ran their bi-annual stakeholders meeting with Kiwoko Hospital staff, town council officials, religious leaders and others to discuss future planning of the centre, challenges and achievements. Focuses for the rest of the year include male education, reducing youth pregnancy stigma and gender-based violence.



“Adolescence is a formative life stage. The skills and strategies a young person learns at this time will benefit them for the rest of their life. That’s why we’re proud to provide young people with support, education and services to support their sexual and reproductive health. I’ve seen countless youth coming to the centre unsure about how we can help them. But once they see what we can offer – including fun activities and quality health services – they keep coming back!”

– Margaret Nabaweesi, Adara Social Worker

An update on

KNOWLEDGE SHARING

We strive to scale the impact of our programmes by sharing our very best ideas and our biggest mistakes locally, nationally and globally. We partner with the Ugandan Ministry of Health and other relevant stakeholders to keep issues that are important to our partner communities central to their policy and budget decisions.



- Adara's partnership with [Babies and Mothers Alive](#) (BAMA) is growing from strength to strength. In June, the Adara team travelled to Masaka to see the life transforming work they are doing in both health facilities and the community. BAMA has been piloting our H2H programme and shared their learnings from implementing the programme in a public setting. Adara was also able to learn more about the BAMA Midwife Mentor Model, which we hope to integrate into our AdaraNewborn model.
- Sam Semakula is Adara's Early Intervention Manager and leads our Baby Ubuntu work. This year, he shared Adara's experience and expertise in various forums, including at the '8th Annual Learning Convening on Preventing Violence Against Children in East Africa'. Held in Kenya, Sam talked about the importance of gender equality, male involvement and using qualitative research to demonstrate impact. Sam also attended an exposure visit alongside Partners in Health in Rwanda, where he learnt about making assistive devices, supporting parent's mental health, and increasing economic empowerment for families.
- In June, our Uganda team attended a high-level roundtable along with Ministry of Health officials, health care workers, Makerere University and other implementing partners, to discuss the country's newborn investment case. The case will present a strategic approach and financial blueprint to mobilise resources and guide investments to improve newborn health outcomes. Adara provided an important perspective as an organisation with 26 years' experience saving newborn lives in Uganda.



Photo: Adara attending the Newborn Investment Case high-level roundtable with Ministry of Health and others.



Photo: Sam presenting at the 8th Annual Learning Convening on Preventing Violence Against Children about Baby Ubuntu.

WHAT'S NEXT?

As we enter the final 18 months of our 2023 – 2025 strategic period, we have some big and bold plans 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:

- We will continue to work with Build Health International to develop schematic designs and determine the running costs for Kiwoko Hospital's neonatal intensive care unit expansion.
- In partnership with [Simulation for Life](#), we will establish a simulation lab at Kiwoko Nursing School. This will provide immersive and hands-on learning experiences for nursing and healthcare staff.
- Nakaseke Hospital will continue to work on improving their Quality of Care (QOC) score as they aim to reach the AdaraNewborn QOC target of 90%. They will focus on strengthening respectful patient care and communication, and ensuring staff have the skills, motivation and supplies to deliver quality care.
- We will start to implement a small-quantity lipid-based nutrient supplements (SQ-LNS) trial to address child malnutrition through Baby Ubuntu. This is a food-based supplement that will be distributed to all children aged six months to two years in the programme.
- In partnership with our partner, the [FREO2 Foundation](#), we will be training biomedical technicians and clinicians at Luwero Hospital to use their newly installed oxygen system. This system provides a controlled and precise concentration of oxygen to newborn infants who require respiratory support.
- After 13 amazing years at Adara, in July, Daniel Kabugo finished up as our Director of Maternal, Newborn and Child Health at Adara Development Uganda. We are excited to announce that Daniel has agreed to join our Uganda Board and will continue to play a key role in leading the strategy and direction of our AdaraNewborn work!

Introducing Dr Susan Tino

Dr Susan Tino will be joining Adara as our new Director of Maternal Newborn and Child Health from 16 September! Dr Susan comes to Adara with more than 14 years' experience as a medical doctor working in both the public and private health systems in Uganda, and as a programme leader of large-scale health systems strengthening projects in Uganda, including in the maternal, newborn and child health and family planning space. This is a very exciting next chapter for AdaraNewborn and our Ugandan team – welcome Susan!



THANK YOU

From everyone at Adara – thank you for your kind support. None of this work is possible without our incredible community of donors.

In 2023, we made a commitment to action at the Clinton Global Initiative to scale our AdaraNewborn model across Uganda. Check out our progress in the video below!



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