

A large, circular photograph of a newborn baby sleeping peacefully. The baby has dark skin and is wrapped in a red, textured blanket. A person's arm and shoulder are visible on the left, wearing a white, frayed-cuff shirt. The background is a warm, out-of-focus orange and brown.

Impact Report

Maternal, Newborn and Child Health

January - June 2025

YOUR IMPACT

With thanks to your support, our Maternal, Newborn and Child Health work continues to grow and reach more mothers, babies, children and young adults throughout Uganda – and beyond through our knowledge sharing.

We are thrilled to share with you some of our highlights from January to June 2025:

99.9% of the women who gave birth across three AdaraNewborn sites survived.

91% of newborns admitted to the newborn unit across three AdaraNewborn sites survived.

Of the 361 babies discharged from Kiwoko Hospital's neonatal intensive care unit into Hospital to Home, 96% received at least one follow up visit by a community health worker.

108 children across 15 groups participated in the Baby Ubuntu programme. We continued to see zero dropouts from the programme.

Adara Youth Community Centre had 441 new enrolments during the first half of the year, an increase of 36% from the six months prior.

Where we work

Our programmes are located in the [Central Region of rural Uganda](#). Click through to see the locations of our partner facilities.

Your Impact: Vivian and James' story

"I now laugh more, cry less, and love deeper. James is not a curse, he is my blessing, my teacher, my strength."

When Vivian's son James began showing signs of a neurodisability, stigma and rejection left her raising him alone. Vivian felt hopeless and isolated.

Everything changed when they joined Baby Ubuntu. Vivian gained the knowledge, tools and confidence needed to care for James – and the hope she thought she'd lost. Today, they're thriving.

[Read their story here.](#)



Photo: Vivian and James

An update on

ADARANEWBORN SITES

We are on a mission to end preventable maternal and newborn deaths in low resource settings. Through our high impact model, AdaraNewborn, we deliver catalytic interventions which span the continuum of maternal, newborn and child health care.



Kiwoko Hospital – Centre of Excellence

- 29 nurses from the Kiwoko Hospital neonatal intensive care unit completed refresher training in neonatal resuscitation, with a focus on teamwork, leadership and clear communication. This training ensures that every nurse is ready to act quickly and effectively when a newborn needs urgent care, giving babies the best chance to survive and thrive.
- Our dedicated team continue to champion quality care, successfully completing soft skills training, reinforcing their commitment to delivering outstanding, patient-centred services. These essential skills play a critical role in supporting mothers and their families during vulnerable moments, and are fundamental to fostering empathy, communication, and trust in each patient interaction.
- Adara delivered ten resuscitation kits to the Kiwoko Hospital theatre after identifying a shortage of this equipment during newborn care training last year. Access to proper medical equipment is crucial in delivering quality healthcare and saving lives. Newborn resuscitation equipment plays a critical role in preventing deaths and complications from birth asphyxia.

Nakaseke Hospital

- 1,788 women were admitted to the Nakaseke Hospital maternity unit, and 1,539 babies were delivered. 100% of women attended a postnatal check-up within 24 hours, an outstanding achievement compared to the national average of 65%.
- During a stakeholder meeting in April, the Assistant District Health Officer formally handed over essential medical equipment to support and enhance maternal healthcare services. This included clinical support equipment such as ambu bags, scan tables and oxygen cannulas. This equipment was met with gratitude, as it will play a vital role in improving the safety and quality of care for mothers and their newborns.



Photo: Refresher training Kiwoko Hospital

- To strengthen care at Nakaseke Hospital's Special Care Baby Unit, we worked with facility leadership and the Quality Improvement committee to address gaps in clinical coverage. Dedicated clinical officers were identified and received hands-on training and mentorship at Kiwoko Hospital. On return they have taken on supervisory roles, ensuring more consistent and effective newborn care.
- Significant strides have been made in improving sanitation and hygiene at Nakaseke Hospital, contributing to safer and more effective maternal care. Repairs to water pipes completed in March restored access to bathrooms near the labour suite, allowing mothers to bathe easily before undergoing surgery, reducing the risk of sepsis. In addition, the practice of hand sanitiser being hung in different stations throughout the facility means attendants, mothers, and healthcare workers have easier access, enabling more consistent hand hygiene.
- Adara was thrilled to be recognised once again by Nakaseke Hospital as "Best Implementing Partner." We are thankful for the unwavering commitment and support of our teams to continuously strengthen service delivery, so mothers, babies and their families can have a brighter future.

Luwero Hospital

- In April, Emergency Obstetric and Newborn Care training brought together 40 midwives and doctors from across the district for four days of intensive learning at Luwero Hospital. Participants enhanced their ability to manage complications during pregnancy, childbirth, and the postpartum period, while also identifying and addressing key gaps in care. Skilled midwives mean safer births. Now, these healthcare professionals can return to their facilities with stronger clinical skills and renewed confidence, ready to improve outcomes for mothers and newborns.
- Luwero Hospital has established a high dependency unit within the maternity unit to provide specialised care for mothers requiring critical support, especially those with severe obstetric complications such as postpartum haemorrhage, eclampsia, and severe pre-eclampsia. This dedicated space enhances the team's ability to manage cases effectively, ensuring timely and appropriate interventions.
- The in-charge of the Neonatal Care Unit was trained by the Ministry of Health in the use of Caffeine Citrate which has resulted in a reduction of referrals of premature newborns with breathing difficulties.



Photo: Nakaseke Hospital stakeholder meeting

Nakasongola Health Centre

- We're thrilled to announce the beginning of our work with the fourth AdaraNewborn site: Nakasongola Health Centre! Launching in February, this exciting new partnership builds on the success of AdaraNewborn at our current three partners sites and marks an important step forward in our mission to strengthen newborn care across Uganda.
- As part of early implementation, our Uganda team delivered Essential Newborn Care training to 37 staff from Nakasongola Health Centre and 32 health workers from six surrounding health centres. Health workers strengthened their foundational skills to care for newborns, learning simple, proven practices that have the power to save lives.
- A generous philanthropist has recently committed to construct a new maternal and newborn complex at this facility, set to open in October 2025. It will have a 40-bed capacity, with a 15-bed neonatal intensive care unit. There will be a kangaroo care room, four delivery rooms, three theatres, a high dependency unit, laboratory and scan room. Adara made key infrastructure recommendations to this design to enhance the quality of care and safety for patients. These included raising window heights to reduce the risk of hypothermia, installing glass panels in corridor walls to improve visibility and monitoring, and redesigning labour suites and resuscitation areas for more efficient care.



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 (H2H) sits in the third and fifth arms of AdaraNewborn.



- We officially launched Hospital to Home (H2H) Public! Piloting at Nakaseke Hospital, we are adapting the programme for public health facilities so we can scale across Uganda in partnership with the Ministry of Health. This service supports high-risk infants during hospital stays and after discharge – filling a critical gap that exists in the public health system. Since launch, 52 babies have been discharged into the H2H programme from the Nakaseke Hospital newborn unit, with a 100% follow up rate in the community.
- Distance should never be a barrier to healthcare. To support vital follow-up visits for mothers and newborns, we equipped H2H Community Health Workers (CHWs) in Nakaseke with bicycles and a backpack of essential supplies, making their journeys to families more efficient and far-reaching. With their new transport, these CHWs can bring care directly to the doorsteps of families who need it most.
- We set up the first community mother peer groups, including former H2H mothers. These sessions will support other mothers in the community, and create a strong network of shared experience, encouragement, and practical guidance. With the first sessions now successfully completed, we plan to hold these meetings on a quarterly basis to ensure ongoing engagement and impact.



Photo: CHW's receiving bicycles and essential supplies



Photo: Mother peer group meeting

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".



- In June, we launched a new five-day Baby Ubuntu facilitators' training to strengthen the quality of support provided to children with disabilities and their caregivers. The training focused on core facilitation skills and participatory learning approaches, equipping facilitators to deliver more effective, family-centred care. 33 facilitators, being Adara staff, expert parents and health workers, facilitated 74 group meetings during this period.
- We introduced clinical psychological assessments and therapy for children, led by new team member [Enoch Katwere](#). These tailored services support communication, emotional regulation and behaviour especially for children experiencing hyperactivity, social-emotional challenges and other neurodevelopmental concerns. This complements Baby Ubuntu's core focus on improving the quality of life for children with neurodisabilities. Caregivers can now also receive psychosocial support for stress, depression, and suicidal thoughts.
- Access to physiotherapy can transform the lives of children with disabilities. In March, UK-based occupational therapist, Helen Cooper, led hands-on training for Baby Ubuntu facilitators and our physiotherapist, focusing on integrating therapy into daily routines, like feeding, bathing, and sleeping, and managing irritability in children with disabilities for holistic care.



Photo: Baby Ubuntu facilitators' training



Photo: Baby Ubuntu physiotherapy session

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.



- When adolescents are equipped with the right tools and support, they are empowered to build healthier, more informed futures. Adara's qualified Social Worker, [Maggie Nabaweesi](#), provides counselling to youth and their families at the Adara Youth Community Centre (AYCC). During this period, 394 individuals were supported through counselling sessions. These sessions covered critical topics such as life skills, HIV/AIDS, sex and sexuality, and pregnancy prevention – helping young people make confident, educated choices. The second quarter of the year delivered the highest number of counselling sessions since the center opened.
- Antenatal care (ANC) continues to play a vital role in supporting young mums. The AYCC provides both group sessions to build peer engagement and support, and individual appointments. During this period, we had 273 new clients enrol, accessing 166 ANC appointments. There were 16 cases of adolescents presenting with pregnancy complications, such as anaemia, pre-eclampsia, bleeding or malaria. These clinics are essential for early detection and timely referrals for follow-up care for healthier outcomes for both mothers and babies.
- Team members from AYCC spoke about teenage pregnancy on a radio talk show, discussing causes, signs, and prevention. This helps raise awareness and remove stigma, community outreach empowers adolescents with the knowledge to make well informed decisions about their health and increase their confidence. It also equips parents and community members with the tools to better support young people.



Edith's Story

When Edith fell pregnant at 17, she felt hopeless about her future. Fortunately, her grandmother brought her to AYCC where she received supportive counselling and antenatal care.

[Read Edith's story here.](#)

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.



- In June, our Deputy Director of Maternal Newborn Child Health, [Beatrice Niyonshaba](#), attended the Community Health Partners Coalition parliamentary dialogue in Kampala. The Coalition unites 12 member organisations operating in Uganda's community health sector with active programmes across 22 districts: Nakaseke and Luwero inclusive. We called for greater investment, protection, and integration of Community Health Workers to empower them in delivering essential care.
- As part of the Ministry of Health's Newborn Working Group, Adara shared our expertise and experiences to support the revision of the service standards for newborn care. These revisions will serve as a guide for implementation, neonatal unit reorganisation and refurbishment. They will also support newborn care at all levels of the health system and will define newborn care standards in Uganda.
- In May, Adara joined the Adolescent Technical Working Group in Kampala to review key health indicators for adolescents aged 10–19 years. Encouraging trends were noted however challenges remain around mental health, substance use, and rising diabetes cases- highlighting the need for continued investment in adolescent health education and support services.
- In March 2025, we hosted high-level delegation from the Baby Ubuntu Global Hub and the London School of Hygiene and Tropical Medicine. This strategic engagement positioned us as a model site for learning and scale-up across the region.
- As part of our knowledge sharing partnership with Babies and Mother's Alive – where they are implementing our Hospital to Home programme in Rakai and Kyotera Districts – Adara conducted training with 61 health workers and community health workers. This training helped strengthen capacity to deliver essential newborn care and equipped them with practical tools for assessment and monitoring. By improving coordination between health facilities and community structures, we are ensuring better outcomes for newborns after discharge.



Photo: Community Health Partners Coalition

WHAT'S NEXT?

The first half of 2025 brought significant shifts in global aid, with ongoing impacts for the remainder of the year. As we move into our 2026-2028 strategic planning process, understanding these changes are critical to ensuring continuity of support and advocating effectively for those most impacted.



As a result of changes in global aid, across Uganda over 50 NGOs have scaled down or exited, leaving approximately 3,200 health workers without employment nationwide. While antiretrovirals and vaccine supplies are currently stable, service delivery and supervision are compromised. There is significant strain on HIV services and integrated community outreaches in Adara's project areas, and the future of HIV services at Kiwoko Hospital are uncertain.

Our dedicated teams continue to closely monitor these developments to stay informed about how changes in funding are affecting our partners and the communities we work alongside.

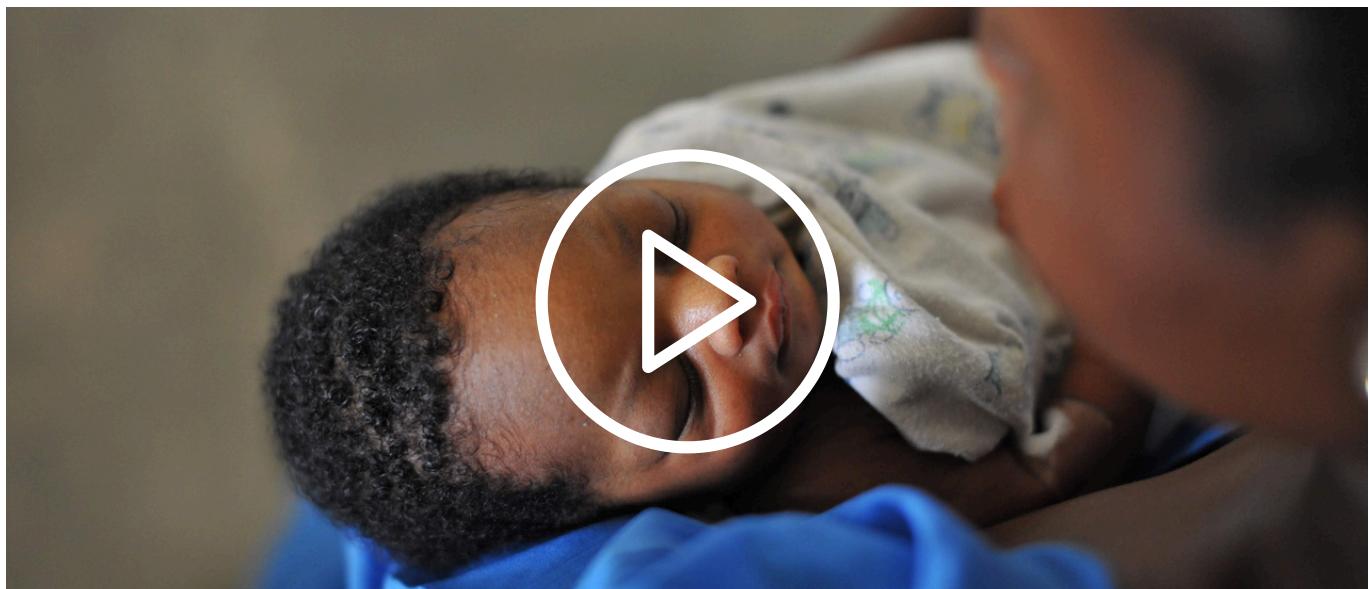
Within this context, we have some exciting plans for the rest of 2025:

- The team has begun scoping AdaraNewborn's next regional hub. This is an exciting next step as we strengthen maternal and newborn care across Uganda. In August, Adara's team travelled with the Ugandan Ministry of Health (MOH) to visit Kayunga Regional Referral Hospital and surrounding hospitals, to determine which sites we will partner with over the next three years. We will work in close consultation with MOH and hospital leadership as we conduct facility readiness assessments and finalise our plans for this next strategic period.
- We are set to launch the Mentoring Our Midwives programme at Kiwoko Hospital, Nakaseke Hospital and Luwero Hospital to train midwives to become mentors to their peers and champions of care within the hospital. The goal is to strengthen midwifery leadership, improving clinical practice, and enhancing maternal and newborn care across public health facilities, including lower-level health facilities.
- We will launch the AdaraNewborn Training Programme. Designed by Adara's clinical team, this new initiative will equip healthcare workers in resource-limited settings with the essential skills to care for small and sick newborns- helping build capacity, strengthen systems and save newborn lives.
- Outside of our main AdaraNewborn partner facilities, Adara has also supported over 27 surrounding lower-level health centres with training and mentorship. This helps improve their quality of maternal and newborn care and timeliness of referrals. Now, we will trial providing 10 health centres with an equipment package to establish newborn resuscitation corners, so they can stabilise and resuscitate newborns before referral to a higher-level facility for more advanced care.

THANK YOU

With the incredible support of our donors, partners and the Adara businesses, we will face the challenges that lie ahead and stand with those most deeply impacted. Thank you for standing with us.

Watch our new 'About Adara' video below:



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