



Impact Report

Maternal, Newborn and Child Health

July - December 2025

YOUR IMPACT

We are on a mission to end preventable maternal and newborn deaths in Uganda. We support mothers and babies from pregnancy through to their return home after birth and beyond.

Here are some exciting highlights from July to December 2025:

We launched the [AdaraNewborn Training Programme](#) to reach health workers across the globe with newborn training modules.

We launched Adara's [Mentoring Our Midwives](#) programme, selecting and training 14 midwives to mentor others across AdaraNewborn districts.

99.9% of mothers survived childbirth across our three established AdaraNewborn facilities.

We reached 136 babies with neurodisabilities and 100 caregivers through Baby Ubuntu to provide early care and support.

We followed up 98.9% of babies within six months after discharge from Kiwoko Hospital, and 100% from Nakaseke Hospital.

Your Impact: Lydia's Story

Born prematurely at just six months and weighing only one kilogram, Lydia's first weeks were filled with uncertainty. Her mum feared she might not survive. But thanks to the dedicated team at our AdaraNewborn Centre of Excellence, Kiwoko Hospital, Lydia received the specialised care she needed in the neonatal intensive care unit.

Today, Lydia is a healthy, happy five-year-old. She's thriving – a star student at her primary school, excelling in her studies and expressing herself through her love of dance.

[See Lydia in action!](#)



Photo: Five-year old Lydia

ADARANEBORN

IN THE FACILITY

Our AdaraNewborn model is strengthening maternal and newborn care in health facilities across North Central Uganda. Here are some updates from AdaraNewborn facilities, from July to December 2025.



New AdaraNewborn Facility

- We launched our fourth core AdaraNewborn facility – Nakasongola Health Centre – in February 2025. Since launching, we have collected baseline data, trained staff on data management and Essential Newborn Care, provided essential equipment, and commenced regular clinical mentorship. Nakasongola Health Centre have also begun building the new maternal and newborn centre which is set to open in March 2026. Adara is equipping this centre with critical tools to deliver quality maternal and neonatal care through our partnership with the DAK Foundation.

Partnering with government to scale newborn care

- In September 2025, we were honoured to host Ministry of Health (MOH) officials at our current AdaraNewborn sites: Kiwoko Hospital, Nakaseke Hospital and Luwero Hospital. The MOH assessed the effectiveness of our approach in practice, reviewed alignment with national standards and identified areas of improvement. The visit also helped identify and scope our future partner facilities as we prepare to expand into our next regional network in 2026. Strengthening collaboration with government is essential for the AdaraNewborn model and quality of care to be embedded within the public health system and strengthen maternal and newborn care nationwide.



Photo: Ugandan Ministry of Health officials visiting AdaraNewborn sites

Leadership and Training

- We upskill midwives across partner facilities to ensure they have the most up to date training. A key focus for the July to December 2025 period was Essential Newborn Care (ENC) training. ENC is a World Health Organization-recommended training programme designed to improve survival and health during the first 28 days of a newborn's life, particularly immediately after birth. It looks at the key reasons why babies don't survive in childbirth and the skills needed to prevent them. By strengthening skills in areas such as thermal care, early breastfeeding and newborn resuscitation, ENC training addresses the leading causes of newborn deaths. Across Adara-supported facilities, these efforts contribute to survival rates of 92–96% for small and sick babies admitted to NICU.



Photo: ENC training for maternity midwives at Nakaseke Hospital

- In July 2025, our Uganda team delivered 'Train the Trainer' – Leadership and Governance training – across our three current AdaraNewborn sites. These sessions are designed to upskill leaders in areas such as governance and accountability, roles and responsibilities in leadership, data driven decision making, budgeting and resource prioritisation, facilitating teamwork and communication skills and national health policy implementation. This programme supports stronger management of maternal and newborn services and helps ensure improvements in care are sustained. It also provides hospital management with stronger leadership skills that will strengthen health system and service management more broadly.
- Equipment maintenance and repair remain essential for reliable newborn oxygen delivery – a critical treatment for newborns experiencing breathing difficulties. In September 2025, our oxygen partner, [FREO2 Foundation](#), trained biomedical technicians, nurses, and midwives at Luwero and Nakaseke Hospitals on hypoxemia management, oxygen equipment use and upkeep, supply chain processes, and data documentation. This training has helped reduce the number of referrals that Luwero and Nakaseke Hospitals because of an improved oxygen supply and better management of equipment.
- Across Kiwoko, Nakaseke and Luwero Hospitals, Adara has selected and intensively trained 14 highly skilled midwives as on-site mentors. Equipped with high-quality simulation kits, each mentor now leads regular ward-based skill sessions. Working in these facilities every day means they can quickly identify gaps and respond immediately. Adara's Mentor our Midwives (MoM) programme is building a network of confident, capable midwives ready to teach, lead and deliver compassionate and high-quality maternal care.
- In August 2025, the Nakaseke Assistant District Health Officer also commissioned our mentors to train midwives and nurses from lower-level health facilities. The mentoring sessions covered key interventions to prevent newborn and maternal mortality including post-partum haemorrhage management and the use of drapes to measure blood loss, identification of high-risk mothers, and newborn resuscitation.

Mentoring Our Midwives

“Mentoring our Midwives all about multiplying expertise,” says [Belinda Kerr](#), Adara’s Maternal Health Education Manager. “We’re training experienced midwives to become mentors, equipping them with hands-on tools, clinical simulators and ongoing support.”

Adara’s [Mentoring Our Midwives \(MoM\)](#) programme is building a stronger, more skilled midwifery workforce across Uganda. MoM trains experienced midwives to become mentors in their own facilities, and across their district. Unlike traditional one-off training, MoM brings learning directly to the bedside through real-time simulation, practical skills sessions and on-the-spot coaching. This approach complements government training and strengthens everyday maternity care.

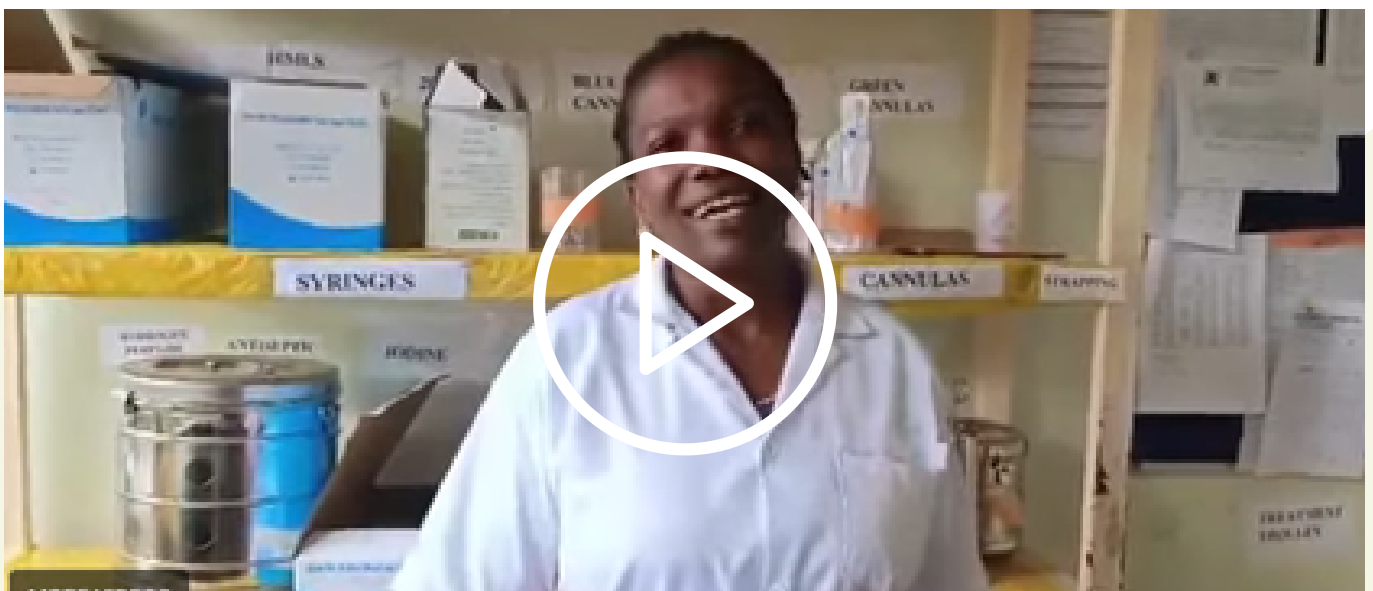


Photo: Mentor Midwives from Nakaseke Hospital conducting an offsite mentorship to midwives in Semuto Health Centre IV.

Meet a mentor: Resty

[Meet Resty](#) – a dedicated midwife strengthening maternal care through mentorship in Uganda. Resty joined Adara’s Mentoring Our Midwives (MoM) programme in 2025.

“What excites me is knowing that I am mentoring and exchanging knowledge with other midwives for the sustainability of good maternal health outcomes,” Resty says.



ADARANEBORN

IN THE COMMUNITY

Within communities, AdaraNewborn offers follow-up and early intervention programmes to support high-risk infants in their homes. Here are some key updates from our community-based programmes.



Hospital to Home

Hospital to Home (H2H) addresses a critical gap. Babies born small and sick have an increased risk of complications after discharge. H2H strengthens the discharge process, educates parents, and provides regular at-home follow up care for six months after discharge.

- We enrolled 521 babies into our H2H programme between July and December 2025. 143 of these were discharged from Nakaseke Hospital, our newest H2H partner site, and 378 were discharged from Kiwoko Hospital. 99% of enrolled babies from Kiwoko Hospital and from Nakaseke General Hospital survived.
- Based on parent reports in July to December 2025, exclusive breastfeeding rates in the first six months of life reached 96% for babies discharged from Kiwoko hospital and 90% at Nakaseke Hospital, compared with a baseline of 6.6% prior to H2H implementation.
- We trained 79 healthcare workers at Kiwoko Hospital in neuroprotective care, which is a training focused on reducing the harmful effects of intensive care on developing brains, and reducing the risk of long-term disabilities.
- In September 2025, we ran a multi-day refresher training for 28 H2H team members covering important topics such as breastfeeding education (including health benefits and hygiene), and safety at home. We also covered proactive counselling with parents on developmental stages and the health needs of their children so they can better identify signs of neurodisability. Children showing these signs are referred to the Adara-run Baby Ubuntu programme.
- In December 2025, we were thrilled to see years of close partnership with the Ugandan Ministry of Health (MOH) take another step forward. The MOH presented its Accelerated Newborn Implementation Plan (ANIP) at a national stakeholder meeting, which includes a comprehensive strategy for community-based essential newborn care that mirrors our H2H model. This marks a major milestone in our goal of reaching more women and babies with the care they need.

- Alongside our Knowledge Sharing partner, [Babies and Mothers Alive](#) (BAMA), Adara's H2H team trained 49 BAMA-supported Community Health Workers and newborn unit staff from Kyotera and Rakai. BAMA has been implementing H2H across three public health facilities in the south of Uganda since 2023. Through their pilot study, they saw a 95.8% survival rate for small and sick newborns in the programme.

Baby Ubuntu

Children with developmental disabilities and their families are at high risk of social and education exclusion, financial stress, and even stigma and violence. Baby Ubuntu is a programme of early intervention and support that aims to improve quality of life for children with moderate to severe neurodisabilities and their caregivers.



- From July to December 2025, Baby Ubuntu continued to support 136 children with specialised clinical services, and 100 caregivers across 89 structured group meetings. These meetings provide emotional, practical and peer-led support to maximize child development, health and family wellbeing.
- The assistive devices introduced in 2024 continue to deliver strong results, with children showing better posture, head control, upper-limb use, and functional participation. Several children have made notable gains, including one now sitting independently and another showing improved head control, more engaged play, and the ability to stand with minimal support. Regular device assessment and maintenance remain essential.
- In August 2025, our Baby Ubuntu team attended a course at Makerere University on General Movements Assessment (GMA) lead by international experts from Northwestern University in the USA. From the womb to birth and beyond, a baby's movement patterns can reflect how their brain is functioning and can be a way of identifying early developmental concerns. GMA is a non-invasive, cost effective and highly predictive tool that will allow our team to identify risks and begin intervention early.
- In 2025, we welcomed [Enoch Katwere](#) as Adara's Psychosocial Support Officer. Enoch's story is incredible. As the only registered clinical psychologist in a region of more than one million people, Enoch is transforming access to mental health care for children, families and communities, and showing the life changing power of child protection, education and long-term support. In Baby Ubuntu, Enoch has helped introduce clinical psychological assessments and tailored therapy for children with neurodisabilities and their families. Caregivers now receive more in depth counselling, psychosocial support and parent group sessions – equipping families with tools to manage stress, depression, grief, stigma and burnout, and to build resilience together. [Read Enoch's story here.](#)

ADARA YOUTH COMMUNITY CENTRE

When adolescents have the right tools and support, they're equipped to build brighter, healthier futures. At the Adara Youth Community Centre (AYCC), young people can access vital services like family planning, counselling, life skills training and health referrals.



- Our AYCC team served 306 new clients from July to December 2025, in addition to 795 returning clients.
- The AYCC provides essential antenatal care for young pregnant women in the community. During the period, 270 pregnant adolescents attended the AYCC antenatal clinics, including 58 new clients. 83 clients presented with complications such as pre-eclampsia, anemia, bleeding, hyperemesis or malaria. We treated 72 women at the AYCC and referred 11 to Kiwoko Hospital for further management. These clinics are essential for early detection and timely referrals for follow-up care for healthier outcomes for both mothers and babies.
- Our Psychosocial Support Officer, [Enoch Katwere](#), ran mental health training for the AYCC team, focusing on common mental health disorders amongst young people. We also introduced a World Health Organization recommended Self Reporting Questionnaire – a standardised 20-minute test used to assess symptoms of depression and anxiety.
- In September 2025, the AYCC strengthened outreach to boys and young men by creating inclusive spaces to break stigma and encourage participation. Together with the Nakaseke District Health Office, the Centre held dedicated male-engagement sessions focused on psychological support and building skills for informed decision making and self-reliance. The sessions provided psychosocial support, drug and alcohol sensitisation, and guidance on building life skills, resilience, independence, and the transition to adulthood.



Photo: AYCC male engagement session

KNOWLEDGE SHARING

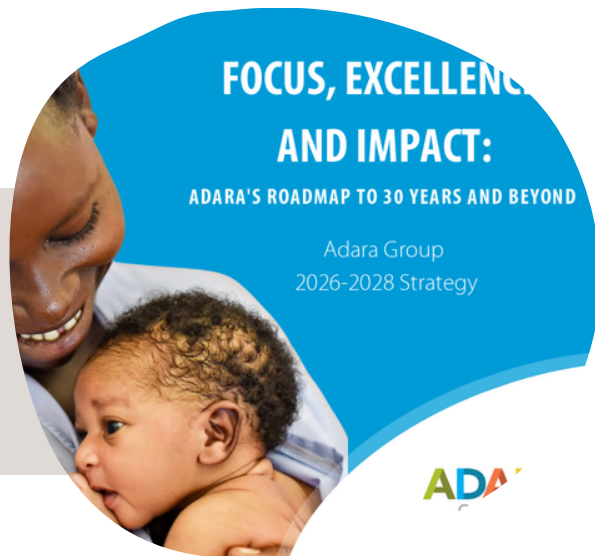
We believe the knowledge created through our programmes is not ours to keep. We strive to scale the impact of our programmes by sharing the data, research conclusions, training packages and lessons learned.



- In July 2025, we launched the [AdaraNewborn Training Programme](#), a new initiative designed to equip healthcare workers in resource-limited settings with the essential skills needed to care for small and sick newborns. This programme complements the World Health Organization's Essential Newborn Care 1 and 2 training, and focuses on foundational care, practical bedside skills, and simplified learning to improve newborn outcomes. The training is designed to be flexible – modules can be taught individually or as a series – and focuses on what nurses and midwives need to know to deliver quality care at the bedside. These modules have the potential to support healthcare workers globally, and we will be working to share them far and wide, with the goal of saving as many newborn lives as possible.
- Adara attended the Safe Motherhood Conference in Kampala in October, joining partners focused on maternal and newborn health. The conference underscored the importance of collaboration as Uganda works toward the Sustainable Development Goals. It was a great opportunity to engage with global experts and share our AdaraNewborn work. Early Intervention Manager Sam Semakula presented evidence from the Baby Ubuntu and Hospital to Home programmes, and Board Director [Dr Peter Waiswa](#) also presented key findings from Uganda's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) indicators report.
- To mark [World Prematurity Day](#) in November 2025, Adara contributed to many national activities under the theme: "Give Preterm Babies a Strong Start for a Hopeful Future." The Kiwoko Hospital team hosted an event with mothers whose babies were born premature and cared for in the NICU. Many returned with their little ones – now thriving children – to share powerful testimonies. Representatives from the Ministry of Health including the Medical Superintendent to the District Health office, representatives from Uganda Paediatrics Association, and the Commissioner, Dr Richard Mugahi, spoke highly of Adara's impact in newborn health. The Commissioner also announced their plans to scale our H2H model across the country.
- Our Community Midwife, [Margret Seela](#), presented to over 230 participants in the National World Prematurity Day Weekly Webinar Series focused on feeding preterm babies. She drew on evidence-based practices from the AdaraNewborn Training Programme to share insights into cue-based feeding – highlighting how recognising and responding to infant cues supports safer feeding, growth, and neurodevelopment.

WHAT'S NEXT?

We have launched our 2026 – 2028 strategic plan: “Focus, Excellence and Impact: Adara’s roadmap to 30 years and beyond”! [Read it here.](#)



We are accelerating our maternal, newborn and child health work, and in 2026 AdaraNewborn will expand into a second regional network. Working with the Ugandan Ministry of Health, we have chosen Kayunga Regional Referral Hospital as a core facility, with our partnership launching in early 2026.

Over the next three years, AdaraNewborn will expand to a total of five districts and strengthen 38 health facilities and surrounding communities.

Through AdaraNewborn we are building the foundation for a stronger, connected network of care. We aim to move Uganda closer to Sustainable Development Goal targets and toward a future where every woman gives birth safely, every newborn receives the right care at the right time, and every child survives and thrives.

You can hear more detail about our AdaraNewborn plan specifically from Adara’s Director of Maternal Newborn Child Health, Dr Susan Tino directly [here.](#)



THANK YOU

With the incredible support of our donors, partners and the Adara businesses, we will expand and scale our work to reach more mothers and babies with life saving care. Thank you for standing with us.



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