ADARA GROUP
— BRIDGING WORLDS —

Impact Report

Maternal, Newborn and Child Health

January - June 2026

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.

With thanks to our incredible supporters, together we are strengthening health systems, improving the quality of care for mothers and newborns, and building evidence to scale proven solutions across Uganda.

During the first half of 2026:

99.96% maternal survival rate
across all Adara-supported facilities, with a 51.1% reduction in the maternal mortality rate in AdaraNewborn core facilities since 2021.

98% newborn survival rate
across AdaraNewborn neonatal units, with a 21% reduction in the neonatal mortality rate since 2021.

98.6% of the 423 babies discharged
into the Hospital to Home programme, received home visit support, ensuring vulnerable newborns and their families received the care they need post-discharge.

A new neonatal care unit was established
at Nakasongola Health Centre IV, expanding access to specialist care for small and sick newborns.

Kayunga Regional Referral Hospital
became Adara's fifth AdaraNewborn facility, extending our reach and strengthening referral systems across North Central Uganda.

More than 150 children
with neurodisabilities and their caregivers received early intervention and support through Baby Ubuntu.

A Lifetime of Care: Celebrating Sister Christine and Sister Cornety

For decades, Sister Christine Otai and Sister Cornety Nakiganda have stood beside mothers and babies during some of life's most important moments.

Together, they have dedicated more than 90 years to caring for women, newborns and families across Uganda.

They have welcomed new life into the world, trained generations of health workers, and helped transform maternal and newborn health in Uganda.

As they retire from Adara, we celebrate two remarkable women whose compassion, dedication and leadership have left a lasting mark on families, communities and health systems across Uganda.

You can read more here

ADARANEWBORN

IN THE FACILITY

Our AdaraNewborn model is strengthening maternal and newborn care in health facilities across North Central Uganda through two regional hubs of care. Here are some updates from AdaraNewborn facilities, from January to July 2026:

Expanding Access to specialist newborn care: Kayunga Regional Referral Hospital

- In February, Adara launched a partnership with Kayunga Regional Referral Hospital, making it our fifth core AdaraNewborn site and our second regional hub. This marks an important step in our strategy to strengthen newborn care across North Central Uganda.

- Over the coming decade, Adra will work alongside hospital leadership and the Ministry of Health to develop Kayunga into a Level 3 Neonatal Intensive Care Unit capable of providing advanced care for the region's most vulnerable newborns. A comprehensive assessment identified strong leadership, quality improvement systems and digital data infrastructure, while also highlighting opportunities to strengthen staffing, equipment and facility capacity. These findings are now guiding a shared roadmap for long-term systems strengthening and improved newborn outcomes.

From small beginnings to thriving six-year-olds

Desire and Ivy are proof of the power of quality newborn care and ongoing support.

Born in 2019 with low birthweight, the twins spent their first weeks in the Kiwoko Hospital neonatal intensive care unit receiving specialised care. As first-time parents living far from the hospital, bringing home two small babies was a daunting experience for their mum and dad.
Their worries eased when Desire and Ivy were enrolled in Adara's Hospital to Home programme. This meant they received regular home visits from a dedicated community health worker who closely monitored the twins' progress.

Today, Desire and Ivy are happy and healthy – both in the top class at school, continuing to make their parents proud.

Photo: Desire and Ivy with their family

Partnering with government to scale newborn care

- In partnership with Nakasongola Health Centre IV and the Ministry of Health, Adara successfully established and operationalised a new neonatal care unit, significantly strengthening the facility's capacity to care for small and sick newborns. The unit was equipped with essential neonatal care items, including incubators, radiant warmers, phototherapy machines, monitoring devices and oxygen support equipment. Facility leadership has demonstrated strong commitment to quality improvement and ongoing staff development, with plans underway for Essential Newborn Care training, equipment user training and continued mentorship. With approximately 1,800 live births at the facility annually, as well as referrals from lower level health facilities, we expect around 200-300 small and sick newborns to require specialist neonatal care each year at Nakasongola Health Centre. Once fully operational in the second half of the year, the unit will increase access to specialised newborn care closer to home, reducing referrals and improving outcomes for vulnerable newborns and their families across Nakasongola District. You can see a walkthrough of the new unit here.

Photo: Biomedical equipment user training at the Nakasongola newborn care unit

Strengthening the Frontline Workforce

- The quality of care a mother or newborn receives often depends on the skills and confidence of the health worker standing beside them. Through Adara's Mentoring Our Midwives (MoM) programme we are building a stronger midwifery workforce across North Central Uganda through bedside mentoring, simulation-based learning and practical coaching. During the first half of the year, MoM mentors supported 230 health workers across hospitals and lower level facilities. Mentorship focused on critical maternal and newborn care interventions, including newborn resuscitation, postpartum haemorrhage management, labour monitoring and high-risk maternity care, helping strengthen the quality of care available to mothers and babies across the region. By embedding expertise within facilities and districts, the programme is creating lasting improvements clinical practice and patient care. Investing in the skills, knowledge and decision-making capacity of frontline health workers is essential to reducing delays in care and improving outcomes for mothers and newborns across the health system.

- Beyond mentoring, Adara continued to strengthen clinical excellence through targeted training, mentorship and Continuing Medical Education for health workers across supported facilities. During the reporting period, 214 health workers across Kiwoko Hospital, Luwero General Hospital and Nakaseke Hospital strengthened their knowledge and skills in critical areas including newborn resuscitation, infection prevention and control, care of small and sick newborns, feeding support, transfusion and seizure management. These efforts are helping to build a more confident and capable workforce.

Strengthening Biomedical Engineering and Equipment Systems

- Sophisticated equipment only improves health outcomes when it is functioning properly and health workers are confident using it. During the reporting period, Adara continued to strengthen the availability, functionality and sustainability of medical equipment across supported health facilities through equipment needs assessments, installation and commissioning, maintenance and repairs and improvements to biomedical equipment management systems.

- Ongoing engagement with facilities highlighted the need to strengthen local capacity in equipment use, troubleshooting and routine maintenance. In response, Adara appointed Biomedical Engineer Joseph Okiria in May to lead equipment maintenance, repairs and training across supported facilities. By strengthening biomedical systems and building the skills of facility teams, Joseph is helping ensure life-saving equipment remains functional and that investments in medical technology translate into lasting improvements in quality of care and patient outcomes.

Meet Joseph Okiria

In May, Adara appointed Joseph Okiria as Biomedical Engineer. Jospeh ensures the effective installation, maintenance, and safe use of critical neonatal and maternal health equipment across AdaraNewborn facilities.

He also provides training and mentorship to help health workers and facility maintenance teams build the skills needed to troubleshoot and maintain equipment locally.

By strengthening facility capacity and biomedical systems, Joseph is helping ensure that life-saving technologies such as incubators, CPAP machines, oxygen concentrators and radiant warmers remain functional and available when they are needed most.

Photo: Joseph Okiria taking staff members through the operation of the BP machine

Photo: Antenatal Care Training in Nakaseke General Hospital

ADARANEWBORN

IN THE COMMUNITY

Within communities, AdaraNewborn offers follow-up and early intervention programmes to support high-risk infants in their homes. We also offer sexual, reproductive health services and counselling for adolescents and young adults. Here are some key updates from our community-based programmes, from January to July 2026 :

Hospital to Home

Hospital to Home (H2H) addresses a critical gap. Babies born small and sick have an increased risk of complications after discharge from hospital. H2H strengthens discharge processes, educates parents, and provides regular at-home follow up community based care, ensuring families continue receiving support during the critical first six months of life.

- During the reporting period, 423 babies were discharged from hospital onto the H2H Programme. Community follow up remained strong, with 98.6% of enrolled babies reached at least once following discharge, 472 babies graduating from the programme after a full 6 months on the programme, 95.5% exclusively breastfed and 93% fully vaccinated at graduation. These results demonstrate the value of regular home-based visits in supporting newborns to survive and thrive.

- Maternal and newborn care at the community level was strengthened through new antenatal and postnatal care service packages and refresher training on the care of high-risk infants. Adapted for H2H community health workers, the packages equip frontline staff with the knowledge and skills to support mothers and babies throughout the newborn phase and postnatal period, improving ANC attendance, postnatal follow-up and continuity of care within the community.

- To strengthen community-based support for high-risk infants, in May, 170 community health workers (CHWs) completed a five-day refresher training on H2H and the care of high-risk infants. Delivered to reinforce key competencies and ensure CHWs remain confident and up to date with current best practice, the programme refreshed skills in newborn follow-up, danger sign identification, growth monitoring, breastfeeding support and referrals. The training reinforced CHWs' role as a vital link between health facilities and communities, helping ensure continuity of care.

- Adara is generating evidence to support the future scale-up of Hospital to Home through government health systems. The H2H Public research pilot is exploring how the model can be successfully integrated within government services and what is needed for effective expansion. Participant follow-up and data collection continued throughout the period, with findings expected to inform a future national scale-up strategy.

Baby Ubuntu

In Uganda, Children with disabilities and their families sadly face a 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.

- To support the nutrition of children in the Baby Ubuntu programme, we launched a small-quantity lipid-based nutrient supplements (SQ-LNS) pilot in February 2026. SQ-LNS are nutrient-dense, fortified food pastes designed to prevent undernutrition, micronutrient deficiencies, and developmental delays in infants and young children. Caregivers have received Small-Quantity Lipid-Based Nutrient Supplements – nutrient-dense sachets providing essential vitamins, minerals, protein and healthy fats. Baby Ubuntu facilitators were trained in SQ-LNS, strengthening their understanding in SQ-LNS, data recording, and stigma sensitive caregiver engagement. 69 children are actively participating in the pilot. Over 12 months, families will receive regular follow ups, monthly redistributions, close monitoring and caregiver counselling. So far caregiver feedback has been overwhelmingly positive, including observed improvements in children's nutritional status, health and wellbeing, with increased appetite, energy, participation in daily activities and an overall healthier appearance. Our goal is to generate practical, evidence- based learnings on how nutritional supplementation can improve outcomes for children with neurodisabilities in low resource settings.

- During the quarter, multidisciplinary assessments revealed that 47 of the 64 children assessed presented with complex rehabilitation needs requiring multiple assistive devices, including CP chairs, standing frames, ankle-foot orthoses (AFOs) and posterior walkers. In response, the programme adopted a clinical prioritization approach to identify the single most appropriate, high-impact assistive device for each child, ensuring optimal use of available resources while addressing their most urgent functional and developmental needs. A total of 68 devices will be procured in quarter 3 of 2026 to support children and their families.

- There were 95 Support Group meetings during the period, with caregivers demonstrating increased confidence, knowledge and practical skills to support their children's development. While psychosocial screening highlighted improved caregiver engagement in rehabilitation, it also revealed ongoing emotional distress among many participants. In response, Baby Ubuntu will launch the Caregiver Academy in the second half of the year, providing structured mental health education, peer support and resilience-building to strengthen caregiver wellbeing and improve outcomes for children.

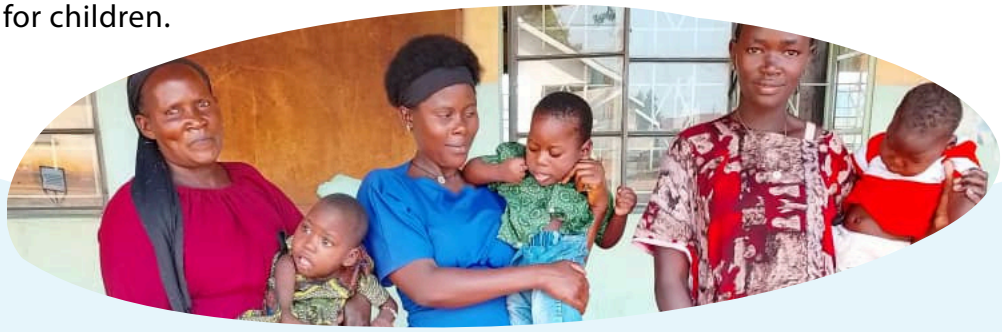

Photo: Baby Ubuntu assitive devices distribution and fitting

A smile returns: support for children with neurodisabilities in Uganda – Amina and Lucy's story

"I am not just a mother who worries… I finally, truly, smile."

For many families, raising a child with a neurodisability can mean isolation, stigma, and limited access to care.

Before joining Baby Ubuntu, Amina describes her world as "small, lonely, and silent". Raising her two-year-old daughter Lucy alone, she faced fear and uncertainty. Through Baby Ubuntu, Amina found the tools and support to care for her daughter – and connection through community.

Today, Lucy is growing stronger every day – and Amina's smile has returned.

"My girl can now sit. Watching her feels like a miracle," Amina says.

Read their full powerful story.

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.

- AYCC continued to deliver vital adolescent and youth-friendly health services in Nakaseke District through clinical care, counselling, health education, and stakeholder involvement. During this period up to 663 individuals were enrolled in the centre. Across this time, returning clients exceeded new clients, reflecting the ongoing relevance, quality and continuity of care provided by the Centre.

- In February 2026 Adara was pleased to launch the Adara Voice It Out (AVIO) Clubs initiative at the AYCC, which brought together 125 participants, including 76 students and 39 teachers from 39 target schools in the area. The inception meeting introduced the AVIO club model to primary, secondary and vocational institutions, equipping students with knowledge on communication, life skills, adolescent sexual and reproductive health (ASRH), and effective leadership. The training aimed to equip adolescent leaders with skills and knowledge to help their peers speak about life challenges. This initiative establishes a strong foundation for youth-led peer engagement.

- Mental health sensitisation sessions reached 2,112 students in schools, raising awareness of common mental health challenges and promoting early identification and referral of students requiring support. The sessions also encouraged stronger communication between parents and children, fostering positive dialogue, problem-solving skills and improved emotional wellbeing.

- In April, the Adara Youth Community Centre (AYCC) hosted a psychosocial support group meeting for 38 adolescents, including young people living with HIV and those attending antenatal and postnatal care services. The session provided education on maternal mental health, nutrition, disability awareness, the importance of treatment adherence and accessing maternal healthcare services. Through collaboration with the Baby Ubuntu team, participants also learned how to recognise signs of disability and where to seek support.

Photo: AYCC Psychosocial Support Group Meeting.

From teenage motherhood to financial independence: Rose's story

When Rose discovered she was pregnant as an adolescent, she wasn't sure what the future would hold for her or her baby.

Like many young women facing an unexpected pregnancy, she worried about the challenges ahead. But through the Adara Youth Community Centre (AYCC), she found the care, guidance and support she needed to navigate pregnancy safely and begin building a future for herself and her child.

Today, Rose runs a small restaurant business that supports her family.

Recently, she returned to the AYCC to share her journey with other young mothers, encouraging them to believe in their potential and work towards financial independence.

Rose's story is a reminder that when young people are equipped with knowledge, support and opportunity, they can build healthier, more independent and more hopeful futures.

Read the full story

Photo: Rose and others sharing their stories at the AYCC Psychosocial Support Group Meeting.

KNOWLEDGE SHARING

We believe the knowledge and practical experience generated through Adara's programmes should benefit far more women, babies and families than those we directly serve. In the first half of 2026, we strengthened our focus on sharing what works with governments, practitioners and partners – with encouraging signs that Adara's knowledge is being accessed, recognised and used beyond our own programmes.

International knowledge dissemination and uptake

- Adara continued to share our evidence and implementation experience through influential regional and global platforms. At the International Maternal and Newborn Health Conference (IMNHC) in Nairobi and the Masana wa Afrika Early Childhood Development Conference in Johannesburg, Adara was selected to showcase and share our Hospital to Home (H2H) model, which is showing promising outcomes for small and sick newborns. Across East and Southern Africa, governments and health partners are grappling with how to better use community and primary health systems to support mothers and newborns after discharge. H2H is increasingly attracting interest as a practical model from which others can learn. Within Uganda, the Ministry of Health is closely following Adara's current H2H research, which is examining how the model can be integrated and scaled through existing government community health systems.

- At Women Deliver 2026 in Melbourne Australia, we showcased AdaraNewborn, H2H and practical newborn-care innovations to international health, development and philanthropic partners. Together with connections made through Skoll 2026, this has led to ongoing discussions with a number of organisations in East Africa interested in learning from Adara's experience and exploring opportunities for knowledge sharing and collaboration.

- We are also beginning to see evidence that knowledge sharing is moving beyond dissemination towards uptake. Following international dissemination during the first half of the year, engagement with Adara's knowledge products increased substantially. In Quarter 2 alone, 49 organisations across 21 countries accessed our resources, more than doubling individual interactions with our knowledge products. We will follow up with organisations and individuals accessing these resources to better understand how they are being used and whether they are contributing to changes in programmes or practice.

Government engagement and influence

- Over the last six months, our engagement with Uganda's Ministry of Health has continued to deepen, with growing evidence that Adara's experience and technical expertise are being used as a resource for strengthening maternal and newborn care within the wider Ugandan health system. Adara was invited to participate in the National Child and Infant Health Stakeholders Meeting, contributing technical expertise and practical experience to discussions on national priorities for improving child and infant survival. Our clinical team is also taking increasingly active roles in national maternal and newborn technical working groups, providing direct input into government discussions and decision-making based on experience from frontline implementation.

- The Ministry of Health is also drawing on Adara's specialist neonatal expertise to strengthen health workers beyond Adara-supported facilities. In May, 15 nurses and midwives from across Uganda completed a three-week Ministry of Health neonatal in-service training programme with Adara, with the Ministry confirming that a further cohort will undertake the training later in 2026.

Cross-organisational learning

- Adara contributed to the first global Baby Ubuntu partners learning exchange, bringing together 12 implementing partners across eight countries to share implementation experience, successes and challenges. We also contributed our practical experience to the collaborative development of the Baby Ubuntu Fathers Module, alongside other implementing partners and the London School of Hygiene & Tropical Medicine.

Photo: Presenting at the Masana wa Afrika Early Childhood Development Conference in Johannesburg

RISKS AND CHALLENGES

Over the first half of the year, Uganda faced several challenges that placed additional pressure on already stretched health systems. The January 2026 national elections disrupted movement, communications and some routine government activities, requiring Adara and our partners to adapt implementation plans and strengthen security monitoring. Thanks to careful preparedness planning and the commitment of our teams and partners, essential maternal and newborn health services continued, and programme activities resumed once conditions stabilised.

Uganda also experienced concurrent outbreaks of Ebola and Crimean-Congo Haemorrhagic Fever (CCHF), placing further strain on frontline health services. Adara responded proactively by implementing an Ebola Risk Management Framework, conducting facility readiness assessments, strengthening infection prevention and control measures, and rapidly mobilising personal protective equipment and other essential supplies. Additional training, strengthened screening and triage systems, and community awareness activities helped support preparedness and reduce the risk of transmission. We are grateful for the dedication of our teams and partners throughout this period. On 28 July 2026, Uganda was officially declared Ebola-free.

The broader global environment also remained challenging during the period. Ongoing conflict in the Middle East contributed to uncertainty in global fuel and commodity markets, creating potential risks for operational costs, transport, supply chains and health service delivery in Uganda. Adara continues to monitor these developments closely and implement mitigation measures to safeguard programme delivery.

In Uganda, rising fuel costs have a direct impact on partner hospitals, which rely heavily on diesel generators due to unreliable mains electricity. In response, Adara is investing in solar power projects at both Kiwoko Hospital and Nakaseke Hospital. Expected to be completed by the end of 2026, these systems will reduce reliance on diesel, improve the reliability of power for critical clinical services, and strengthen the long-term sustainability of both facilities.

Photo: Mobilising Personal Protective Equipment (PPE) and infection prevention and control (IPC) supplies to proactively to reduce Ebola risk

WHAT'S NEXT?

The second half of 2026 will be an exciting period of growth and opportunity for AdaraNewborn as we continue working towards our vision of ending preventable maternal and newborn deaths through stronger health systems.

Across our network, we will expand clinical training, bedside mentorship and quality improvement activities, while supporting maternal and perinatal death reviews that help facilities learn from adverse outcomes and continuously improve care. We will also deepen our partnerships with government and health facility leaders to strengthen the quality and consistency of maternal and newborn services.

At Kayunga Regional Referral Hospital, we will continue building our newest regional hub for newborn care, strengthening neonatal services, expanding clinical and biomedical support, and extending mentorship to surrounding lower-level facilities. This work will help create stronger referral pathways and improve access to specialist newborn care for families across the region.

We will also complete the Hospital to Home Public research pilot and prepare findings for analysis and dissemination. The evidence generated will help inform future scale-up planning through government health systems, creating the potential to reach many more vulnerable newborns and families. At the same time, Baby Ubuntu will launch the Caregiver Academy, providing structured mental health education, peer support and resilience-building for caregivers of children with neurodisabilities.

Together, these efforts will help strengthen health systems, expand access to quality care and build the evidence needed to scale proven solutions. We are excited about what lies ahead and deeply grateful for the partnership of supporters like you, whose commitment makes this work possible.

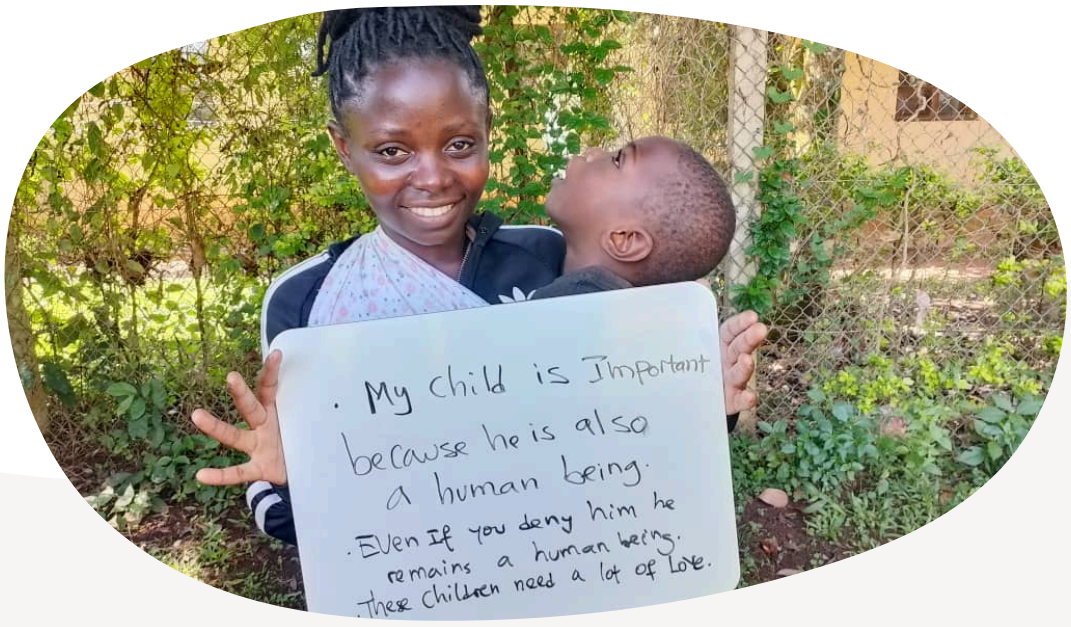

Photo: Baby Ubuntu

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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