



Impact Report

Maternal, Newborn and Child Health

July - December 2024

YOUR IMPACT

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

Here are some of our highlights from July to December:

ADARANEBORN SITES

- 99.8% of the 840 women who gave birth at Kiwoko Hospital survived.
- 98% of babies admitted to the newborn unit at Nakaseke Hospital survived.
- 3,606 women received care in the Luwero Hospital maternity unit. All women who gave birth at Luwero survived.

HOSPITAL TO HOME

- Our [Hospital to Home \(H2H\) Outcomes Paper](#) has [been published!](#)
- We launched H2H in the public setting, starting with a pilot at Nakaseke Hospital. We have already trained 51 community health workers and newborn unit staff.

BABY UBUNTU

- 76 children received life-changing assistive devices to improve independence, functioning and wellbeing.
- 100% participation rate – we continue to see zero dropouts from the programme.

ADARA YOUTH COMMUNITY CENTRE

- 325 new youth enrolled in the centre during the second half of the year.
- 125 youth received education on family planning and contraception – and 178 contraceptives were provided to young people.



Newborn Health Award

Adara received the 'Outstanding Contribution to Newborn Health' award at the 2024 Safe Motherhood Conference. This award honours exceptional contributions to maternal and newborn health, celebrating those driving progress in Uganda.

"This recognition is a testament to Adara's hard work, dedication and commitment to improving the lives of the most vulnerable. I'm so proud to be part of this incredible team, their passion and relentless effort have made this achievement possible. I thank them for the wonderful work they continue to do each day."

– Dr Susan Tino, Director of Maternal, Newborn and Child Health.

Photo: The Adara Uganda team accepting our award at the 2024 Safe Motherhood Conference from the Ministry of Health.

An update on

ADARANEBNEWBORN SITES

We are working to halve maternal and newborn deaths across 10 health facilities and surrounding communities in Uganda through our evidence based, high impact model, AdaraNewborn. We are currently in three sites Kiwoko, Nakaseke and Luwero Hospitals.



[Hear from Dr Susan Tino, Maternal Newborn Child Health on why this work matters.](#)

Kiwoko Hospital – Centre of Excellence

- To meet the growing demand for services and to maintain a high level of quality care, Kiwoko Hospital expanded facilities to include a major theatre, a maternity theatre and an endoscopy room. These upgrades will benefit our AdaraNewborn programme and enable the hospital to handle major surgeries more effectively, particularly caesarean births. Construction was completed in November and Kiwoko officially began using the facilities from January 2025.
- In partnership with [Simulation for Life](#), we are establishing a simulation lab at Kiwoko Nursing School. This lab will ensure nurses and healthcare staff receive immersive, hands-on learning experiences. In preparation for the opening of the lab, Mbarara Simulation for Life trained a team of four from Kiwoko Nursing School and Kiwoko Hospital through a train-the-trainer model. This session offered effective training methods and the skills to proficiently use the simulation lab. They will then train an additional twenty-four people when the lab nears completion.

Nakaseke Hospital

- In Nakaseke Hospital, 1,871 women were admitted to the maternity unit and 1,477 babies were born from July to December. 98% of babies treated in the special care baby unit survived.



Meet Hope and baby Eva

When Hope arrived with bleeding at Nakaseke Hospital two months before her due date, she was scared for her life and that of her baby. Thankfully, because of the support she received from the nurses and midwives in the special care baby unit, Hope and her daughter are safe and thriving.

[Read their story here.](#)

- In October, we conducted a five-day training programme on Essential Care for Labour and Birth at Nakaseke Hospital. Carol, Adara's Maternal Health Trainer, and the In-Charge for the Nakaseke Hospital maternity ward trained 37 midwives from the facility and surrounding health centres. The training was comprehensive, hands-on and simulation-based, covering danger signs in labour, monitoring in labour, how to conduct a safe delivery for mother and baby. They also covered reducing post-partum haemorrhage, immediate care after birth, and neonatal resuscitation. Carol said, "the midwives got so much out of the training – there is so much hunger and need for this training!". To continue learning and mentorship, the midwives set up a WhatsApp group. They are already starting to share more of their questions and experiences.

Luwero Hospital

- As we scale our AdaraNewborn model, [FREO2 Foundation](#) is our trusted oxygen partner – installing oxygen systems and providing essential training to health workers in partner facilities. In August, FREO2 successfully installed their dual oxygen system in Luwero Hospital's newborn unit, and trained clinicians and biomedical engineers on how to use and maintain the equipment. This system will ensure reliable oxygen supply for the unit and help staff save lives.
- In November, the Luwero District hosted World Prematurity Day celebrations. Over 500 people attended, including representatives from Adara, Uganda's Ministry of Health, various politicians and other stakeholders. Adara's Director, Dr Susan Tino, was invited to speak, and our Hospital to Home Community Midwife, Cornety Nakiganda was recognised for her contribution to community health awareness. Adara's work in neonatal care was recognised by all speakers including the District Health Officer and Luwero's Medical Superintendent. It was a wonderful celebration amplifying the importance of quality care for premature newborns, restoring hope and transforming lives.



Photo: Essential Care for Labour and Birth training at Nakaseke Hospital.



Photo: clinician training for the new dual oxygen system at Luwero Hospital.

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.



- Of the 378 babies discharged from the Kiwoko Hospital neonatal intensive care unit into H2H, 97% received at least one follow up visit by a community health worker. All babies survived during this period.
- Our [Hospital to Home Outcomes Paper](#) has [been published](#)! The study shows that H2H – designed to improve outcomes for high-risk newborns in low- and middle-income countries – is feasible and acceptable in a rural Ugandan setting. It also demonstrated significant improvements in health outcomes including improved vaccination completion rates and boosted exclusive breastfeeding rates. The research highlights the potential of H2H in resource-limited settings to improve health outcomes, caregiver engagement and community perceptions. We will now take these learnings to continue to develop and expand the programme to ensure more small and sick newborns survive and thrive.
- We are adapting H2H for the public health system in Uganda. Starting with a pilot at Nakaseke Hospital, we're striving for national implementation of this lifesaving follow-up programme. In the second half of the year, we ran training with facility staff focused on the “hospital” component, covering topics like family-centred care, neurodevelopmentally supportive care, parent education and the discharge process. We then zeroed in on the “home” part by training 51 community health workers to provide at-home follow-up support to mum and baby after discharge from the newborn unit. H2H officially launched at Nakaseke Hospital in 2025, and we are excited to see follow up services already underway.



Photo: A Hospital to Home community 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".



[Hear from Early Intervention Manager, Samuel Semakula on the importance of our Baby Ubuntu work.](#)

- We continue to see zero dropouts from the programme, with a 100% participation rate. From July to December, there were 112 babies enrolled in the programme. We also held 70 Baby Ubuntu group meetings during this period, facilitating over 100 caregivers with emotional and practical support to help maximise their child's development and quality of life.
- In October, we provided 76 children with life-changing assistive devices. Our physiotherapist also worked closely with parents, showing them how to support their children in using these new devices. The impact of this is profound. They're not just tools for sitting, standing or walking – they're gateways to greater independence, improved daily living, and a brighter future for these children.
- All 112 children received physiotherapy and speech pathology services. Physiotherapy focuses on enhancing the children's mobility, strength, and functional abilities. We witnessed remarkable progress in gross motor skills, muscle strength, and reduced muscle stiffness. One baby, Sarah* was unable to sit, stand, or walk, and she had right-side weakness and vision impairment. Sarah started physiotherapy and now can sit, stand, and walk independently!
- A new Baby Ubuntu module focused on male and father involvement launched in December, with fathers joining their partners and children for a Baby Ubuntu group session. They discussed the challenges they face, the impact of mothers raising children alone, and the importance of working together to overcome these obstacles and support their child. We hope these sessions will promote shared caregiving, reduce family violence and improve cohesion.



Meet Susan and Akello

"Baby Ubuntu has given me hope. They've been my strength, my counsellors, and my family when I had no one else. Every small change in my son, every milestone, is because of this programme. I'm grateful beyond words. For mothers like me, who once felt lost and blamed themselves for their child's condition, Baby Ubuntu has been a beacon of light." [Read their story here.](#)

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.



[Hear from Adara Youth Community Centre \(AYCC\) Social Worker, Magaret Nabaweesi, on why this work matters.](#)

- When young mothers have access to education and training, it can transform their lives and that of their families. We've partnered with [Baylor College of Medicine Children's Foundation Uganda](#) to welcome 53 mothers from the AYCC into their entrepreneurial skills programme. They will be trained in tailoring, hairdressing, catering and other valuable skills to help them support their families.
- We reached 1,314 youth through health education classes. One highlight was the Adolescent Support Group meeting held in August with 102 participants. At the meeting, Adara's Social Worker spoke to topics including, healthy relationships, life skills, family planning and youth rights, providing young people with the knowledge, tools and support to make informed decisions.
- 65 new young women enrolled in antenatal clinics, of which nine completed the World Health Organization-recommended eight classes. While we still have progress to make here, the last available national data in Uganda shows only 1.9% of pregnant women attended eight or more classes. These group sessions are important so adolescents can feel more equipped to make well-informed decisions, increase their confidence and prepare for parenthood. It also gives them the opportunity to connect with others, share their experiences, and receive emotional support.
- In December, [ACORD Uganda](#), an organisation focused on improving the wellbeing of marginalised communities in Uganda, ran a training session for AYCC staff on gender-based violence. Gender based violence is common throughout Uganda and it is incredibly important that anyone working with young adults stay up to date on the latest training so they can help prevent or mitigate violence against women.



Photo: The Ugandan Ministry of Health conducting training with AYCC staff on group antenatal classes.

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.



- Our team of local Ugandan newborn experts are contributing their expertise for national impact. In October, we had the privilege of joining the Uganda Ministry of Health for an important meeting focused on enhancing newborn care guidelines across the country. [Hilda Namakula](#), our Newborn Health Manager, represented Adara. Over five days, we collaborated to update and finalise a newborn care training package, including reviewing recent advancements and new technologies.
- Our Baby Ubuntu team visited [Kyanninga Child Development Centre](#) to help deepen our understanding of delivering comprehensive care for children with developmental disabilities, and to share about the Baby Ubuntu programme. The visit underscored the importance of nutrition, prioritising parental involvement, integrating therapeutic services like physiotherapy and speech pathology, as well as the critical role of robust documentation and data management to track progress.
- At the 2024 Safe Motherhood Conference in November, Adara's Uganda team presented on our work and engaged in powerful sessions on reducing maternal and newborn mortality in Uganda. Adara's Deputy-Director of Maternal, Newborn and Child Health, [Beatrice Niyonshaba](#), presented on supporting high-risk newborns through community follow-up programmes. While Adara's Community Midwife, [Cornety Nakiganda](#), joined a panel on reducing newborn mortality through community engagement.



Photo: Adara Uganda team attending the Safe Motherhood Conference in November.

WHAT'S NEXT?

As we launch into 2025, we find ourselves facing an unexpected and unprecedented local, national, and global context. In February, an executive order was signed to freeze all USAID funding and activities – 40% of all global humanitarian funding. The impact is already, and will increasingly, be catastrophic for people living in poverty.



With passion and resilience our teams will continue to deliver exceptional care despite these challenges, and we are all more determined than ever to maintain AdaraNewborn and Kiwoko Hospital as anchors for maternal newborn health in Uganda. We move forward to expand and scale our work.

See below for a few of our exciting plans.

- In 2025, we are launching AdaraNewborn in a new public facility, Nakasongola Hospital. We have already conducted a stakeholder meeting with the Nakasongola District leaders and senior hospital staff. We also conducted a needs assessment of the facility. Now, we will establish and equip a newborn unit, and begin training for all antenatal, maternity, newborn and biomedical staff. We will also implement our Quality of Care tool, and help strengthen facility leadership and governance through training, coaching and guidance.
- We want to reduce the number of women and babies that die in childbirth by increasing the number of highly skilled midwives. Adara has a very experienced Maternity Trainer who educates midwives in evidence-based clinical practice. This model works but is limited in reach with only one trainer. In 2025, we will launch a new Mentoring Our Midwives (MOM) programme. A mentoring approach will allow hundreds more midwives to be continuously and effectively educated in best practice care. This will have a direct impact on the number of women and babies saved in pregnancy and childbirth. We will select up to three midwives per AdaraNewborn facility and provide training, equipment and tools they need to effectively mentor other midwives.
- In 2025 we will expand our Adara Youth Community Centre outreach to 17 more schools and eight villages, so that more young people will seek these services. To achieve this, we will hire more staff for the centre, including additional Peer Educators – trained young people who run health education and counselling sessions, and direct their peers to health services.
- The first 1,000 days of a baby's life are critical to their health, growth and neurodevelopment. To help children aged six months to two years in the Baby Ubuntu programme, we will run a trial on the use of Small-Quantity Lipid Based Nutrient Supplements (SQ-LNS). We will integrate this, plus several other educational and nutritional support activities, into the nutrition module of Baby Ubuntu. These supplements work to improve growth and brain development for children and would be a positive addition to further support the nutritional outcomes for these children.

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:



JESSICA KUBOWICZ
Partnerships Director
jessica.kubowicz@adaragroup.org
+61 412 852 644



ROSIE GALLAGHER
Senior Partnerships Manager
rosie.gallagher@adaragroup.org
+61 422 537 311



ELOISE COLLINS
Senior Partnerships Manager
eloise.collins@adaragroup.org
+61 2 9395 2824

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