



HOSPITAL TO HOME IMPROVING
NEWBORN HEALTH IN THE
COMMUNITY

2025 Annual Report

Introduction

Hospital to Home (H2H) is Adara's flagship newborn follow-up programme, supporting high-risk infants in the hospital and after they return home. H2H is part of the 'follow-up and early intervention' arm of AdaraNewborn and is designed to bridge the critical gap between facility-based newborn care and community support for high-risk infants and their mothers. While babies are still in hospital, H2H strengthens discharge processes, provides comprehensive parent education, strengthens lactation and breastfeeding practices, and promotes neuroprotective care to encourage healthy brain development. It also provides regular at-home follow-up support to these infants for six months after discharge, through a network of Community Health Workers (CHWs), supporting feeding, danger-sign recognition, developmental milestones, responsive caregiving, and timely care-seeking.

With support from Cerebral Palsy Alliance, we are proud that in 2025 we successfully adapted the H2H programme for Uganda's public health system and launched it at our pilot site, Nakaseke Hospital, a district hospital in the Central Region. While H2H has been implemented with great impact at Kiwoko Hospital since 2019, we knew that successful national scale-up through the public system would require a model that is more cost-effective and fully integrated into existing health system structures. Through a series of workshops with key stakeholders – including the national Ministry of Health (MoH), District Health teams, facility staff and CHWs – we made several important modifications to the programme and successfully launched the pilot in March 2025.

In 2025, across Kiwoko and Nakaseke hospital newborn units, 935 babies were enrolled in the programme. 99% of these newborns and their mothers were followed up by a CHW at least once, and 98% of these newborns survived. We also saw improved breastfeeding rates, vaccine adherence, and growth rates of enrolled babies. At Nakaseke Hospital in particular, in 2025 we saw 196 babies discharged from the newborn unit and enrolled in H2H. 100% were followed up and 99.99% of these newborns survived.

In 2025, CHWs from across the H2H programme were equipped and trained to deliver quality maternal and newborn follow up care, including referral for additional services when required. One key training topic focussed on developmental milestones and how to identify neurodisabilities early, so that babies can be referred to Baby Ubuntu for further assessment and support. During this 12-month period 38 babies were referred to Baby Ubuntu by H2H CHWs.

Nearly 12 months into the pilot, we are well on track to delivering the CPA grant outputs. We are updating the original H2H package for lower-resource public settings, including a streamlined Public Package and Implementation Toolkit, an H2H Policy Briefing, and a peer-reviewed paper on our implementation experience. These products will support broader adoption of H2H and expand access to life-saving newborn follow-up care. Our related research paper is also progressing well, with publication expected in late 2026.

In December 2025, we were thrilled to see years of close partnership with the Ugandan MoH take another step forward. The MoH presented its Accelerated Newborn Implementation Plan (ANIP) at a national stakeholder meeting, and we were pleased to see the plan 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.

Thank you to the Cerebral Palsy Alliance for helping us save lives and allowing vulnerable newborns to thrive.

Key activities

With your support, several key activities were delivered between 1 January 2025 to 31 December 2025. While the groundwork has been laid for this work since 2023, we officially launched Hospital to Home at Nakaseke Hospital on 22 March 2025. This was an exciting milestone as we started this pilot, which will feed into our research findings and set the programme up for national scale in partnership with the Ministry of Health.

A summary of key activities is listed here:

	Activity	Timeline
Trained Community Health Workers (CHWs)	We provided training for Community Health Workers (CHWs) on various topics, including how to identify newborns with neurodisabilities and/or developmental delays and refer them to Baby Ubuntu for further management. We also provided Community Health Extension Workers, and a Health Assistant and Health Educator, on H2H and their role as supervisors and discharge coordinators.	February 2025
Trained Community Health Workers (CHWs)	We conducted training with our partner Babies and Mothers Alive, as they implement H2H in their own public health setting in southern Uganda.	July 2025
Equipped and supplied CHWs	We provided 51 CHWs with the tools they require to conduct home assessments and follow ups of babies and their mothers in the community, such as handheld weighing scales, respiratory equipment and patient registers. They also received new bicycles to help them reach newborns and mothers at home for vital follow-up visits..	February 2025
Implemented H2H in the public setting	We implemented H2H at Nakaseke Hospital and surrounding communities for the first time, supporting mothers and their newborns to survive and thrive.	March to December 2025
Monthly meetings with hospital and home teams	Monthly meetings were held to provide CHW training, get feedback programme participants, make evaluations on the H2H package, discuss successes and challenges, and collaboratively identify solutions to issues.	April to December 2025
Supervision visits	Adara's H2H team conducted supervision visits to assess and support CHWs as they undertake home visits in the community.	April to December 2025
Institutional Review Board (IRB) renewal and amendment	To ensure our research study has ethical approval for 2026, we have renewed our IRB submission. As part of this process, we added new investigators to the study and removed those who were no longer part of this project.	October 2025
Qualitative and quantitative data collection	We collected qualitative and quantitative data for both hospital and home components of H2H at Nakaseke Hospital and surrounding communities to support the research and implementation of the programme.	March to December 2025

Training, supplies and equipment

There were several trainings conducted throughout 2025. These included:

- A three-day training was held in February 2025 with five Community Health Extension Workers, one Health Assistant and one Health Educator. These roles are responsible for providing direct supervision for Community Health Workers (CHWs) in Hospital to Home (H2H) and linking them with newborns and their mothers as they are discharged from Nakaseke Hospital's newborn unit.
- A one-day training in February 2025 of CHWs was conducted on developmental milestones and how to identify newborns requiring referral to the Baby Ubuntu programme for further assessment.
- Alongside our Knowledge Sharing partner, Babies and Mothers Alive (BAMA), Adara's H2H team provided training in July 2025 to 49 BAMA-supported CHWs 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.

We also equipped and resourced 51 CHWs with backpacks, supplies and bicycles so they can conduct home assessments and follow-up care in the community. To support the ongoing maintenance and repair of the bicycles, we also identified and trained three bicycle mechanics in July 2025.

Monthly meetings

On a monthly basis, meetings were conducted with two different groups of Community Health Workers (CHWs) at Nakaseke Hospital. A government Health Assistant and Health Educator led these meetings with representation from Nakaseke Hospital and the Nakaseke District Health Office. Meetings discussed successes and challenges, as well as solutions identified through shared learning. In the same way, feedback from the implementors of the H2H public package was obtained, making evaluations on the package, discussing successes, strengths and challenges.

Photos from top: Adara leading Babies and Mothers Alive-support CHWs and newborn unit staff training on H2H; certificates acknowledging disability identification training and awarding of certificates; Hospital to Home (public) monthly meetings and data review.



Successes and challenges

There have been many successes for the H2H public adaption, 2025 being the first year we were in full implementation in our first site, Nakaseke Hospital. We are very excited with the progress since this pilot launched, and the change this will create for mothers and babies in hospital and follow-up care and early intervention across the Nakaseke district in Uganda, and beyond.

Key successes from 2025 were:

- We finalised the Memorandum of Understanding with the Ministry of Health in January 2025, which formally recognises our partnership for the public adaption of Hospital to Home (H2H).
- For national scale-up through the Ugandan government, H2H must be cost-effective and integrated into existing health system structures. With this in mind, we made several important modifications to the programme:
 - A significant change was in staffing and implementation. In the private hospital model, dedicated staff delivered discharge education, and a community midwife supervised CHWs. To ensure feasibility in the public system, we trained all neonatal unit staff to provide discharge education, embedding this responsibility within existing teams. For community supervision, we now work through Health Assistants and Community Health Extension Workers (CHEWs), strengthening alignment with government systems and increasing sustainability.
 - We also simplified the CHW follow-up schedule to reduce the number of required visits while maintaining quality.
 - Training logistics were also adapted: instead of multiple decentralised trainings, CHWs now come to Nakaseke Hospital for centralised training, reducing costs and improving consistency.
- We trained and equipped a team of 51 Community Health Workers (CHWs) in the delivery of H2H in the public setting. They are now underway conducting home visits and assessments for newborns discharged from the Nakaseke Hospital newborn unit and their mothers. Ongoing supervision from the Adara H2H team is being provided. It is great to see their confidence and skills grow through our training and mentorship.
- CHWs have been attending monthly meetings for regular training and support. This is an important part of keeping these health workers trained, connected and supported. It also allows key stakeholders from Nakaseke Hospital and the District to contribute to, and learn from, the public adaption of H2H. Their buy in is critical to this programme's success.
- We have collected both qualitative and quantitative data from March 2025. Data has been reviewed and cleaned during monthly meetings for both hospital and home components of the programme. This will form the base of our research paper, which is set to be published towards the end of 2026.
- The Adara Development Uganda team is growing! A new H2H Technical Officer, Margret Seela, joined late 2024 to support the growth of our H2H programme. We also hired a new Knowledge Sharing Manager, Frida Nakkazi, in October 2025 who will support the adaption of our H2H Package for the public health setting.

The main challenge we faced in 2025 was geographic barriers for both CHWs and mothers. We are seeing mothers coming to Nakaseke Hospital from a dispersed area, which makes it difficult for CHWs to reach their homes on a regular basis. In some cases, the CHW has had to use a motorbike, rather than their H2H bicycle, which incurs additional costs. As we continue to scale H2H, there will be more trained CHWs across the districts where we work, and hope this will address this challenge.

Similarly, there are some services that require mothers to return to a facility – however due to the long distances for some mothers, they were encouraged to go to their nearest facility, which has made it difficult for the Adara team to track longer-term outcomes.



Photo: equipping and resourcing Community Health Workers – including with World Bicycle Relief bicycles; Nakasongola district and facility leaders trying out the new H2H bicycles!

Looking ahead

Due to Cerebral Palsy Alliance kindly providing Adara with a no-cost extension to December 2026, 2026 will be the final year of this grant. Over this time, we will continue implementation in both Kiwoko and Nakaseke hospitals, training and equipping staff, engaging with key stakeholders and collecting data to inform our research paper.

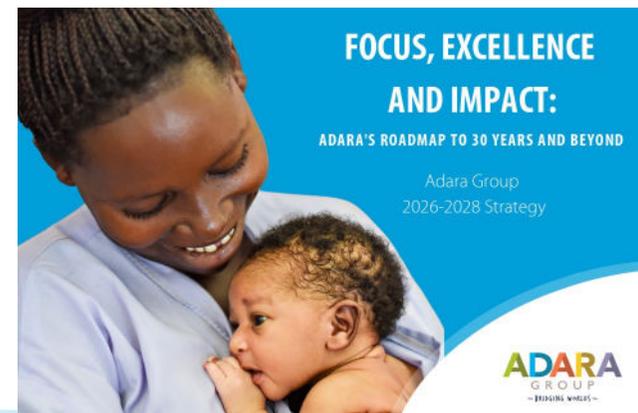
Our plans for 2026 include:

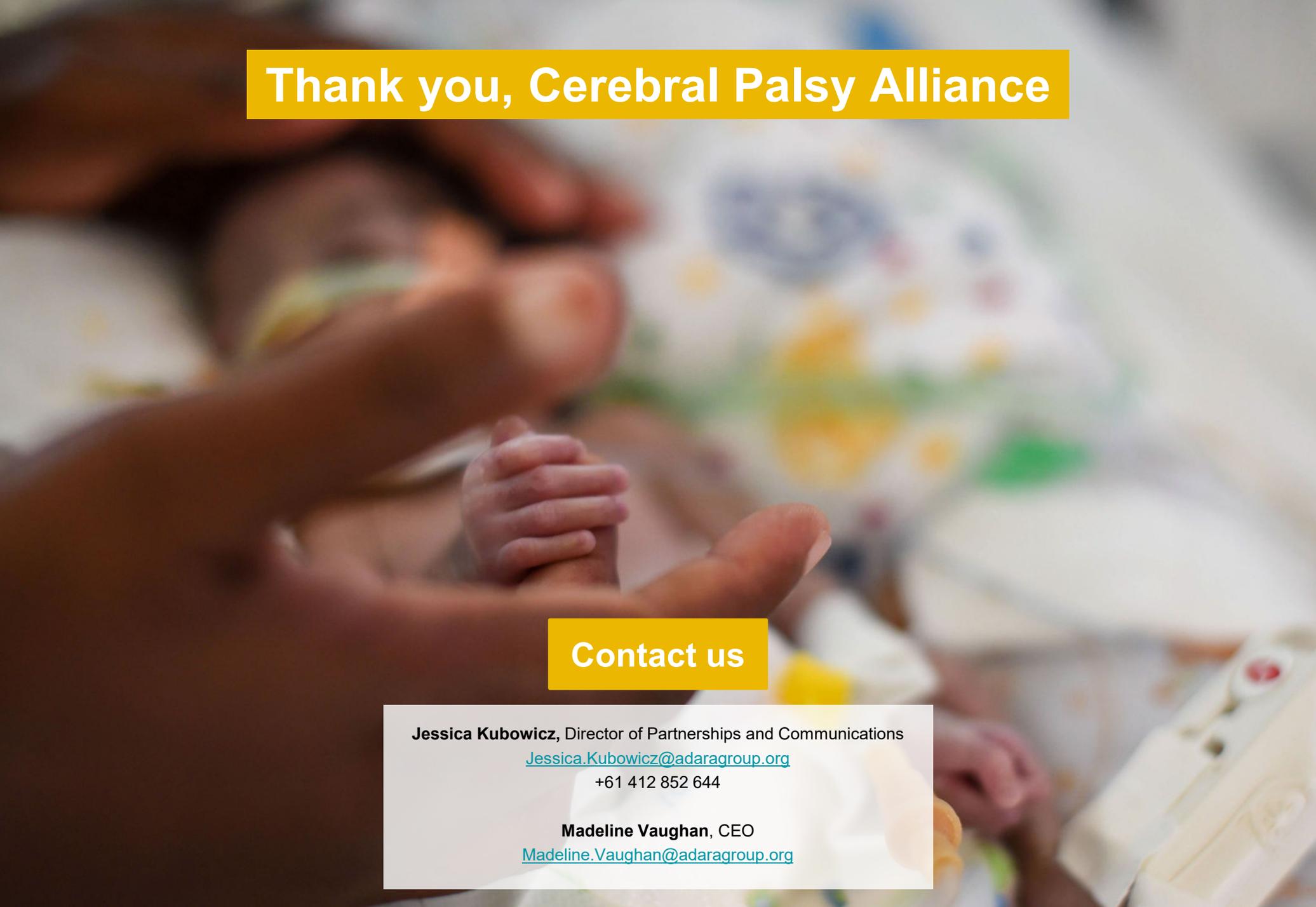
- Continue with implementation of the H2H programme at Nakaseke and Kiwoko hospitals.
- Hold monthly meetings and provide refresher training for programme staff in both hospital and home components across Kiwoko and Nakaseke hospitals.
- Continue with stakeholder meetings with key community, district, ministry and facility stakeholders.
- Continue with referrals from H2H into the Baby Ubuntu programme to support babies showing signs of neurodisabilities.
- Continue with data collection for both qualitative and quantitative data to inform our research paper.
- Publish our research paper by the end of 2026.
- Finalise the H2H Public Package and Implementation Toolkit for districts and facilities, including readiness checklists, forms and protocols, training materials, guidance on linking H2H with Baby Ubuntu, and a practical “how-to” guide.
- Produce an H2H Policy Briefing for policymakers, presenting preliminary programme evidence and key considerations for national scale-up.

2026 also forms the first year of our new Strategic Plan, “Focus, Excellence and Impact:

Adara’s Roadmap to 30 Years and Beyond”. Covering 2026 to 2028, this bold roadmap is built on nearly three decades of deep service delivery. This strategy is anchored in three guiding themes – Focus, Excellence, and Impact – which will shape our programmes and operations throughout this period.

[You can read more here.](#)





Thank you, Cerebral Palsy Alliance

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