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**2025**  
**OCTOBER**



# NOVIGUIDE UGANDA SUPERVISION REPORT



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# Foreword

It gives me great pleasure to present this supervision report, which reflects the continued progress and commitment of our team toward improving the quality of newborn care across Uganda through the use of NoviGuide. Over the past year, we have witnessed remarkable growth, both in the number of facilities reached and in the confidence of healthcare workers using digital tools to guide clinical decisions.

The dedication of our regional teams, focal persons, and partners has been instrumental in ensuring that every newborn receives safe and timely care. I commend the efforts of the Project Manager, regional coordinators, and all who participated in these supervision visits for their professionalism, teamwork, and passion.

Together, we continue to strengthen health systems and bring hope to mothers and newborns through innovation and collaboration.

*M Nakakeeto*

Dr. Nakakeeto Margaret  
President, Nakakeeto Foundation

# A Word from the Project Manager

I take great pride in witnessing the continued growth and impact of the NoviGuide initiative across Uganda. What began as a small pilot has now evolved into a powerful movement strengthening newborn care through technology, mentorship, and teamwork. Our goal has always been to empower frontline health workers with the knowledge, confidence, and tools they need to make timely, life-saving decisions for newborns and through each supervision visit, we see that goal being realized in real time.

This year's supervision was especially meaningful as we expanded to nearly 70 facilities, bringing NoviGuide's reach to even more regions and communities. Each visit was a reminder that the true strength of this project lies not in the technology alone, but in the dedication of the people who use it, the nurses, midwives, doctors and focal persons who carry forward its purpose every day.

I wish to extend my heartfelt gratitude to the incredible team that made this supervision exercise possible. To Wasswa Christopher, our champion from Moyo General Hospital, for his steadfast support in both the West Nile and Rwenzori regions; Nankwanga Rita, our super user from Tororo General Hospital, for her commitment and leadership across the Eastern sites; Kato Richard, our expert from Kanungu HCIV, whose insights strengthened our operations in Rwenzori; and Nyamoni Esther, for beautifully documenting our journey through her photography across West Nile and Eastern regions. Your teamwork, resilience, and passion embody the true spirit of NoviGuide.

Together, we are not just implementing a digital tool, we are shaping a culture of evidence-based newborn care and leaving a legacy of better outcomes for the tiniest lives in Uganda.

Waligo Henry  
Program Manager, NoviGuide Uganda



# EXECUTIVE SUMMARY

In October 2025, the Nakakeeto Foundation, in collaboration with Global Strategies and the Ministry of Health, conducted a comprehensive NoviGuide site supervision exercise across three regions of Uganda – West Nile, Eastern, and Rwenzori to strengthen the implementation and use of the NoviGuide clinical decision-support tool among frontline health workers providing newborn care.

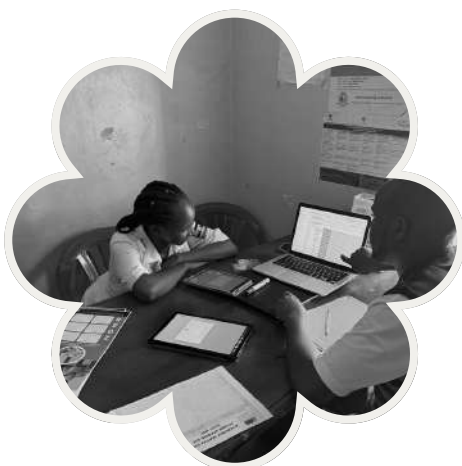
The supervision exercise aimed to follow up on facility-level use of NoviGuide, update the tool to its latest version (v2.6), recognize and motivate high-performing users, and assess data quality and system functionality across sites. The activity also sought to engage district health leadership, verify device functionality, and mentor focal persons in dashboard use and data synchronization.



The West Nile supervision was carried out from 5th to 10th October (6 days), covering 16 facilities across Adjumani, Moyo, Yumbe, Koboko, Maracha, Arua, Nebbi, and Pakwach districts. The Eastern region supervision took place from 12th to 18th October (7 days), covering 19 facilities across Tororo, Busia, Mayuge, Kamuli, Budaka, Namutumba, and Kaliro districts. The Rwenzori supervision was conducted from 26th to 31st October (6 days), reaching 12 facilities in Isingiro, Kasese, Kikuube, and Hoima districts.

In total, 47 health facilities were visited during this national exercise. Each site received hands-on mentorship, system updates, and performance feedback. Notably, certificates of participation were awarded to all NoviGuide-implementing facilities, while medical scrubs were presented to top-performing users with over 1,000 completed assessments as a means of motivation and recognition.

The exercise provided valuable insights into the real-time use of NoviGuide, challenges faced by users, and the impact of continuous mentorship on digital health adoption. Overall, the October supervisions reaffirmed NoviGuide's growing footprint in Uganda's neonatal care landscape, showcasing how technology can empower frontline health workers to provide timely, evidence-based care for small and sick newborns.



# Introduction



This supervision report provides a detailed overview of the ongoing implementation and monitoring activities of the NoviGuide digital clinical decision support tool across various regions in Uganda. NoviGuide continues to play a critical role in strengthening the quality of newborn care by supporting frontline healthcare workers with evidence-based guidance at the point of care.

The previous supervision exercise was conducted in October 2024, covering established sites where NoviGuide had been introduced earlier in the program. Since then, the project has significantly expanded its reach, adding several new health facilities across multiple regions. As of this current supervision, NoviGuide is active in nearly 70 facilities nationwide, reflecting the steady growth of the program and the increasing integration of digital tools in newborn and maternal health services.

The purpose of this supervision was to follow up on the progress made since the last field visits, assess the level of tool utilization, provide on-site mentorship, identify

challenges affecting implementation, and strengthen collaboration with regional and facility-level focal persons. The exercise also aimed to enhance data-driven decision-making by ensuring that healthcare workers continue to use NoviGuide effectively in their daily clinical workflows.

Supervisions were conducted in collaboration with regional coordinators, focal persons, and facility administrators, with a focus on reinforcing accountability, sustainability, and performance improvement. The team engaged with users, reviewed data on tool usage, and provided technical support where needed.

Through this exercise, valuable insights were gathered that will inform continuous improvement, guide mentorship priorities, and strengthen the overall strategy for scaling NoviGuide across Uganda. The commitment and enthusiasm of health workers remain encouraging, signaling strong ownership of the tool and a growing culture of quality newborn care supported by digital innovation.

# Background

The burden of neonatal mortality in Uganda remains a major public health concern, with approximately 27 deaths per 1,000 live births, largely due to preventable causes such as prematurity, birth asphyxia, and neonatal infections. Despite national efforts through the Ministry of Health's Newborn Care Implementation Framework and the Every Newborn Action Plan, gaps persist in the consistent application of evidence-based newborn care practices, especially at lower-level health facilities where frontline health workers often lack real-time access to clinical guidance.

To address these gaps, the NoviGuide digital clinical decision support tool was introduced in Uganda as an innovative approach to strengthen the quality of care for newborns. The tool provides instant, step-by-step guidance aligned with the World Health Organization (WHO) and Uganda Ministry of Health guidelines, enabling



healthcare workers to make timely and accurate clinical decisions. NoviGuide was first piloted in Eastern Uganda, under the leadership of Dr. Mary Muhindo at Tororo General Hospital, marking the beginning of digital transformation in newborn care delivery.

Following successful results from the pilot phase, which demonstrated improved adherence to newborn care protocols and increased confidence among health workers, NoviGuide has since expanded to multiple regions — including West Nile, Rwenzori, Central, and Eastern Uganda. The program is coordinated by the Nakakeeto Foundation in partnership with Global Strategies, with technical support from the University of Washington.

Each region has a dedicated Regional Coordinator and NoviGuide focal persons at facility level who ensure regular mentorship, data collection, and user support. These focal persons play a critical role in sustaining tool usage and bridging communication between facility teams and the central project management. Regular supervision visits have been integrated into the program to monitor progress, assess user engagement, identify gaps, and strengthen implementation.

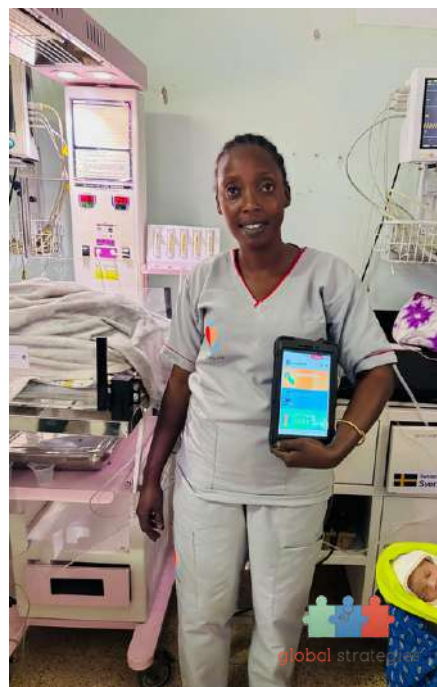
The last national supervision exercise was conducted in October 2024, focusing on earlier-established sites. Since then, the NoviGuide program has achieved remarkable growth, now reaching nearly 70 health facilities across Uganda. This expansion underscores the increasing recognition of NoviGuide as a vital component in improving neonatal outcomes through digital clinical decision support and capacity building of frontline healthcare providers.

Through continuous mentorship, monitoring, and engagement with health facility teams, NoviGuide continues to enhance the delivery of quality newborn care — aligning with Uganda's goal of reducing preventable newborn deaths and promoting a culture of data-driven clinical practice.

# OBJECTIVES

The overall objective of the October 2025 NoviGuide supervision was to strengthen the effective use of the NoviGuide digital clinical decision-support tool at facility level and enhance the quality of newborn and maternal care across implementing sites in Uganda.

- Assess the level of NoviGuide utilization across health facilities and determine how the tool supports clinical decision-making at the point of care.
- Update all facility tablets to the latest NoviGuide version (v2.6) to ensure access to new features, including the integrated dashboard and improved stability.
- Mentor and onboard new staff particularly recently transferred or newly recruited nurses and midwives on NoviGuide usage and best practices.
- Support and mentor facility focal persons on dashboard navigation, data synchronization, and basic troubleshooting to enhance data accuracy and completeness.
- Identify challenges affecting implementation (technical, human resource, or logistical) and provide practical solutions to address them.
- Distribute certificates, medical scrubs, and other recognition items to motivate and acknowledge high-performing users and active facilities.
- Collect updated facility-level information, including focal contacts, tablet serial numbers, SIM details, and network type to maintain an accurate implementation database.
- Encourage peer learning and accountability among super-users and foster a spirit of teamwork and collaboration in using NoviGuide to improve care.
- Gather user feedback and experiences to guide future improvements of the NoviGuide tool and inform programming decisions.





# METHODOLOGY

The supervision was conducted through a structured, participatory, and hands-on approach designed to strengthen the use of NoviGuide and gather accurate implementation data from facilities. The methodology involved both coordination and field-based activities, as detailed below:

## 1. Regional Coordination and Stakeholder Engagement

Prior to field activities, coordination meetings were held with District Health Officers (DHOs), Assistant DHOs (ADHOs), and facility in-charges to communicate the purpose of the supervision and secure local support. Facility focal persons were informed in advance to ensure tablet availability and user participation.

## 2. Physical Site Visits and On-Site Mentorship

Each implementing facility was visited in person. The supervision team worked directly with nurses, midwives, and focal persons to review NoviGuide usage, provide mentorship on clinical decision-making, and reinforce adherence to Ministry of Health guidelines.

## 3. Tablet Software Updates and Dashboard Navigation

All tablets were checked for functionality and updated to the latest version of NoviGuide (v2.6). Staff were oriented on new features particularly the in-app dashboard for monitoring usage data and user performance. Training included syncing data, viewing assessments, and understanding dashboard metrics.

## 4. Data Verification and Quality Checks

All tablets were checked for functionality and updated to the latest version of NoviGuide (v2.6). Staff were oriented on new features, particularly the in-app dashboard for monitoring usage data and user performance. Training included syncing data, viewing assessments, and understanding dashboard metrics.

## 5. Qualitative Interviews and User Feedback

Interactive discussions were held with nurses and midwives to understand their experiences, success stories, and challenges while using NoviGuide. This feedback was documented to inform future updates and mentorship strategies.

## 6. Recognition and Motivation Activities

During each visit, certificates of participation and achievement were awarded to active sites and outstanding users. The best-performing health workers received NoviGuide-branded medical scrubs as part of a motivation initiative aimed at enhancing continuous tool usage.

## 7. Documentation and Follow-Up Planning

All findings, user feedback, and site-level updates were recorded using a standardized assessment tool. Follow-up actions were identified for each district to support continuous improvement and sustainability of NoviGuide usage.



## WEST NILE REGION

Supervision in the West Nile region covered sixteen health facilities, including regional referral, general hospitals, and lower-level health centres. The visits focused on mentoring newly deployed staff, updating NoviGuide tablets, and promoting consistent use across newborn care units. Most facilities demonstrated steady utilization, with champions identified in Moyo and Yumbe. Staff appreciated NoviGuide's role in guiding clinical decisions and improving health education for mothers through integrated videos.

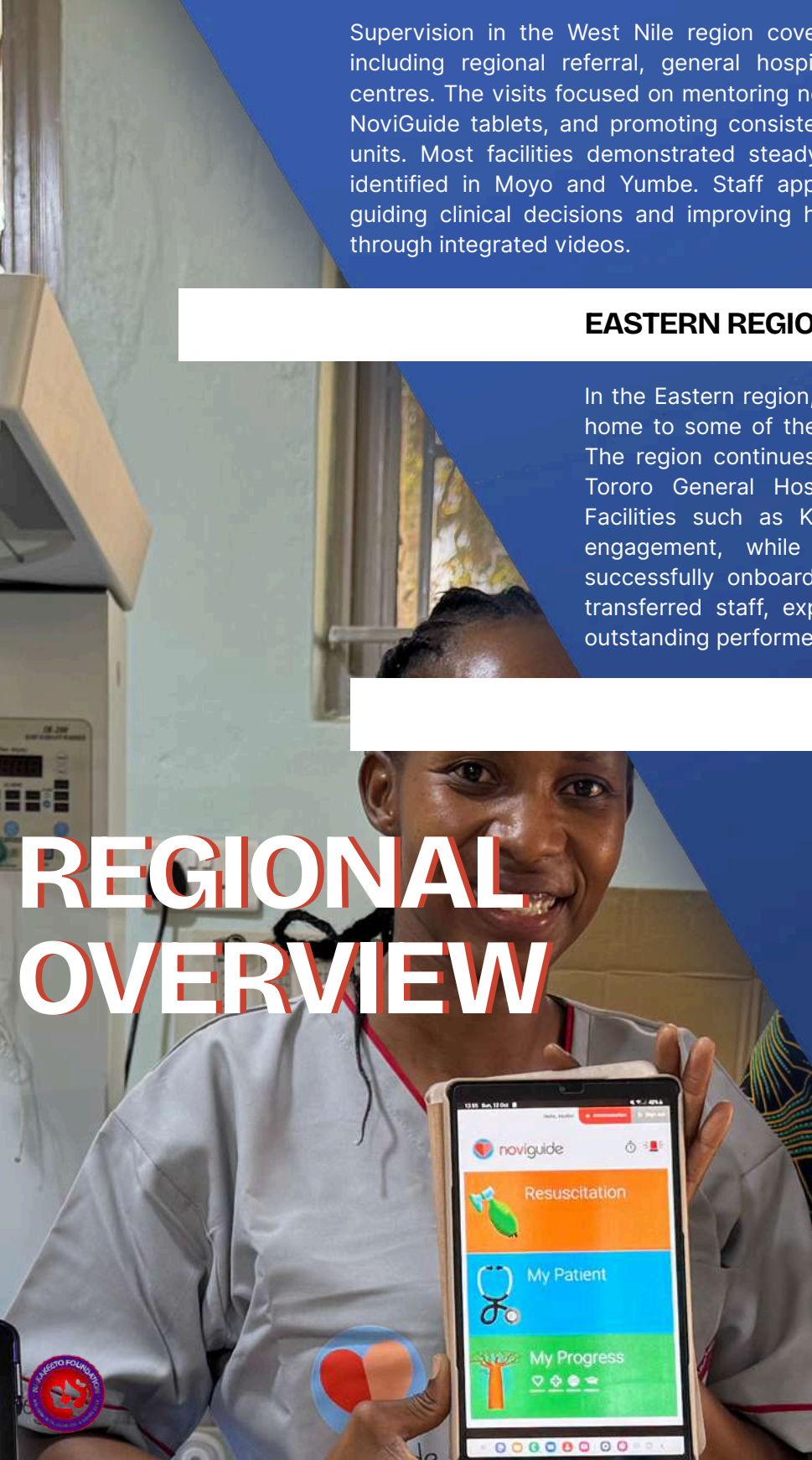
## EASTERN REGION

In the Eastern region, supervision covered nineteen facilities—home to some of the earliest NoviGuide adopters in Uganda. The region continues to demonstrate strong ownership, with Tororo General Hospital maintaining leadership in usage. Facilities such as Kamuli and Mukujju showed remarkable engagement, while new sites like Osukuru HCIII were successfully onboarded. Mentorship focused on reactivating transferred staff, expanding user accounts, and recognizing outstanding performers with certificates and scrubs.

## RWENZORI REGION

The Rwenzori region supervision involved twelve health facilities, including major hospitals like Bwera General Hospital, Kagando, St. Paul, and Mt. St. Mary's. Facilities showcased commendable progress in tool utilization and data reporting. Most staff expressed enthusiasm for integrating NoviGuide into routine newborn workflows and suggested linking it with electronic medical records (EMRs) for smoother documentation. Recognition of top users, coupled with real-time dashboard mentoring, further motivated healthcare workers to sustain quality care efforts.

# REGIONAL OVERVIEW



# West Nile Region

A support supervision exercise on the use of the NoviGuide clinical decision support tool was conducted across selected health facilities in the West Nile region from 5th to 10th October 2025.

The supervision aimed at strengthening the utilization of NoviGuide in improving newborn care services, assessing progress in implementation, mentoring new staff, and recognizing high-performing users.

The exercise covered two Regional Referral Hospitals, six General Hospitals, five Health Centre IVs, and two Health Centre IIIs.

## a) Regional Referral Hospitals (Yumbe and Arua)

Both Yumbe and Arua Regional Referral Hospitals demonstrated progressive improvement in the utilization of NoviGuide.

At Yumbe, several newly deployed staff had not yet been trained, so the supervision team provided on-site mentorship on conducting newborn assessments using the tool.

Health workers noted that the educational videos within NoviGuide were particularly helpful during health education sessions for mothers, enhancing their understanding of topics like breastfeeding, Kangaroo Mother Care, and newborn danger signs.

However, challenges of staff shortages were observed, especially in Arua RRH, where the high patient load often strains available human resources. The team encouraged stronger collaboration between midwives, nurses, and intern doctors to ensure continuity of care using NoviGuide.

## b) General Hospitals (Adjumani, Moyo, Koboko, Maracha, St. Luke Angal, Holy Family Nyapea, and Nebbi)

All General Hospitals exhibited strong ownership of NoviGuide. Moyo General Hospital stood out with the highest number of assessments and produced a NoviGuide Champion.

Health workers described NoviGuide as “a digital companion that helps ensure no baby is left behind,” emphasizing how it guides clinical judgment at the point of care.

New staff were onboarded and provided with accounts to ensure uninterrupted tool use despite staff transfers.

## c) Health Centre IVs (Mungula, Yumbe, Pakwach, Midigo)

HCIVs showed moderate usage due to limited staffing, especially among midwives. In most facilities, focal persons remained the primary users, conducting assessments during less busy hours.

Facilities were encouraged to create more accounts for active staff and to hold internal mentorship sessions to promote wider use.

## d) Health Centre IIIs (Palorinya and Itula)

The HCIIIs recorded lower activity levels, attributed to staff transfers and new deployments. Supervisors emphasized the need to regularly onboard new staff and create accounts immediately upon posting.



## General Observations

Across all facilities, NoviGuide was found essential in:

- Conducting newborn and postnatal assessments.
- Supporting ward rounds, spot checks, and discharge planning.
- Providing structured maternal health education through videos.

All tablets were updated to the latest version (v2.6), enabling in-app dashboard access for real-time performance tracking.

## Recognition and Motivation

Certificates of participation were awarded to all facilities, and outstanding users received branded medical scrubs. This initiative significantly boosted morale and encouraged healthy competition among users

## User Feedback and Recommendations

1. Development of a follow-up checklist for babies beyond 28 days.
2. Broader EMR integration for easier data flow.
3. Addition of new clinical training videos (e.g., CPAP setup and use).

Adjumani General Hospital



Mungula HCIV



Moyo General Hospital



Parolinya HCIII



Itula HCIV



Obongi HCIV



Yumbe HCIV



Midigo HCIV



Yumbe RRH



Koboko General Hospital



St Josephs Hospital Maracha



St Luke Angal Hospital



Pakwach HCIV





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# Eastern Region



The Eastern Region is recognized as the birthplace of NoviGuide in Uganda, where the first pilot was launched by Dr. Mary Muhindo at Tororo General Hospital and three other pioneer sites.

During the October supervision (12th–18th), we met with Dr. Mary at Tororo GH to review the progress made since the pilot phase, assess current usage, and further motivate active users to sustain and expand the impact of NoviGuide in the region.

## a) General Hospitals (Tororo, St. Anthony’s, Masafu, Dabani, and Kamuli)

Kamuli and Tororo General Hospitals demonstrated consistent tool usage, with both hosting super-users who lead internal mentorship sessions.

Staff described NoviGuide as “a real-time teacher that improves our confidence, especially when handling complicated neonatal cases.”

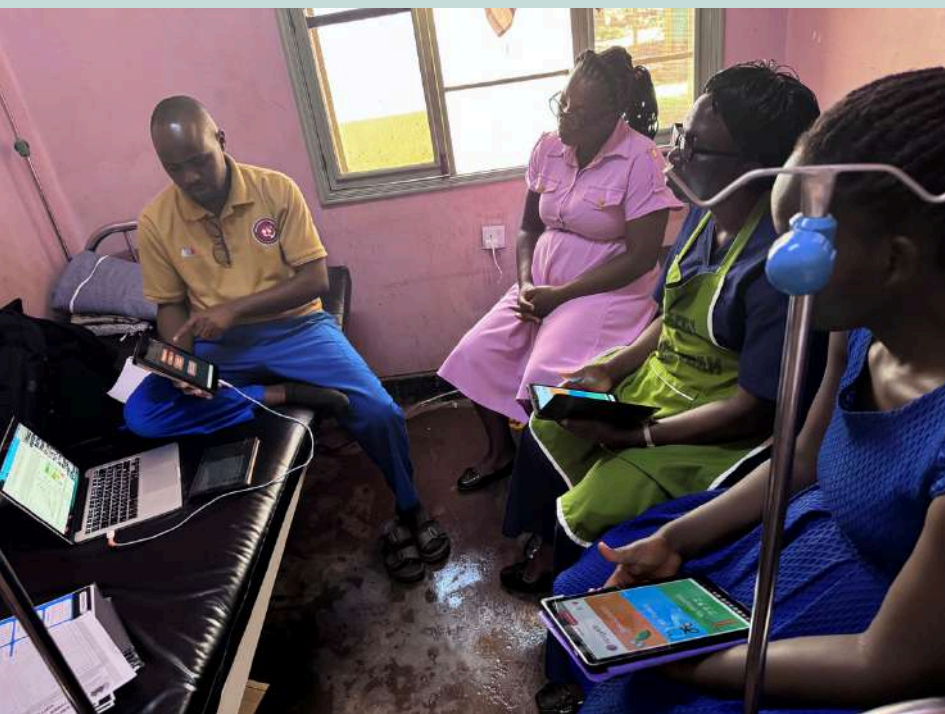
Masafu and St. Anthony’s Hospitals had temporarily low usage due to staff transfers but received refresher mentorship. Dabani’s active use showed good documentation and integration into daily ward routines.

## b) Health Centre IVs (Mukujju, Mulanda, Nagongera, Budaka, Kigandalo, Kidera, and Nankandulo)

Most HCIVs were active, with Mukujju notably receiving a certificate of high performance and producing a “super user.”

Several facilities experienced staff redeployments, but the supervision team trained new users, particularly in Mulanda, where the focal person had been transferred to Osukuru HCIII.

Osukuru HCIII was officially onboarded as a new NoviGuide site and received a tablet and a scrub for the newly trained focal person.



## c) Health Centre IIIs (Malongo and Osukuru)

Malongo HCIII, one of the busiest HCIII in the region, had a new active user, Epiphany, whose engagement has already led to increased usage.

Osukuru HCIII, though newly added, demonstrated strong enthusiasm and readiness to integrate NoviGuide into newborn care.

## General Observations

- Most facilities in Eastern Uganda actively used NoviGuide for postnatal care, admissions, and health education.
- Some tablets needed data top-ups to sync results; these were addressed during the visit.
- New users appreciated the introduction of in-app dashboards for local tracking.

## Recognition and Motivation

All facilities received participation certificates, and outstanding users — Rita (Tororo), Martha (St. Anthony), Judith and Agnes (Mukujju), Baluka (Nagongera), and Semmy (Mulanda) — were awarded scrubs for excellent usage.

The initiative renewed excitement and ownership among users.

## User Feedback and Recommendations

1. Continued mentorship visits to sustain momentum.
2. Regular refresher training for new recruits.
3. Suggestion to include more video topics on infection prevention and breastfeeding support.

Nsinze HCIV



Budaka HCIV



Mukujju HCIV



Tororo GH and St Anthony



Nagongera HCIV



Busia HCIV



Mulanda HCIV



Dabani Hospital



Kigandalo HCIV



Malongo HCIII



Kamuli General Hospital





# Rwenzori Region

Supervision in the Rwenzori region took place from 26th to 31st October 2025, covering 12 health facilities across Kasese, Bundibugyo, and Isingiro districts.

The region demonstrated commendable uptake and continued commitment to NoviGuide as part of improving newborn survival.

## a) General Hospitals (Bwera, Kagando, St. Paul's, Mt. St. Mary's)

All General Hospitals exhibited high engagement, with Kagando Hospital leading in total assessments.

Health workers described NoviGuide as “a reliable partner in clinical care that builds our confidence to make the right decision at the right time.”

Facilities requested integration of NoviGuide with EMRs to improve data documentation and follow-up.



## b) Health Centre IVs (Rugaaga, Rwekubo, Kabuyanda, Nyamuyanja)

HCIVs demonstrated steady growth in usage, with Rwekubo and Nyamuyanja performing particularly well.

Staff appreciated the presence of feeding protocols and drug calculators, which simplify neonatal care for both new and experienced clinicians.

## General Observations

Across all Rwenzori facilities, NoviGuide was recognized as:

- A key tool for ensuring standardized neonatal care.
- A source of educational content that supports mothers and caregivers.
- An enabler of teamwork and shared learning among staff.

## Recognition and Motivation

All facilities were awarded certificates of participation, and scrubs were given to super users from Kagando, St. Paul's, St. Mary's, and Nyamuyanja. The recognition reinforced ownership and healthy competition among health workers.

# User Feedback and Recommendations

- 1. Addition of a hand hygiene educational video in the app.
- 2. More data bundles for regular syncing.



Rugaaga HCIV



Rwekubo HCIV



Kabuyanda HCIV



Nyamuyanja HCIV



Bwera General Hospital



Kagando Hospital



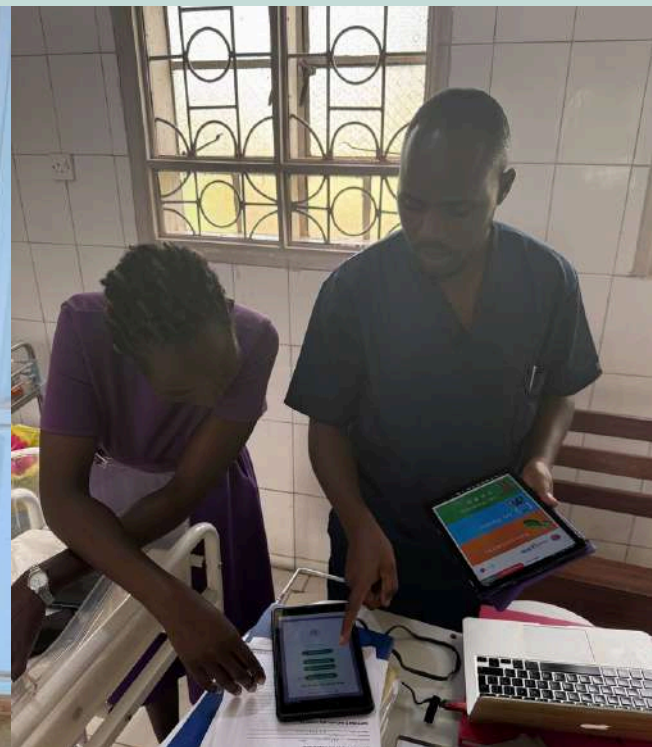
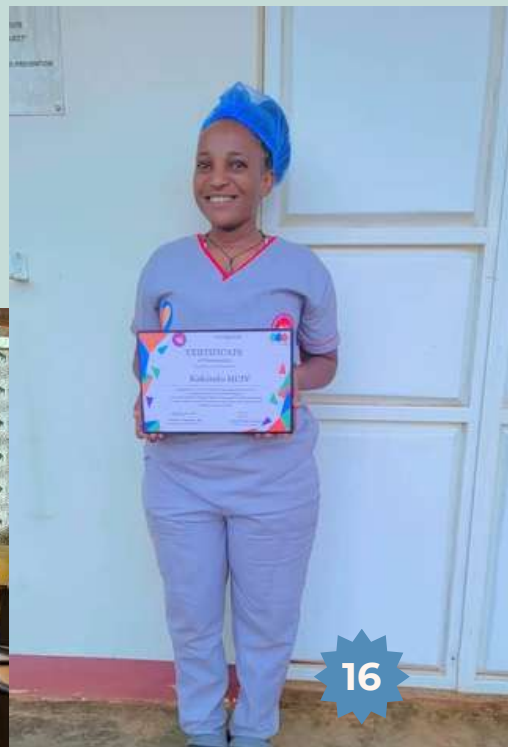
St Pauls Hospital



Mt St Marys Hospital DOK



Rukoki Hospital





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noviguide is a comprehensive clinical decision support and quality improvement system for health facilities. It is designed to help health facilities improve their clinical decision making and quality of care. It is a comprehensive clinical decision support and quality improvement system for health facilities. It is designed to help health facilities improve their clinical decision making and quality of care.

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VISAOL

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KADUNA STATE  
MAMMA CARE



# Key Findings

## Successes and Achievements

- **Tool Updates:** Over 50 facilities were successfully updated to the latest version of NoviGuide (v2.6), enabling new features such as in-app dashboard access and improved performance monitoring.
- **Enhanced Data Visibility:** Facility staff were trained to navigate the NoviGuide dashboard, empowering them to track usage trends and identify active and inactive users at site level.
- **Motivation & Recognition:** The introduction of certificates and branded scrubs for high-performing users significantly boosted morale and competition among staff. Health workers expressed pride in being recognized for their contribution to quality newborn care.
- **Stakeholder Engagement:** The initiative was highly appreciated by District Health Offices (DHOs), Assistant DHOs, and Principal Nursing Officers (PNOs), who commended the structured recognition system for motivating health workers and promoting accountability.
- **New User Onboarding:** Several facilities onboarded new staff and created fresh user accounts, maintaining NoviGuide activity despite frequent transfers.
- **Improved Mentorship:** Supervision sessions doubled as mentorship opportunities, strengthening facility teams' understanding of assessment procedures, feeding protocols, and postnatal care through the NoviGuide tool.
- **Community Education:** Integration of Global Health Media videos continued to enhance health education for mothers, especially in Kangaroo Mother Care (KMC), exclusive breastfeeding, and newborn danger signs.

## Key Challenges:

- **Tablet Syncing and Access Code Issues:** Some tablets experienced syncing failures or repeatedly requested site access codes, disrupting continuity in data uploads.
- **Limited Internet Connectivity:** In remote sites, poor mobile network coverage hindered regular syncing and access to dashboard data.
- **Staff Transfers and Attrition:** Frequent staff transfers led to a decline in active users at several sites, especially where new staff had not yet been oriented or trained on NoviGuide.
- **Device Maintenance:** A few facilities reported lost or damaged tablets, indicating a need for stronger accountability measures and secure storage.
- **Attitudinal Barriers:** A minority of health workers exhibited resistance to change or preferred traditional paper-based methods, reducing the rate of adoption.
- **Limited Mentorship Time:** High patient loads and few trainers at the facility level limited opportunities for continuous mentorship and peer learning.
- **Data Gaps:** Some focal persons had limited understanding of how to interpret dashboard data, leading to underutilization of available insights.
- **Language and Literacy Limitations:** In some lower-level facilities, language barriers and varying levels of digital literacy among users slowed tool mastery.



## Recommendations

To sustain momentum and build on these gains, the following actions are recommended:

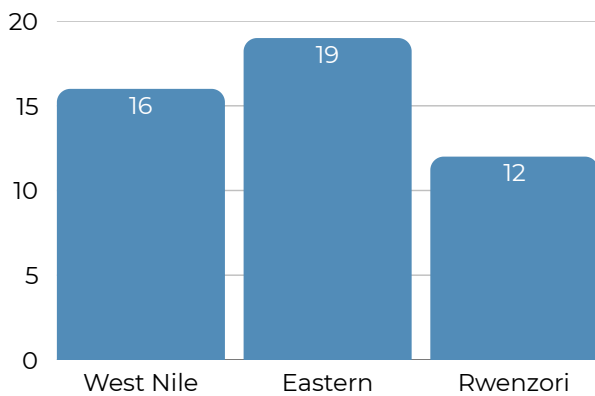
1. Regular Refresher Trainings to re-orient transferred and newly deployed staff.
2. Routine Supervision Visits at least twice a year to maintain motivation and data quality.
3. Enhanced Data Monitoring through dashboards and monthly usage reviews.
4. Improved Internet Support — provide mobile data funds to ensure regular syncing.
5. Strengthen Accountability for devices at facility level through signed responsibility forms.
6. Develop Local Champions: Identify and mentor NoviGuide “Champions” to lead ongoing mentorship at each site.
7. Integrate NoviGuide with DHIS2 and EMR systems for harmonized reporting and reduced duplication.
8. Continue Recognition Programs to sustain motivation among health workers.



# Visualization Guide

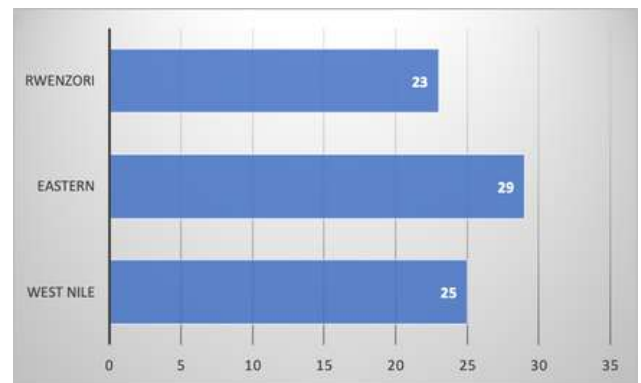
**100% of tablets (60+) were updated to NoviGuide v2.6 across 47 facilities.**

## Number of Facilities Visited per Region



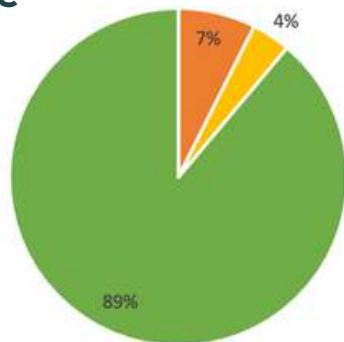
The Eastern Region recorded the highest number of facilities visited (19), followed by West Nile (16) and Rwenzori (12), showing a 37% higher coverage in the East compared to Rwenzori.

## Number of Scrubs Distributed by Region



Over 77 health workers across the three regions received NoviGuide-branded scrubs, with the Eastern Region leading at 29, followed by West Nile with 25, and Rwenzori with 23 as a symbol of recognition and motivation for active NoviGuide users.

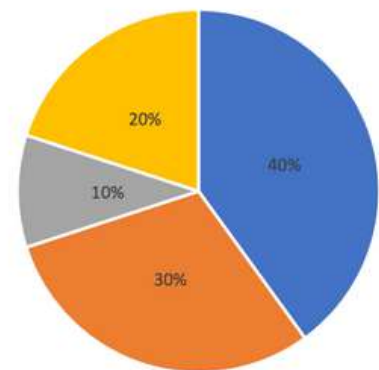
## Certificate Distribution by User Type



■ Experts ■ Champion ■ Super Users

A total of 27 certificates were awarded including 2 Experts, 1 Champion, and 24 Super Users, in recognition of outstanding dedication and excellence in using NoviGuide to improve newborn care across regions.

## Challenges Breakdown



■ Staff transfers ■ Sync/access issues ■ Network gaps ■ Attitude

Staff transfers and access issues are the main challenges, followed by attitude and network gaps.

# Conclusion



The supervision exercise reaffirmed the vital role that NoviGuide continues to play in improving the quality of newborn care across Uganda. The increased number of active sites, the dedication of focal persons, and the growing confidence of health workers all demonstrate that digital clinical decision support can meaningfully strengthen service delivery when paired with regular mentorship and monitoring. While challenges such as staff turnover persist, the overall progress across regions reflects a strong commitment to sustaining the program's impact. Continued collaboration among partners, consistent data-driven supervision, and strategic resource allocation will be key to ensuring that NoviGuide remains a reliable tool in achieving Uganda's goal of reducing preventable neonatal deaths and improving outcomes for every newborn.



# SUPERVISION REPORT

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