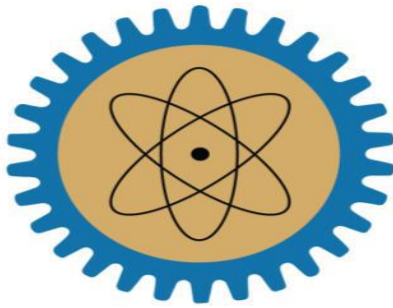




**BUSITEMA
UNIVERSITY**
Pursuing Excellence

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF COMMUNITY & PUBLIC HEALTH

RESEARCH DISSERTATION

**FACILITY READINESS IN THE MANAGEMENT OF PRIMARY
POSTPARTUM HAEMORRHAGE AMONG COMPREHENSIVE
EMERGENCY OBSTETRIC CARE FACILITIES IN EASTERN
UGANDA**

By

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**This Research Dissertation is submitted to the Directorate of
Graduate Studies, Research and Innovation, in Partial Fulfilment of
the requirements for the award of the Degree of Master of Public
Health of Busitema University.**

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ABSTRACT

Background: Facility readiness, encompassing the availability of trained personnel, essential medicines, equipment, and functional protocols, is pivotal in preventing and managing postpartum haemorrhage (PPH), the leading direct cause of maternal mortality in low-resource settings. Despite multiple initiatives to enhance facility preparedness, reductions in PPH-related morbidity and mortality remain minimal. In Eastern Uganda, gaps in facility readiness persist. This study assessed the readiness of Comprehensive Emergency Obstetric and Newborn Care (CEmOC) facilities in the Elgon region to manage primary PPH.

Methods: A cross-sectional study was conducted in 22 Comprehensive Emergency Obstetric and Newborn Care (CEmOC) facilities across 14 districts in the Elgon sub-region. Data were collected using an adapted World Health Organization (WHO) facility readiness audit tool, assessing infrastructure, human resources, essential medicines, equipment, and clinical guidelines. Facility readiness, the primary outcome, was defined as the facility's capacity to prevent and manage postpartum haemorrhage (PPH) based on the availability of these key components. Quantitative data were analyzed using Stata 18, with facilities scoring $\geq 80\%$ classified as ready. Qualitative data from 20 key informant interviews conducted in 10 purposively selected facilities (five highland and five lowland) were analyzed thematically using ATLAS.ti 9.

Results: Overall, 13/22 (62%) facilities demonstrated moderate readiness for PPH management, with an average readiness score of 67.4%. Infrastructure was adequate in 18/22 (81.8%) facilities, and essential medicines such as oxytocin and misoprostol were available in 16/22 (72.7%). However, staffing levels were adequate in only 9/22 (40.9%), and fully functional critical equipment was found in 8/22 (36.4%). Clinical guidelines for PPH management were present in 12/22 (54.5%) facilities. Qualitative findings identified teamwork, mentorship, and steady drug supply as facilitators, while human resource gaps, poor supervision, and erratic equipment maintenance were key barriers.

Conclusions: Facility readiness for PPH management in the Elgon region remains suboptimal, with the most critical deficits in staffing and equipment functionality. Addressing these systemic gaps through targeted resource allocation, staff capacity building, and sustained supervision is essential to reducing preventable maternal deaths and achieving Sustainable Development Goal 3.1.

Keywords: Postpartum haemorrhage; Facility readiness; Maternal health; Uganda; CEmOC

DECLARATION

I Chebet Elijah hereby declare that the work embodied in this research proposal is my original work which has been done and to the best of my knowledge and belief, has never been submitted for any award.

Signature DATE 19/11/2025

APPROVAL

This research report is submitted as partial fulfilment for the award of Master of Public Health of Busitema University with our approval as supervisors.

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OPERATIONAL DEFINITIONS OF KEY TERMS

Terms	Operational Definition
Essential Steps in Management of Obstetric Emergencies (ESMOE)	A structured training programme designed to enhance the knowledge and practical skills of doctors and midwives in managing obstetric emergencies (Pattinson et al., 2018).
Facility Readiness in the Management of Postpartum Haemorrhage	The preparedness of healthcare facilities to effectively and efficiently handle cases of severe bleeding following childbirth. It includes adequate equipment, trained personnel, essential medicines, and organized systems to provide timely and effective emergency response (Royal College of Obstetricians & Gynaecologist, 2017).
Knowledge	The theoretical and practical understanding of a subject, encompassing awareness, comprehension, and familiarity acquired through education, experience, and observation (Nonaka & Takeuchi, 2023).
Management	A systematic process involving diagnosis, treatment, and monitoring of patients to optimize health outcomes. It includes assessment, development of treatment plans, therapeutic interventions, and ongoing evaluation of care (Thomas Bodenheimer, 2020).
Maternal Mortality	The death of a woman during pregnancy or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, irrespective of its duration or site (WHO, 2025).
Postpartum Haemorrhage (PPH)	A major obstetric emergency characterized by blood loss of 500 mL or more within the first 24 hours after vaginal delivery, or 1000 mL or more following cesarean section (WHO, 2023).

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LIST OF ACRONYMS /ABBREVIATIONS

AMSTL	Active Management of the Third Stage of Labour
CEMOC	Comprehensive Emergency Obstetrical Care.
D&C	Dilation and Curettage
EBP	Evidence-Based Practice
LMICs	Low- and Middle-Income Countries
MMR	Maternal Mortality Ratio
PPH	Postpartum haemorrhage
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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