

Moyo district has got a maternal mortality ratio of 506 deaths per 100,000 live births which is one of the highest in the Uganda. Most obstetric complications leading to these maternal deaths can be prevented by timely provision of emergency obstetric care services. This study assessed emergency obstetric care preparedness of health facilities in Moyo district. The main objectives of the study were: 1) to establish the emergency obstetric care services provided at the health facilities in Moyo district, 2) to ascertain the capacity of the available staff to handle emergency obstetric cases in the health facilities of Moyo district, 3) to determine the availability of supplies essential in providing emergency obstetric care services in the health facilities of Moyo district, 4) to determine the existence of the instruments, tools and equipment necessary for providing emergency obstetric care services in Moyo district, 5) to identify health facility factors that are associated with EmOC preparedness in Moyo district.

Across sectional study was carried out in 39 health facilities in Moyo district. Questionnaires were administered to health workers to obtain information on EmOC services provided at the health facilities, skills and knowledge on EmOC. Observational checklists were used to collect data regarding the availability of tools, instruments, equipments and supplies essential for emergency obstetric care services. Administration of oxytocic drugs (35.4%) and antibiotics (30.5%) were the services most commonly provided in the health facilities of Moyo district. A good number of providers could identify most of the obstetrical emergencies. Skills for removal of retained products of conception and assisted vaginal delivery using forceps or vacuum extractors were lacking among providers. Facilities had lower than the expected number of critical staff for EmOC. Supplies for EmOC were generally available while critical life saving equipments were missing in most facilities. Training, deployment of staff and provision of instruments and equipments are recommended.

At bivariate analysis, the level of the health facility, the education level of service providers, their

age and years spent in service were found to be associated with preparedness of health facilities to provide emergency obstetric care services. At multivariate analysis, health facility level and years spent in service were significant.