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UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

STRENGTHENING SAFE, RESPECTFUL & DIGNIFIED MATERNITY & NEWBORN CARE

SOROTI HEALTH CENTRE III

IMPLEMENTATION REPORT, OCTOBER 2026







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Acronyms

BEmONC	Basic Emergency Obstetric and Newborn Care
CME	Continuing Medical Education
CSO	Civil Society Organisation
UDHS	Uganda Demographic and Health Survey
HBB	Helping Babies Breathe
HC	Health Centre
HC III	Health Centre III
HC IV	Health Centre IV
HDU	High Dependency Unit
IPC	Infection Prevention and Control
IPs	Implementing Partners
LMNS	Local Maternity and Neonatal System
MBFHI	Mother Baby Friendly Hospital Initiative
MoH	Ministry of Health
MPHL	Master of Public Health Leadership
NICU	Neonatal Intensive Care Unit
OSCE	Objective Structured Clinical Examination
PE&E	Pre-eclampsia and Eclampsia
PPH	Postpartum Haemorrhage
STM	Save the Mothers
STM EA	Save the Mothers East Africa
UCU	Uganda Christian University
WHO	World Health Organization
UDHS	Uganda Demographic and Health Survey
UNFPA	United Nations Population Fund
UCU	Uganda Christian University
WHO	World Health Organisation





1. Background

Maternal and newborn mortality remain major global public health challenges, with approximately 280,000 maternal deaths and 2.3 million neonatal deaths reported annually. In Uganda, the maternal mortality ratio is 189 deaths per 100,000 live births, while the neonatal mortality rate is 22 deaths per 1,000 live births (Uganda Demographic and Health Survey [UDHS], 2022). Although both indicators improved compared with 2016, preventable deaths remain a concern.

Obstetric haemorrhage, pre-eclampsia and sepsis are leading causes of maternal deaths, while birth asphyxia, complications of prematurity and infections contribute significantly to newborn deaths. Timely recognition and initial management of complications, appropriate referral and quality care are essential to improving outcomes.

Save the Mothers (STM), in partnership with Uganda Christian University (UCU), promotes maternal and newborn health through the Mother Baby Friendly Hospital Initiative (MBFHI), and the Master of Public Health Leadership (MPHL) program. The MPHL program equips professionals from diverse disciplines with the knowledge and leadership skills to promote safe motherhood. The Mother Baby Friendly Hospital Initiative (MBFHI) promotes safe, respectful and dignified maternity care, which the World Health Organization recognises as essential to quality care during childbirth.

In 2024, STM and UCU initiated efforts to strengthen safe, respectful and dignified maternity and newborn care at Soroti Health Centre III, a government Basic Emergency Obstetric and Newborn Care (BEmONC) facility in Soroti City. Serving a catchment population of more than 33,000 people, the facility provides antenatal, childbirth and postnatal care, family planning and immunisation. It conducts approximately 50 deliveries and 400 antenatal care visits monthly. Other public facilities providing childbirth services in Soroti City include Soroti Regional Referral Hospital, two Health Centre IVs and 11 Health Centre IIIs.

A 2024 needs assessment by STM identified gaps at Soroti Health Centre III, including inadequate maternal and newborn care equipment, insufficient privacy for women during labour and delivery, and the need to strengthen midwives' capacity in basic emergency obstetric and newborn care.

STM and UCU funded the project and coordinated implementation with Soroti City Council, the Teso Local Maternity and Neonatal System (LMNS), Soroti Health Centre III and UCU MPHL alumni in the Teso region.

The project had three objectives:

1. To promote safe maternity care at Soroti Health Centre III.
2. To promote respectful and dignified maternity care at Soroti Health Centre III.
3. To strengthen health workers' capacity to provide safe, respectful and dignified maternity and newborn care.





2. Implementation

To address the three project objectives, the following interventions were implemented in October 2026: procurement and donation of essential maternal and newborn care equipment to strengthen safe care; installation of curtains in the labour suite and postnatal unit to improve privacy and promote respectful and dignified care; and a two-day in-service training for health workers on basic emergency obstetric and newborn care.

Objective 1:
Promotion of Safe Maternity and Newborn Care

Save the Mothers (STM), in partnership with Uganda Christian University (UCU), donated essential maternal and newborn care equipment to Soroti Health Centre III. The equipment was intended to strengthen infection prevention, fetal monitoring, newborn resuscitation and thermal care, as well as the facility's capacity to stabilise critically ill mothers before referral. The equipment included:

Electric autoclave: This will improve the sterilisation of medical instruments and strengthen infection prevention and control, replacing the facility's previous reliance on boiling instruments on a stove.

Delivery bed: This will replace a worn-out bed, improving safety and dignity for mothers during delivery and working conditions for midwives.

Fetal Doppler: This will improve fetal monitoring during labour, helping health workers assess fetal wellbeing and identify potential concerns requiring further action.

Newborn resuscitation equipment: The Ambu bags, neonatal face masks and Penguin suckers will strengthen the facility's readiness to respond to newborn emergencies, including situations where babies require assistance to breathe at birth.

Baby warmer: This will help maintain newborn body temperature and prevent and manage hypothermia.

10-litre dual oxygen concentrator: This will provide supplemental oxygen when clinically indicated during newborn resuscitation and stabilization of critically ill mothers before referral.





Sr Agnes Akongo (left) and Dr Irene Chebet (right) demonstrate how to operate the donated oxygen concentrator and autoclave to participants.



Newly installed curtains in the labour suite to enhance privacy and dignity for mothers.

Objective 2:
Promotion of Respectful and Dignified Maternity Care

Privacy curtains were installed in the labour suite and postnatal ward at Soroti Health Centre III. Before the intervention, the labour suite lacked curtains and partitions, while the ward windows had no curtains, limiting women's privacy during maternity care.

The curtains provide physical privacy by screening women from the view of others during labour, childbirth, examinations and postnatal care. This improvement helps protect women's dignity and confidentiality and supports the provision of respectful maternity care in line with the Mother Baby Friendly Hospital Initiative (MBFHI).

Objective 3:
To strengthen the capacity of health workers at Soroti HC III to provide safe respectful and dignified maternity and newborn care.

A- two-day in-service training for midwives

Save the Mothers (STM), in partnership with Uganda Christian University (UCU), conducted a two-day in-service training for midwives from five Health Centre IIIs in Soroti City on 6th - 7th Ocober 2026. The training took place at Soroti Health Centre III in collaboration with Soroti City Council authorities, the Teso Local Maternity and Neonatal System (LMNS), Soroti Health Centre III and Master of Public Health Leadership (MPHL) alumni in the Teso region.

The training aimed to strengthen frontline maternity care providers' knowledge and practical competencies in preventing, recognising and managing maternal and newborn emergencies. It focused on four priority areas: postpartum haemorrhage; pre-eclampsia and eclampsia; infection prevention and control (IPC); and Helping Babies Breathe (HBB). Respectful maternity care and effective communication were integrated across all four areas.



A cross-section of participants follows a practical session during the training.

Training objectives

The training sought to:

1. To strengthen health workers' knowledge and practical competence in the prevention, early recognition and management of postpartum hemorrhage.
2. To Improve health workers' knowledge and practical competence in recognising and initiating management of pre-eclampsia/ eclampsia.
3. To sstrengthen health workers' ccompetencies in newborn resuscitation.
4. To enhance health workers' capacity to implement standard infection prevention and control measures during maternity and newborn care.
5. To identify facility-level gaps and agree on practical actions

Training methodology

The training combined technical sessions with practical demonstrations to support the application of knowledge in maternity and newborn care. Three practical stations were established, each facilitated by a different trainer. This approach enabled participants to observe practical procedures and engage in hands-on drills on the management of maternal and newborn emergencies. The sessions complemented the theoretical content and reinforced the importance of timely recognition and appropriate initial management of maternal and newborn complications.

Facilitators

The training was facilitated by four national maternal and child health trainers: Dr. Isaac Kusolo, Teso Region LMNS Coordinator; Dr. Irene Chebet, Consultant Obstetrician and Gynaecologist; Sr. Beatrice Azikuru, Nurse in Charge of the Neonatal Intensive Care Unit (NICU) at Soroti Regional Referral Hospital; and Sr. Agnes Akong, Maternity In-Charge at Soroti Regional Referral Hospital.



Dr Chebet (left) facilitates a session on save delivery

Participants: Attendance By Health Facility

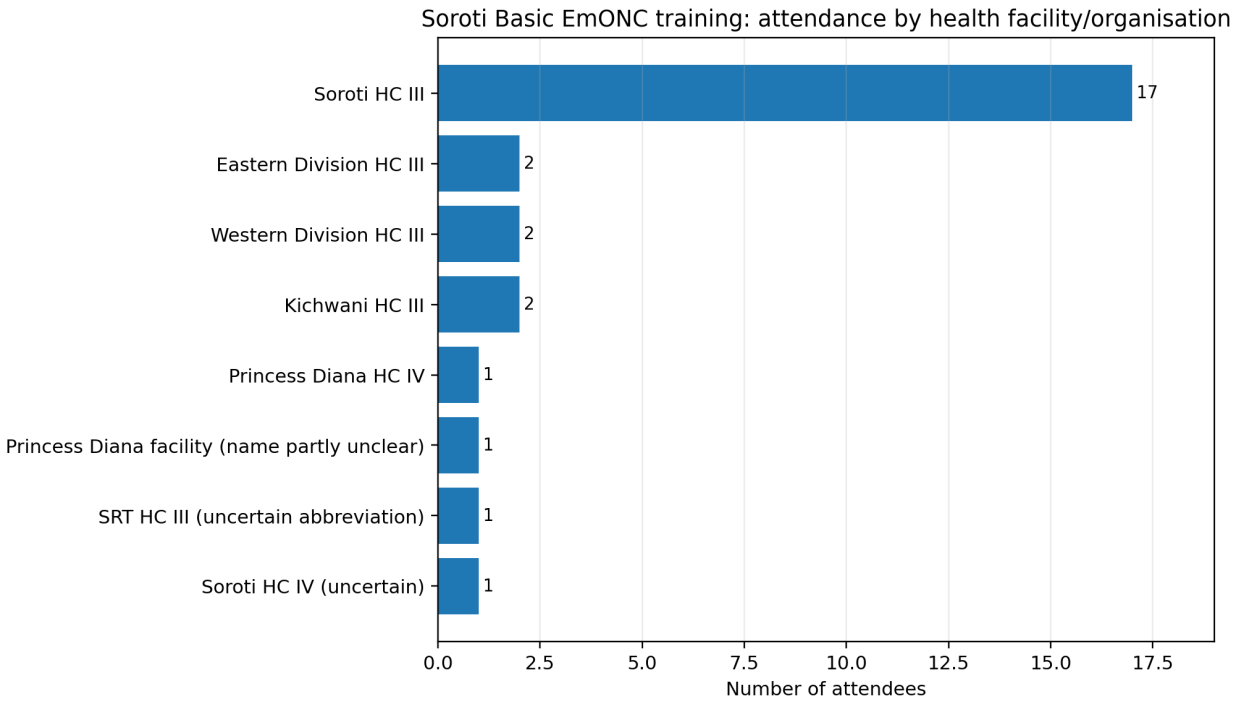


Figure 1. 27 health workers from five health centre III's in Soroti City participated in the training.

Training Proceedings

The training commenced with participant registration and introductions, followed by an overview of the training objectives, planned sessions and participants' expectations.

Session One: Prevention and Management of Postpartum Haemorrhage

The session covered the prevention and early recognition of postpartum haemorrhage (PPH) and timely, evidence-based management. The Ministry of Health (MoH) PPH Provider Guide, facilitator flipcharts and PPH action-plan posters were used to support learning. Practical simulation stations were set up, where participants conducted hands-on drills and peer practice using MamaNatalie and BabyNatalie models.

Key areas emphasised included teamwork, clear communication and adherence to approved clinical protocols when managing obstetric emergencies. Participants also reflected on measures their facilities could take to strengthen preparedness for PPH.

Session Two: Recognition and Initial Management of Pre-eclampsia

The session covered accurate blood pressure measurement during antenatal and maternity care, early recognition of pre-eclampsia, assessment of signs of severe disease, initial management and timely referral in accordance with national guidelines.

Simulation exercises enabled participants to practise the administration of a loading dose of magnesium sulphate for the prevention or treatment of eclamptic seizures and the use of appropriate antihypertensive medicines to manage severe hypertension.

Session Three: Infection Prevention and Control

The session focused on strengthening health workers' application of infection prevention and control (IPC) measures during maternity and newborn care. Key areas covered included hand hygiene, appropriate use of personal protective equipment, safe handling and disposal of sharps, healthcare waste



Participants practise administering a loading dose of magnesium sulphate to prevent and manage eclamptic seizures.

segregation, environmental cleaning and safe handling of contaminated materials.

The session also addressed the importance of maintaining clean delivery environments and consistently applying IPC measures during clinical procedures and routine newborn care. These practices are essential for reducing the risk of maternal sepsis, newborn infections and occupational exposure among health workers.

Session Four: Helping Babies Breathe

The Helping Babies Breathe session focused on the immediate care of newborns who experience difficulty breathing at birth, preparing for every birth, identifying newborns who require assistance, and initiating appropriate interventions without unnecessary delay.

The session addressed preparation of the resuscitation area and equipment, rapid assessment of the newborn immediately after birth, maintaining warmth, positioning the airway, drying and stimulation where indicated, and initiating effective bag-and-mask ventilation when a baby is not breathing adequately, in accordance with the training protocol.

Participants were encouraged to regularly practise the relevant skills using simulation equipment where available.

The session also emphasized the importance of ensuring that newborn resuscitation equipment is functional, accessible, and checked before deliveries.

Assessment Approach and Data Limitations

The assessment materials used included a handwritten PPH pre- and post-training score sheet; Ministry of Health Uganda Helping



Participants take part in hands-on drills on helping babies breathe.

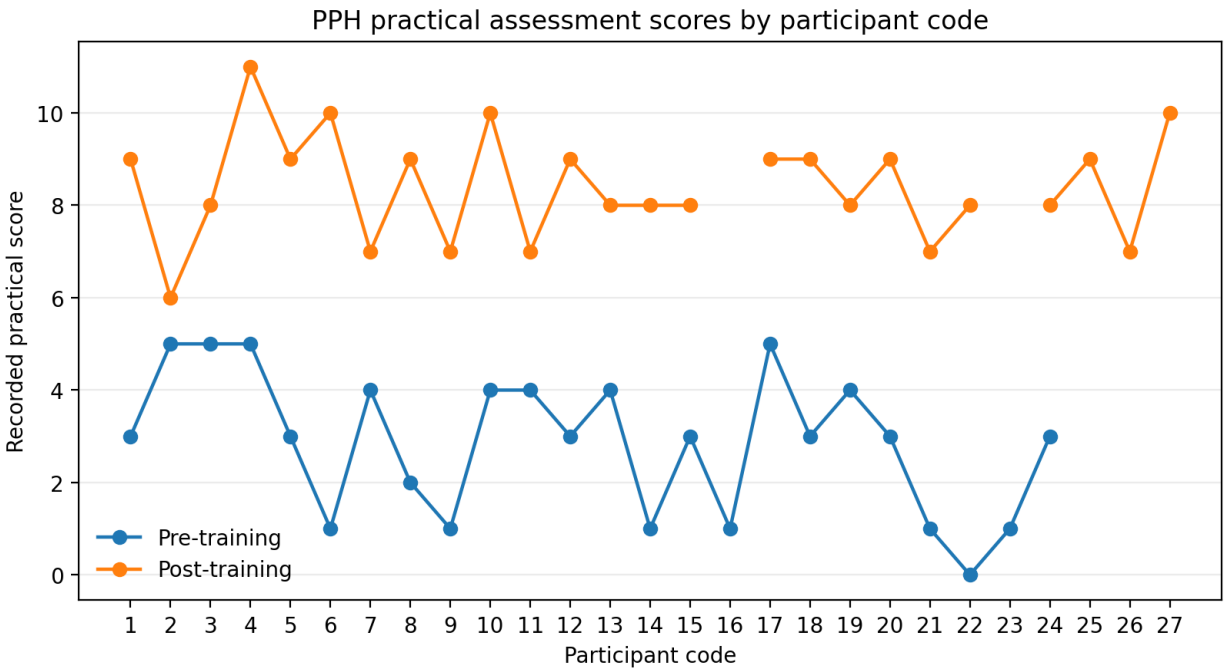
Mothers Survive: Pre-eclampsia/Eclampsia training materials; a practical checklist for administering the magnesium sulphate loading dose; a checklist for monitoring magnesium sulphate toxicity and continuation dosing; and PPH OSCE checklists for scenarios involving blood loss of 300 mL and 500 mL.

These tools assessed key aspects of clinical knowledge and practical performance, including recognition of danger signs, clinical decision-making, hand hygiene, preparation and administration of treatment, patient monitoring, escalation of care, communication and respectful maternity care.

Training Assessment

At the beginning of the training, participants completed an Objective Structured Clinical Examination (OSCE) pre-test covering two clinical areas: prevention and management of postpartum hemorrhage (PPH), and recognition and initial management of pre-eclampsia and eclampsia. Facilitators at the respective stations assessed participants individually to establish their baseline knowledge and practical competencies in these areas, while also observing their application of infection prevention and control (IPC) practices and respectful maternity care.

Following the training sessions and practical skills exercises, participants completed individual OSCE post-tests to assess their performance in the two clinical areas. The post-tests also provided an opportunity to observe the application of IPC practices and respectful maternity care during the practical assessments. Pre-test and post-test scores provided a basis for comparing participants' performance before and after the training. The assessment was scored out of 10, with a pass mark of 8/10.



Assessment results

Figure 2:

Before the training, participants scored between 0 and 5 out of 10, with all scores below the pass mark. Following the training, 23 of the 27 participants completed the post-test. Of these, 18 scored 8/10 or above, while five scored below the pass mark. Three participants achieved a perfect score of 10/10. The four participants who did not complete the post-test were not included in the post-test results.

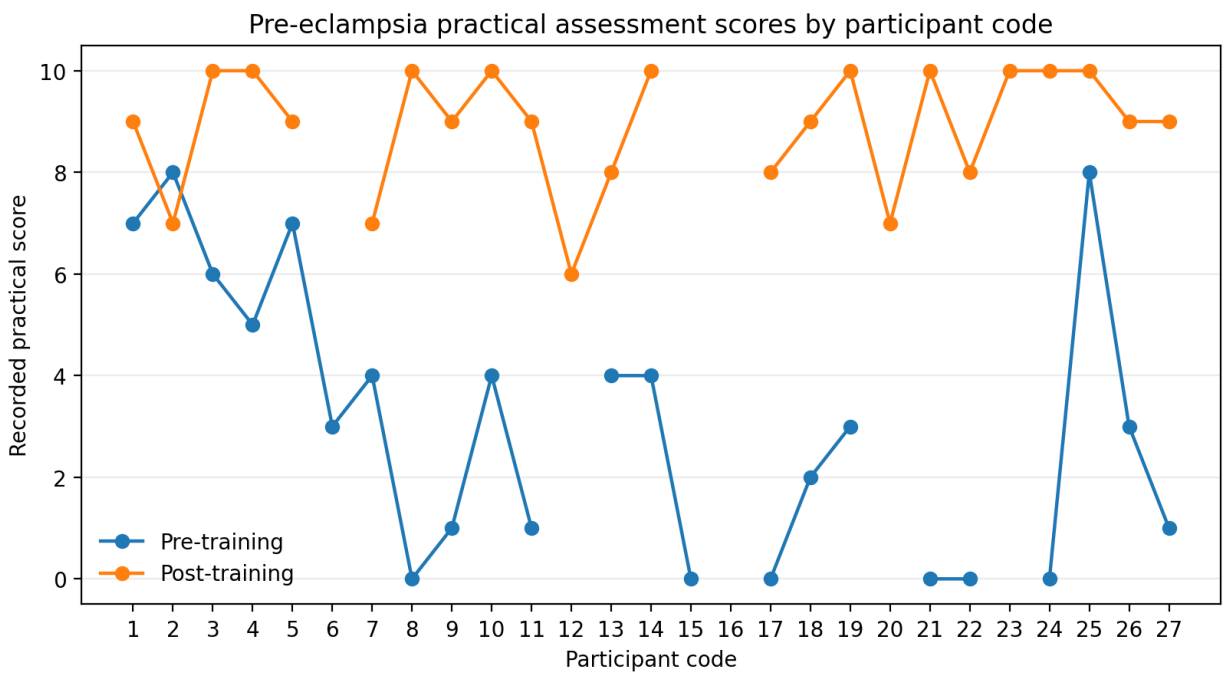


Figure 3:
Before the training, only two of the 21 participants who completed the pre-test scored above the pass mark of 8/10. Following the training, 19 of the 21 participants who completed the post-test scored 8/10 or above, with 10 achieving a perfect score of 10/10. Gaps indicate participants who did not complete the respective tests.

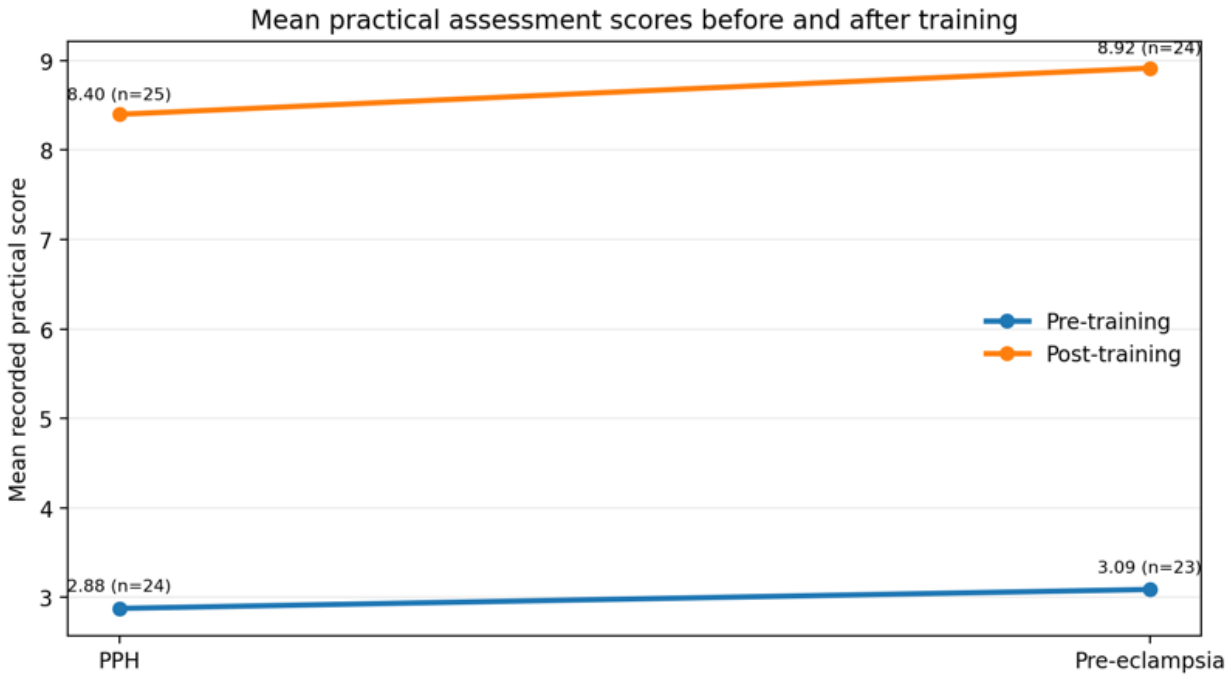


Figure 4:
The PPH mean score was 2.88 out of 10 before training and 8.40 out of 10 after training. The pre-eclampsia mean before training was 3.09 and after training 8.92. All 22 participants with paired pre-test and post-test results recorded higher scores after the training.

In conclusion, the training improved participants' assessed knowledge and practical competencies in the prevention and management of postpartum haemorrhage (PPH), recognition and initial management of pre-eclampsia and eclampsia,

Challenges

Key implementation gaps included limited access to clinical protocols, practical simulation training materials and sustained mentorship. These are essential for translating training into routine clinical practice. Staff need clear guidance at the point of care, opportunities to practise using available simulation equipment, and feedback on their performance. However, sustained mentorship may be difficult without dedicated resources or an implementing partner to coordinate follow-up support.

Facility Action Plan

The following action plan translates the training findings and recommendations into practical follow-up actions for participating health facilities and partners. It identifies responsible persons and organisations, proposed timelines and indicators of progress to support implementation, monitoring and accountability.

Action	Responsible person/ organisation	Timeline	Evidence of progress
Conduct continuing medical education (CME) sessions for their hrealth facilities, covering postpartum haemorrhage (PPH), pre-eclampsia/eclampsia and essential newborn care.	Trained midwives, coordinated by facility in-charges and CHO.	Within 1-2 months; repeat quarterly	CME reports, attendance lists and copies of topics or materials used
Obtain, display and use current clinical protocols for PPH and pre-eclampsia/eclampsia in health facilities, and ensure access to appropriate simulation models for practical skills drills.	City Health Office, Teso LMNS coordinator, facility in-charges and implementing partners (IPs)	Within one month	Protocols available and displayed; simulation models accessible for practice
Encourage midwives to register for and regularly attend Teso LMNS weekly meetings to support continued learning and professional collaboration.	Midwives and Teso LMNS coordinator	Ongoing	Registration records and documented meeting attendance
Conduct brief emergency simulation drills covering PPH, pre-eclampsia/eclampsia and newborn resuscitation drills.	Facility in-charges, CSO and Teso LMNS coordinator	Monthly or as agreed locally	Completed drill checklists, records of participation and documented corrective actions

3. Recommendations

To sustain the gains made through the project and strengthen the provision of safe, respectful and dignified maternity and newborn care in Soroti City, the following actions are recommended:

1. **Strengthen facility-based learning:** Trained midwives should lead continuing medical education (CME) sessions for their health facilities to reinforce consistent clinical practice in the prevention and management of postpartum haemorrhage (PPH), pre-eclampsia and eclampsia, infection prevention and control, and essential newborn care.

2. **Improve access to clinical guidance and simulation materials:** Current clinical protocols for PPH and pre-eclampsia/eclampsia should be obtained, displayed and made accessible in participating health facilities. Appropriate simulation models and materials should also be made available to support regular practical skills drills.

3. **Strengthen professional collaboration:** Midwives should register for and regularly attend the Teso Local Maternity and Neonatal System (LMNS) weekly meetings to facilitate peer learning, sharing of clinical experiences and continued professional support.

4. **Provide ongoing mentorship and supervision:** The City Health Office, facility leadership and implementing partners should support periodic clinical mentorship, support supervision and short simulation drills to reinforce emergency obstetric and newborn care skills and address identified performance gaps.

5. **Maintain equipment and complete outstanding project activities:** Health facility leadership and relevant partners should ensure the proper use, maintenance and safe storage of donated equipment.

4. Sustainability and Follow-up

Sustaining the project's benefits will depend on integrating the knowledge and skills gained during the training into routine clinical practice. Trained midwives will serve as peer resource persons through facility-based CME sessions and practical simulation exercises. Continued engagement with the Teso LMNS will provide opportunities for professional learning, collaboration and ongoing support.

Health facility leadership should support the routine use and maintenance of donated equipment, ensure access to clinical protocols and reinforce privacy and respectful maternity care practices.

The City Health Office, Teso LMNS and implementing partners should conduct a follow-up review within three to six months of the training to assess progress in conducting CME sessions, participation in LMNS meetings, availability and use of clinical protocols, implementation of simulation drills and maintenance of donated equipment.

The review should document progress, identify remaining gaps and agree on follow-up actions. Outstanding project activities deferred because of funding limitations will require resource mobilisation and prioritisation for a subsequent implementation phase.

Continued collaboration among STM, UCU, Soroti City Council, the Teso LMNS, participating health facilities and MPHL alumni will support follow-up and the continued improvement of maternity and newborn care.

5. Conclusion

The project implemented by Save the Mothers, in partnership with Uganda Christian University and local stakeholders, made progress towards all three objectives of strengthening safe, respectful and dignified maternity and newborn care at Soroti Health Centre III. Essential maternal and newborn care equipment was provided to address gaps in infection prevention, fetal monitoring, newborn resuscitation and thermal care, as well as the stabilisation of critically ill mothers before referral. Privacy curtains and rails were installed in the labour suite and postnatal ward to improve privacy and protect women's dignity. In addition, health workers from five Health Centre IIIs in Soroti City received practical training in emergency obstetric and newborn care, including the recognition and initial management of maternal and newborn complications. Assessment results showed improved performance in postpartum haemorrhage and pre-eclampsia/eclampsia.

Although these interventions addressed key gaps identified during the needs assessment, some planned activities remain outstanding because of funding limitations. These include a cooking and storage structure for caregivers, a clothesline and procurement of the remaining equipment. Completion of these activities, alongside continued mentorship, equipment maintenance and supportive supervision, will be important in sustaining progress. Continued collaboration among STM, UCU, Soroti City Council, the Teso LMNS, participating health facilities and MPHL alumni will support follow-up and the continued improvement of maternity and newborn care.

6. Acknowledgments

Save the Mothers East Africa extends its sincere appreciation to all development partners whose support contributed to the successful implementation of this initiative. Special appreciation goes to our funding partners, Uganda Christian University, Soroti City Council leadership, LMNS, and Soroti Health Centre III for their collaboration and commitment to strengthening safe, respectful and dignified maternity care.

Their collective support has contributed to strengthening the facility's capacity to provide quality maternal and newborn health services.

7. Appendices

Appendix 1: Participant Registration Numbers and Health Facilities

Register number	Health Facility
01	Western Division HC III
02	Kichwani HC III
03	Eastern Division HC III
04	Soroti HC III
05	Soroti HC IV
06	Soroti HC III
07	Eastern Division HC III
08	Soroti HC III
09	Soroti HC III
10	Kichwani HC III
11	Soroti HC III
12	Soroti HC III
13	Soroti HC III
14	Soroti HC III
15	Soroti HC III
16	Princess Diana HC III
17	Soroti HC III
18	Soroti HC III
19	Soroti HC III
20	Soroti HC III
21	Soroti HC III
22	Soroti HC III
23	Soroti HC III
24	Soroti HC III
25	Soroti HC III
26	Princess Diana HC III
27	Western Division HC III

Appendix 2: Training Program

DAY ONE

Time	Session	Details / Key Activities	Facilitator / Lead
8:30–9:00 am	Arrival and registration of participants		
9:00–9:10 am	Devotion		
9:10–9:30 am	Introduction		
9:30–9:45 am	Welcome Remarks		
9:45–10:00 am	Breakfast		
10:00–1:00 pm	Postpartum Hemorrhage: Recognition, prevention and initial management of PPH; causes and risk factors; assessment of blood loss; timely response, escalation, referral and respectful care.		
1:00–2:00 pm	Lunch		
2:00–5:00 pm	Postpartum Hemorrhage: Case scenarios and practical exercises on recognition and assessment, initial emergency response, uterine massage, available emergency measures, teamwork, escalation and referral.		
5:00–5:30 pm	Wrap Up	Wrap up and way forward	

DAY TWO

Time	Session	Details / Key Activities	Facilitator / Lead
8:30–9:00 am	Registration	Arrival and registration of participants	
9:00–9:10 am	Devotion	Devotion	
9:10–9:30 am	Break		
9:30–1:00 pm	Helping Babies Breathe: Preparation for newborn care at birth; rapid assessment; recognition of a non-breathing or gasping baby; initial steps of newborn resuscitation; ventilation principles; teamwork and timely referral/escalation.		
	Helping Babies Breathe: Demonstration and return demonstration using simulation; preparation of equipment; initial steps; bag-and-mask ventilation; assessment of response; teamwork and referral/escalation. Practical skills assessment.		
1:00–2:00 pm	Lunch		
2:00–5:00 pm	Pre-eclampsia/eclampsia: Recognition and classification of pre-eclampsia and severe features; assessment and monitoring; prevention of complications; initial management, referral and respectful care. infection preventon and control		
	Pre-eclampsia/eclampsia: Case scenarios and practical exercises on assessment, blood pressure measurement, identification of severe features, immediate management, monitoring, escalation, referral and teamwork. infection preventon and control		
5:00–5:40 pm	Wrap-up & closing	Summary of Day Two; reflections; agreed facility actions; individual commitments; evaluation and closing remarks.	



Sr Beatrice Azikuru facilitated the Helping Babies Breathe (HBB) session.



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