



# Responding to emergencies

## Ugandan citizens' experiences and opinions on emergency situations and emergency services

### 1. Introduction and Summary

At times of medical emergency – whether through accident or disease – timely and effective assistance is vital in ensuring the overall health and wellbeing of the victims. Those providing emergency medical services clearly have a major role to play, but so do transport providers, local government and even bystanders.

In low and middle income countries, the World Health Organization (WHO) claims that half of deaths due to accidents or emergencies could be prevented through better on-scene intervention, safe and organised transport, and adequate and appropriate emergency facilities for assessment, diagnosis and treatment.

#### Study objective:

Establish Uganda citizens' experiences and opinions on emergency situations and emergency services to inform decision making.

For the purpose of this study an emergency is defined as “a serious, unexpected, and often dangerous situation requiring immediate action”.

**Sample Generation:** Twaweza collaborated with Uganda National Bureau of Statistics (UBOS) As the custodian of the national sampling frame, UBOS assisted with sampling of the Enumeration areas (EAs). UBOS participated in the generation of the sampling weights.

**Access to Enumeration areas(EAs):** Twaweza worked with local authorities to access the EA in different parts of the republic.

A three-stage stratified sampling design was used  
**Stage 1:** The 2021 Sauti za Wananchi sample was designed to allow for generation of separate estimates at the national level, for urban and rural areas based on the 15 sub-regions strata in Uganda.

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Sauti za Wananchi



The EAs were then drawn using Probability Proportional to Size (PPS). A total of 300 EAs were selected from the 2014 National Population and Housing Census (NPHC) list of EAs which constituted the Sampling Frame.

Stage 2: Households within sampled EAs were listed and 10 households were sampled.

Stage 3: After seeking for consent, 1 person (above 18 years) was sampled as a respondent.

This brief presents data on Ugandan citizens' experiences and opinions on emergency situations and emergency medical services. Where do citizens turn first for help when they experience an emergency situation? How many are aware of the toll-free numbers to call for assistance? How many know of locally-available ambulance services? And what are citizens' main experiences in their interactions with emergency medical service providers?

Data for the brief comes from Twaweza's Sauti za Wananchi survey. Sauti za Wananchi is a nationally-representative, high-frequency mobile phone panel survey. Information on the overall methodology is available at [www.twaweza.org/sauti](http://www.twaweza.org/sauti). For this brief, data were collected from 3,000 respondents through in-person interviews forming the baseline survey for a second Sauti za Wananchi panel, conducted between September and October, 2021.

### **Key Findings**

- In response to an emergency situation, most citizens would seek help from people nearby or go to hospital
- Very few citizens are aware of any toll-free number to call in a medical emergency
- 1 out of 8 households have experienced a medical emergency in the previous 6 months
- Those seeking assistance from health facilities in the case of an emergency had to wait for an average of 43 minutes
- Citizens rate the attitudes of health workers at private facilities better than those at public facilities
- Two out of ten citizens know of an ambulance service in their area; the most well-known providers are local MPs
- Half of citizens rate emergency medical services as poor

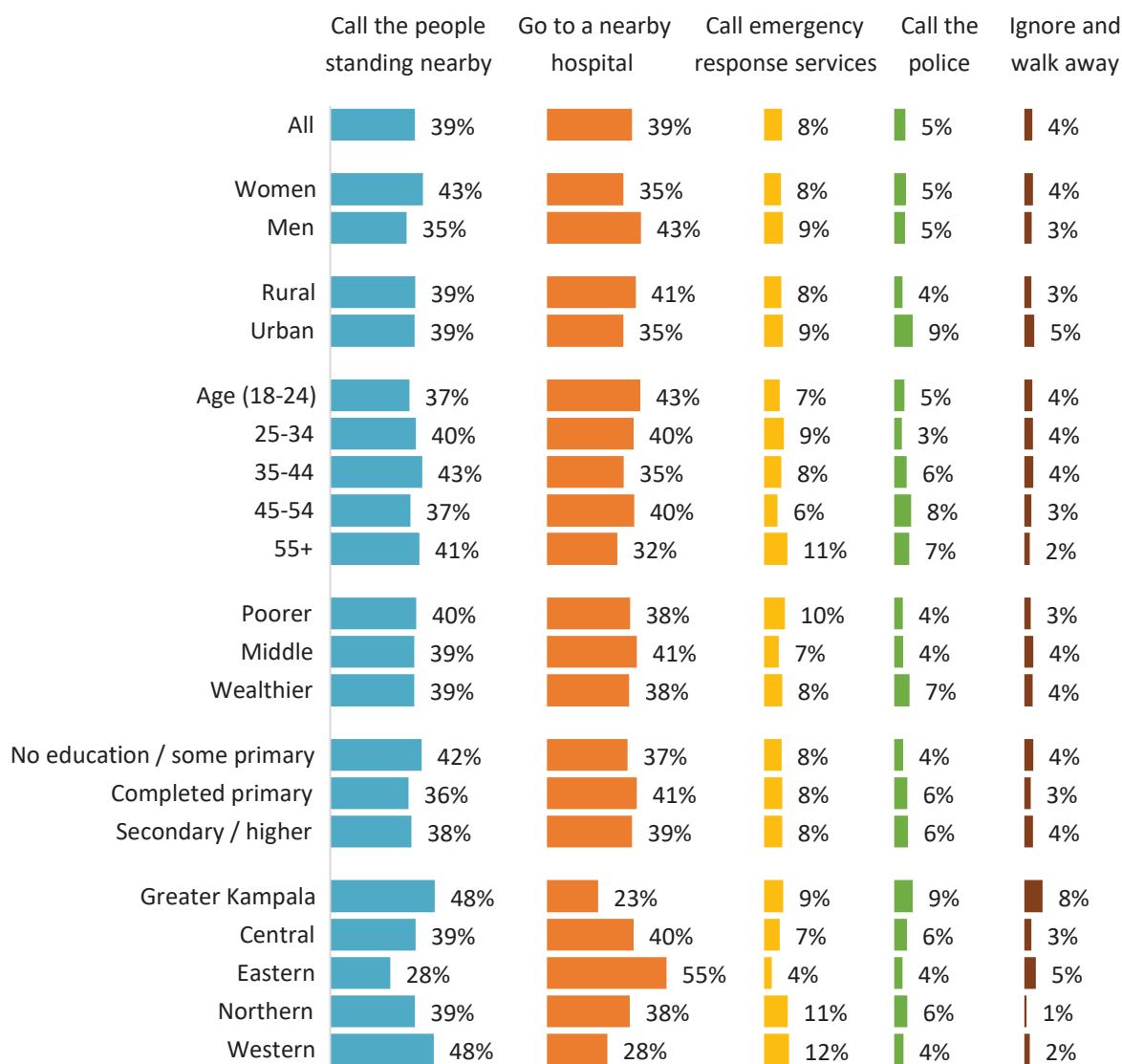
## **2. Seven insights on citizens' views and experiences of emergency situations and services**

### **Insight 1: In response to an emergency, most citizens would seek help from people nearby or go to a hospital**

In the case of an emergency situation, four out of ten citizens (39%) say their first action would be to call for help from people standing nearby, and a similar number (39%) say they would go to a nearby hospital. One out of ten (8%) say their first response would be to call the emergency responses services, and a further 5% would call the police, while a small number (4%) say they would ignore the situation and walk away.

These responses vary a little between demographic groups. Men are slightly more likely to go to a hospital while women are a little more likely to call for assistance from bystanders. The biggest difference is between different regions: residents of Greater Kampala and those in Western Uganda are more likely to seek assistance from people nearby, while those in Eastern Uganda are less likely to do so, preferring instead to go to a nearby hospital.

**Figure 1: What would you do first if an emergency occurred in your presence?<sup>1</sup>**



**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

## Insight 2: Very few citizens are aware of any toll-free number to call in a medical emergency

Very few citizens (5%) are aware of the toll-free number to call in case of a medical emergency. Slightly more than a half of those aware (3%) know such a number exists but cannot recall the actual number. The vast majority (95%) are not at all aware of the number.

**Figure 2: Are you aware of a toll-free number to call in a medical emergency? What is the number?<sup>1</sup>**



**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

Awareness of the 911 emergency services number is a little higher in Greater Kampala (6%) and urban areas generally (6%), among those with secondary education or above (6%), and those in wealthier households (4%) (not shown in charts).

It should be noted that since the onset of the Covid -19 response in Uganda, some call centres have been setup to receive inquiries and concerns from citizens on health-related matters. These use other numbers.

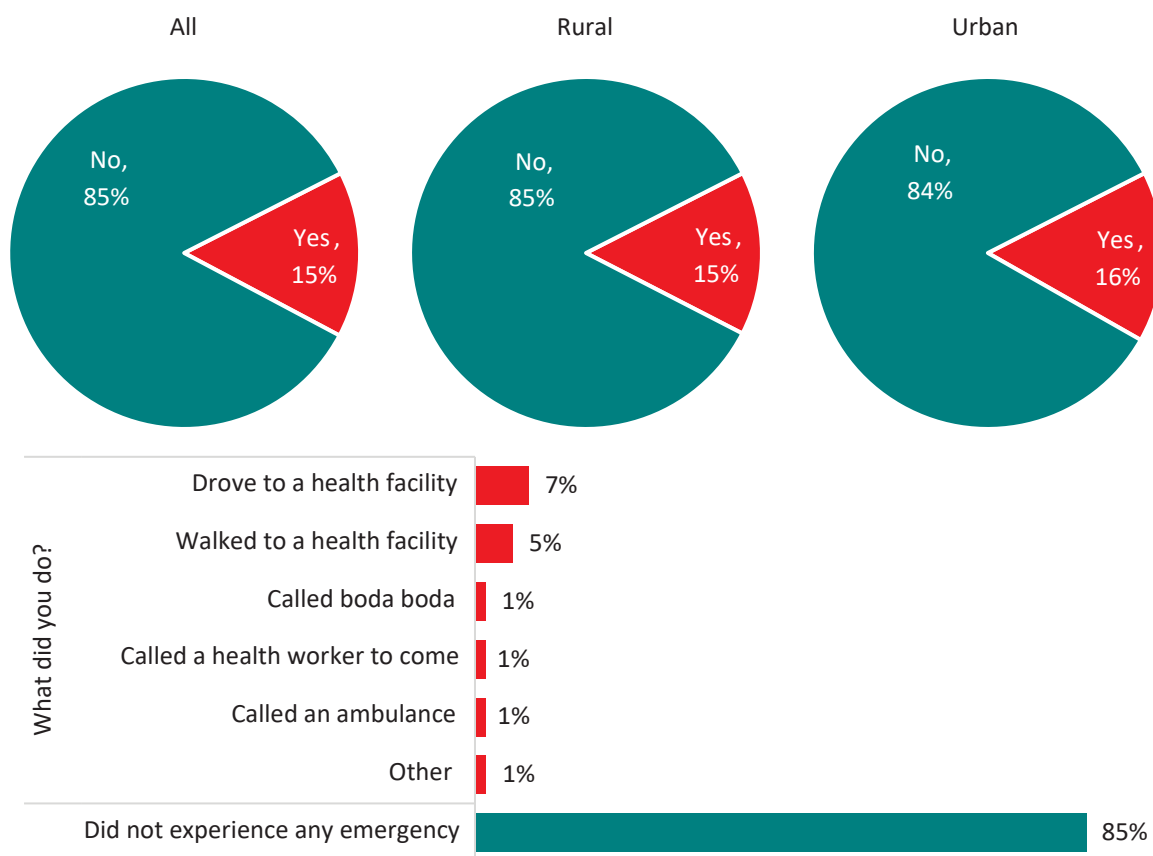
## Insight 3: 1 out of 8 households have experienced a medical emergency in the previous 6 months

One out of eight households (15%) have experienced a medical emergency in the previous six months. This figure is consistent in both rural and urban areas.

The most common responses to these situations are to drive (7%) or walk (5%) to a health facility. Small numbers called a boda boda (1%), called a health worker to attend their home or the scene of the emergency (1%), or called an ambulance (1%). These responses are very consistent across demographic groups, though residents of Kampala (where vehicle ownership is higher) are more likely to drive to a health facility (not shown in charts).

1 Percentages in charts may not add up to 100% due to rounding

**Figure 3: In the past 6 months have you or a member of your household needed emergency medical services? If so, what did you do?**  
(multiple responses permitted)

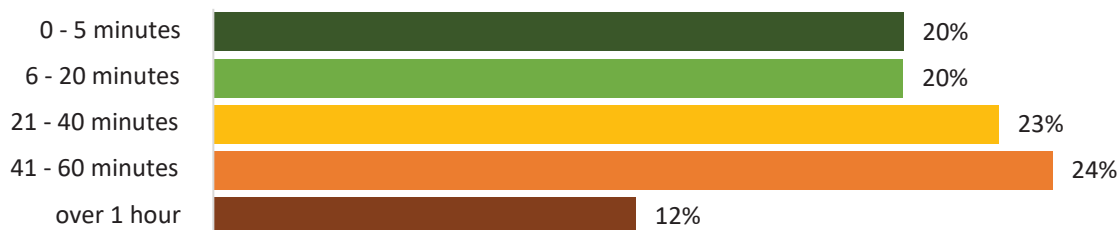


**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

#### **Insight 4: Those seeking assistance from health facilities in case of an emergency report varying waiting times**

The average waiting time for those seeking help from health facilities in an emergency in the previous six months was 43 minutes. Two out of ten (20%) were attended within five minutes of arrival, and a further two out of ten (20%) were seen within 20 minutes. A significant number (12%) were not attended to within an hour of arrival.

**Figure 4: How long (in minutes) did it take to be attended to at the casualty or emergency unit?**



**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
 Base: those who attended a health facility after experiencing a medical emergency; n=330

Overall, the average waiting time is 43 minutes, rising to 51 minutes in rural areas and falling to 29 minutes in urban areas and 19 minutes in Greater Kampala. It should be noted that emergency cases are classified on arrival at health facilities<sup>2</sup>, and a lack of knowledge of this by patients can cause discomfort or dissatisfaction. Poorer citizens wait an average of 49 minutes, while wealthier citizens wait 29 minutes on average. On average, men (49 minutes) wait a little longer than women (38 minutes), while those with primary (36 minutes) or secondary education (37 minutes) wait less than those who did not complete primary school (53 minutes) (not shown in charts).

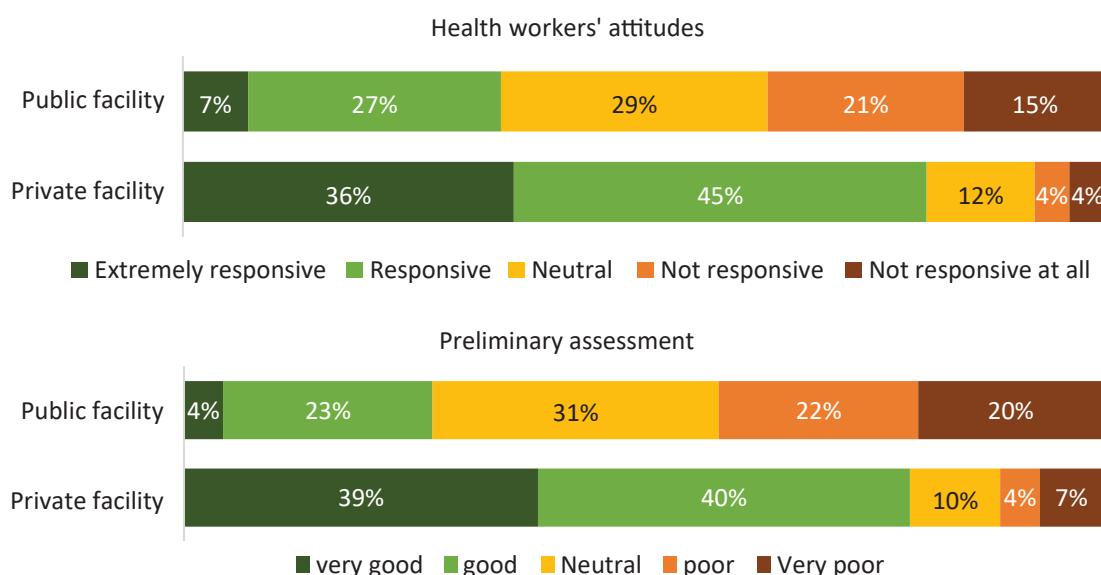
### **Insight 5: Citizens rate the attitudes of health workers at private facilities better than those at public facilities**

Eight out of ten citizens (81%) say health workers at private facilities have a good attitude in responding to emergencies, compared to fewer than four out of ten (34%) who say the same about health workers at public facilities.

Similarly, citizens are more positive about triage provided by private facilities than that provided at public facilities. Three out of ten (27%) say triage at public facilities is good, compared to eight out of ten (79%) at private facilities.

2 The Uganda Triage and Treatment Algorithm (UTAT) divides patients into 3 categories: “red” patients should be treated within 10 minutes of arrival at the hospital, “yellow” cases should be treated within an hour and “green” cases should be treated after those with emergency conditions are managed.

**Figure 5: How would you rate the attitude of health workers in regards to their responsiveness to emergencies? And what was your experience of the preliminary assessment?**



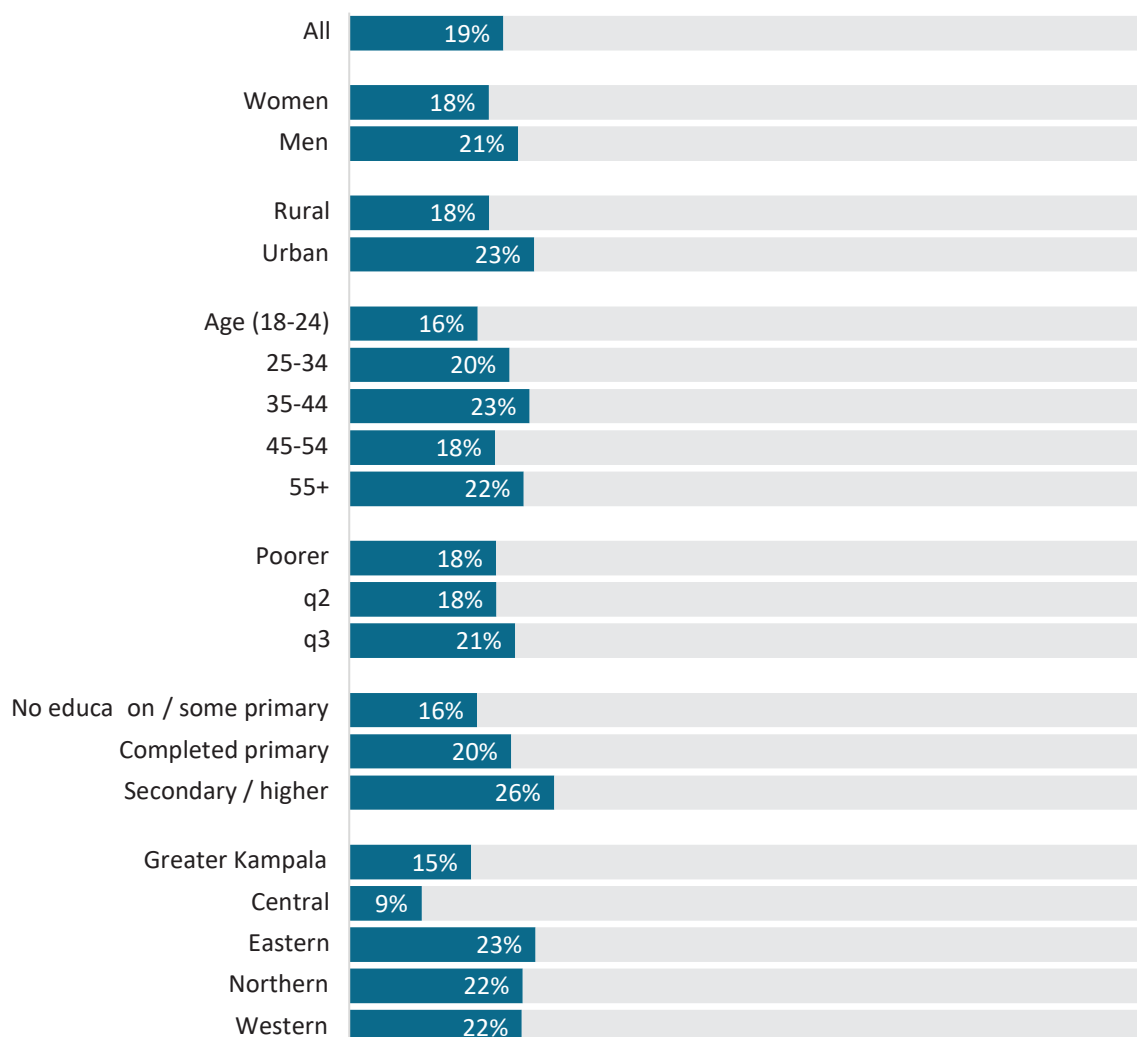
**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);

Base: those who attended a health facility after experiencing a medical emergency; n=330

### **Insight 6: Two out of ten citizens know of an ambulance service in their area; the most well-known providers are local MPs**

Two out of ten citizens (19%) know of an ambulance service that can be called to their village / area. The figure is a little higher in urban areas (23%) than rural (18%) generally, though it is lower in Kampala (15%) and Central Uganda (9%), and is also higher among citizens with higher levels of education (26%).

**Figure 6: Percent who know of an ambulance that can be called to your village/area:**



**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

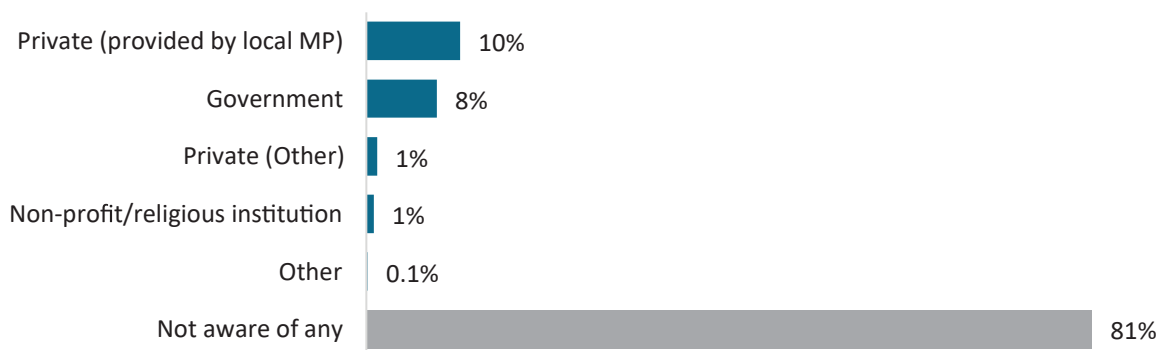
The main provider of ambulance services of which citizens are most aware is the local MP (10% of citizens), ahead of government (8%). It should be noted that this does not necessarily mean that more ambulances are provided by MPs personally than by government. It means that citizens are more aware of services provided by MPs, but there may be government ambulances that citizens are not aware of.

A small number know of services provided by other private institutions (1%) or non-profit organisations (1%).



In Eastern Uganda, private ambulance providers are better known (16%) than government providers (6%), while in Northern and Western parts of the country, the opposite is the case (11-12% know a government ambulance provider, 8% know a private provider) (not shown in charts).

**Figure 7: Providers of ambulance services available in your area:**



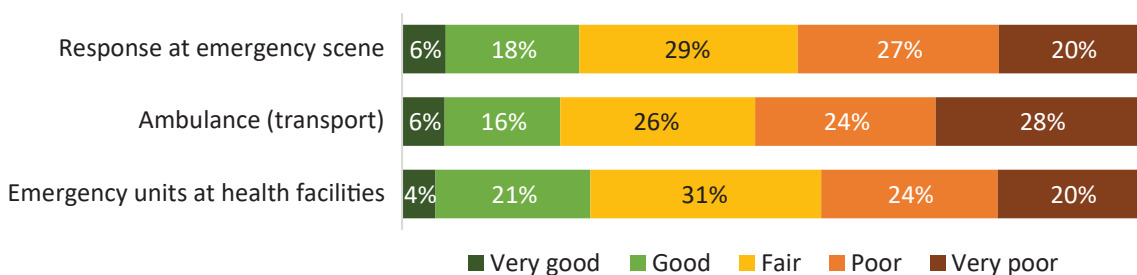
**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

Fewer than one out of twenty citizens (4%) has ever called an ambulance. This is consistent across different demographic groups – between 3% and 5% for women and men, those in rural and urban areas, wealthier and poorer citizens, and different age groups and across different regions of the country.

### Insight 7: Half of citizens rate emergency medical services as poor

Half of citizens (47%) rate emergency responses at the scene of emergencies as poor, compared to two out of ten (24%) who say such services are good. Similarly, more citizens say ambulance services are poor (52%) than good (22%), and more say emergency units at health facilities are poor (44%) than good (25%).

**Figure 8: What do you think of the current emergency medical services?**



**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

There are small differences between the ratings for emergency services given by different demographic groups. Residents of Kampala are most likely to have no strong opinion on this matter (45-47% say “fair”), while residents of rural areas (20-24% positive) generally give a slightly less favourable rating than those in urban areas (24-29%).

**Figure 9: What do you think of the current emergency medical services?**



**Source:** *Sauti za Wananchi*, baseline for second panel (September - October, 2021);  
Base: all respondents; n=3,000

### 3. Conclusions

The first headline finding in this brief is the large number of citizens who experienced a medical emergency situation in the previous six months. As a proportion, the number may sound small, at 15% of households. But given that there are approximately nine million households in Uganda, this suggests that more than one million households experienced a medical emergency in this time.

The survey shows that citizens report varying waiting times in case of seeking emergency medical services. It should be noted that at the time of the survey the National Emergency Medical Services (EMS) Policy was not yet launched. The National EMS Policy and Strategic Plan provides for the development of triage guidelines/protocols. The triage guidelines outline the procedure for health workers to follow in treatment of patients at Emergency Units. This can boost service delivery through better management of public expectations at the facility.

Second, many citizens are not happy with the quality of services provided in case of an emergency, particularly the services provided by public facilities. Half of citizens rate Emergency Medical Services as poor, including services provided at the scene of an accident, during transportation (ambulance services) and emergency services available at health facilities.

Finally, an interesting insight is that more citizens are aware of ambulance services provided by MPs than by the government. This should not be interpreted as MPs actually providing more ambulance services than the government, but rather as a challenge of community sensitisation on the availability of Emergency Medical Services: MPs have established a need and mobilised their electorate to demonstrate that they can fill a gap. This itself is a significant weakness, however, especially when coupled with the very low number of citizens who are aware of the toll-free emergency phone number. There is clear room for improvement in terms of raising public awareness of ambulance services and how these (and other emergency medical services) can be accessed through the systems currently in place.

## 4. Recommendations

Insight	Recommendation
<b>Insight 1: In response to an emergency, most citizens would seek help from people nearby or go to a hospital</b>	<ul style="list-style-type: none"> <li>- Strengthen first aid capacity at household and community level. (First Aid trainings).</li> <li>- Establish a regional community fast responder inventory and database.</li> <li>- Develop legislation on by-stander protection (Good Samaritan Law) in collaboration with other Ministry, Department and Agencies (MDAs) and other stakeholders</li> </ul>
<b>Insight 2: Very few citizens are aware of any toll-free number to call in a medical emergency</b>	<ul style="list-style-type: none"> <li>- Establish and equip the regional call and dispatch centres</li> <li>- Operationalize and popularise the Emergency Medical Services (EMS) short code ( 912)</li> </ul>
<b>Insight 4: Those seeking assistance from health facilities in case of an emergency report varying waiting times</b>	<ul style="list-style-type: none"> <li>- Building capacity of health workers in emergency and critical care</li> <li>- Offset other factors other than health work capacity that would influence waiting time               <ul style="list-style-type: none"> <li>a) Emergency care commodities and health supplies</li> <li>b) patient/ health worker ratio</li> </ul> </li> <li>- Strengthen prevention strategies against acute illness and injuries</li> </ul>
<b>Insight 6: Two out of ten citizens know of an ambulance service in their area</b>	<ul style="list-style-type: none"> <li>- Ministry of Health (MOH) should guide stakeholders on ambulance standards and norms</li> <li>- In particular reference to ambulances procured by members of parliament, Ministry of Health (MOH) should issue circulars/guidelines to parliament of Uganda on the procurement and management of ambulance vehicles.</li> <li>- Establish an inventory of ambulances procured by all stakeholders</li> <li>- Ambulances should be inspected and certified by Government of Uganda</li> </ul>