1 out of 8 households had a medical emergency in the past 6 months

But half of citizens rate emergency medical services as poor

Thursday 3 August, 2023, Kampala: As the Ministry of Health rolls out the protocols and guidelines under the National Emergency Medical Services Policy, Twaweza is releasing new data, collected in partnership with the ministry, to understand citizens’ opinions and experiences of these services to ensure policy implementation is responsive to citizens’ priorities.

Emergency medical services are much needed: in the past six months, one out of eight households (15%) report experiencing an emergency medical situation in the past six months. This figure is consistent across rural and urban areas. In response, almost all of these respondents went to a health centre, either by driving (7%) or walking (5%). Small proportions expected to be supported where the emergency occurred by calling an ambulance (1%) or asking a health worker to come to them (1%).

This is in line with findings from the broader group of citizens: if an emergency occurred in their presence, a majority would either call for help from bystanders (39%) or go to a nearby hospital (39%). A small number of Ugandans expect to receive support at the scene by calling emergency response services (8% would do so) or the police (5%). Women are more likely to look for support from people nearby (43% would do this while 35% would go to hospital), and men are more likely to seek help from a hospital (43% would go to hospital while 35% would seek help from bystanders). Interestingly, in Eastern region, people seem to have little faith in the people around them: 1 out of 4 (28%) would seek their help while 55% would go directly to hospital – higher than in any other region.

These findings were released by Twaweza in a brief titled Responding to Emergencies: Ugandan citizens’ experiences and opinions on emergency situations and services. They are based on data from Sauti za Wananchi, Africa’s first nationally representative high-frequency mobile phone survey. The findings are based on data collected from 3,000 respondents across Uganda between September and October 2021.

Ugandans may be more inclined to visit health centres or call for support from those around them because they do not know what else they can do. Only 1 out of 20 citizens are aware that a toll free emergency services number exists; among them less than half (2%) can actually name the correct number. Similarly, two out of ten (19%) know of any ambulances that can be called to their 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%). Overall, 4% of Ugandans report ever having used an ambulance.

Once they have reached the health centre in the case of emergencies, Ugandans report waiting for an average of 43 minutes to be seen. But there is significant variation: two out of ten citizens (20%) were attended to within five minutes of arrival, and a further two out of ten (20%) were seen within 20 minutes. However a significant number (12%) were not attended to within one hour of their arrival.

In rural areas, with generalised shortages of equipment, facilities and staff – Ugandans wait 51 minutes on average to be seen while in urban areas they wait 29 minutes or even 19 minutes in Greater
Kampala. Most starkly, poorer and less educated citizens tend to wait much longer for emergency services. These cases are classified on arrival at the health facility so waiting time can be directly linked to a person’s ability to express their situation and needs to health workers. Poorer citizens wait an average of 49 minutes, while wealthier citizens wait 29 minutes. Those with primary (36 minutes) or secondary education (37 minutes) wait less than those who did not complete primary school (53 minutes).

These economic exclusions are naturally more prevalent when comparing services at public and private 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, three out of ten (27%) say triage at public facilities is good, compared to eight out of ten (79%) who say the same about private facilities.

Perhaps unsurprisingly, 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%). 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%).

Violet Alinda, Country Lead for Uganda at Twaweza said: “The most telling inditement in these findings is that poorer, less educated Ugandans are receiving worse emergency medical services. Although we have all absorbed and come to normalize the discrepancies between the services available at public and private hospitals and schools, these data highlight a new type of challenge. By being less informed, confident and demanding, some Ugandans are waiting longer for emergency medical treatment at public facilities. This needs to be addressed immediately: our services are for all Ugandans.”

“At the same time,” she continued “we congratulate the Ministry of Health for seeking citizens’ views on their emergency medical services as they look to strengthen emergency response mechanisms. The data provided new insights and areas for improvement to the ministry that are directly based on citizens’ lived realities – thus meaning they are likely to deliver more meaningful, impactful and popular services.”

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Notes to Editors
- This brief and the data contained can be accessed at www.twaweza.org / www.twaweza.org/sauti
- Twaweza works to demonstrate how citizens can come together to collectively address their problems, and make government work better for them; enable citizens’ voices, interests and experiences to be heard and taken seriously in decision-making; promote and protect open civic space which enables citizens to freely assemble or organise, speak and act in Tanzania, Kenya and Uganda. We have programs, staff and offices across all three countries, and a globally respected practice of learning, monitoring and evaluation. Our flagship programs include Sauti za Wananchi, Africa’s first nationally representative mobile phone survey. We undertake effective public and policy engagement, through powerful media partnerships and global leadership of initiatives such as the Open Government Partnership. Follow us at Twaweza Uganda (Facebook), @TwawezaUganda (Twitter), Twaweza East Africa (Instagram).