CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

MAKERERE UNIVERSITY

IDI INFECTIOUS DISEASES INSTITUTE

EMERGENCY MEDICAL SERVICES PROJECT CLOSE OUT REPORT

STRENGTHENING PARTNERSHIPS FOR PREPAREDNESS AND RESPONSE IN UGANDA

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Acronyms

BEC	Basic Emergency Care
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
ECSA	Emergency Care System Assessment
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
GKMA	Greater Kampala Metropolitan Area
HC	Health Centre
HCWs	Health care workers
HEAT	Hospital Emergency Unit Assessment Tool
HMIS	Health Management Information System
IDI	Infectious Diseases Institute
IPC	Infection Prevention and Control
MOH	Ministry of Health
NBS	National Broadcasting System
ToT	Training of trainers
UTAT	Uganda Triage and Treatment Algorithm
WHO	World Health Organization

Message from the Project Manager

Judith Nanyondo S

Senior Project Manager Strengthening Partnerships for Preparedness and Response in Uganda Project

Over half of the deaths in low- and middle-income countries are caused by conditions that could have been addressed by effective emergency care. The WHO emergency care system framework describes a responsive EMS system as having integrated and coordinated care at the scene of an emergency, during ambulance transportation and at the emergency unit of the destination facility.

Emerging and re-emerging infectious disease outbreaks are common in Uganda. During the COVID-19 pandemic, the role of a well-coordinated EMS system could not be overstated.
The Infectious Diseases Institute (IDI) received funding from the Centers for Disease Control and Prevention (CDC) under the Strengthening Partnerships for Preparedness and Response project to support the Ministry of Health in improving emergency care and coordination of referrals.

This included recruitment of regional EMS coordinators, training of frontline health workers and improving collection of data for action. This report provides an account of project activities in the six project regions (Greater Kampala Metropolitan, Jinja, Mbale, Lira, Arua and Fort Portal) from inception in 2021.

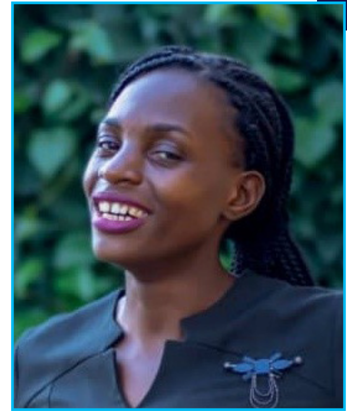
We extend our sincere thanks to the Ministry of Health EMS department for the technical oversight and leadership during the project implementation, as well as the respective regional referral hospital directors and district health officers. Finally, as a project, we thank the IDI project staff who provided technical support in the implementation of the project.

As we hand over the project to the Ministry of Health EMS department, we are confident that the capacity built in the regions will continue to thrive.
Thank you.

Project Staff

Dr. Alenyo Annet Ngabirano
National EMS Coordinator

Dr. Kambugu Carl Trevor
Regional EMS Coordinator
GKMA



Dr. Kwagala Racheal
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Message from the Commissioner Emergency Medical Services

Dr. Waniaye John Baptist Nambohe

Commissioner Emergency Medical Services Ministry of Health

Emergency care is an essential element of Universal Health Coverage. Through Emergency Medical Services (EMS), critical life-saving care is provided through rapid assessment, timely provision of appropriate interventions, prompt transportation of patients to the nearest appropriate health facility by the best possible means and immediate care at emergency units.

As the nation responded to the COVID-19 pandemic, it was evident that a functional and well-coordinated Emergency Medical Services System was required to facilitate the evacuation of patients from communities and between facilities. The Ministry of Health received funding from the Centers for Disease Control and Prevention (CDC) through the Infectious Diseases Institute (IDI) to improve emergency care and regional EMS coordination as part of the COVID-19 response efforts.

Based on the prevailing gaps across the country, six health regions (Greater Kampala Metropolitan Area, Jinja, Mbale, Lira, Arua, and Fort Portal) were prioritized for the support with 6 regional EMS coordinators recruited and deployed. These have played an important role in the coordination of patient evacuations not only for COVID-19, but also other disease outbreaks, major incidents and routine emergencies, contributing to reduced mortality and morbidity.

During the Ebola outbreak in 2022, we noted improvement in routine care where there were no maternal deaths registered in Mubende district. We attributed this to the improved referral system. The funding also supported the development of the Uganda Triage and Treatment Algorithm (UTAT), national roll out of the UTAT tool training and other emergency department clinical protocols and checklists.

The Ministry of Health appreciates the funding and technical support provided by CDC and IDI during the project implementation period and looks forward to continued collaboration in improving emergency care in the country.

Background

"Emergencies occur everywhere, and each day they consume resources regardless of whether there are systems capable of achieving good outcomes" (Dr. Kobusingye Olive).

Mortality and Morbidity from time sensitive conditions including COVID-19 can be averted by a stronger Emergency Medical Services System that provides a regionally coordinated response stretching from prehospital to facility-based emergency care as shown in the WHO Emergency Care systems framework. During the protracted COVID-19 pandemic, the need for a well-organized, functional, and responsive emergency care system became more apparent than ever before. Uganda reported its first case of COVID-19 on 21st March 2020, with the pandemic later evolving to established community transmission. It was imperative to have a robust Emergency Medical Services (EMS) infrastructure in order to facilitate the safe and timely evacuation of COVID-19 patients from communities and between facilities, while ensuring the safety of EMS personnel.

The Ministry of Health (MoH) received funding from the Centers for Disease Control and Prevention (CDC) through the Infectious Diseases Institute (IDI) under the Strengthening Partnerships for Preparedness and Response project to scale up Emergency Medical Services (EMS) in six health regions in Uganda (Arua, Fort Portal, Jinja, Lira, GKMA and Mbale).

At the start of the project, the EMS system in Uganda was still in its infancy stages, with a draft national EMS policy that provided the framework for developing a comprehensive national EMS system. The Uganda Emergency Care System Assessment (ECSA) also identified several action priorities, including improvement of emergency unit processes and dedicated emergency care training for frontline providers such as the Basic emergency care (BEC) course, Triage tool, Checklists, and adherence to standard protocols.

Project Objectives

1. To improve regionalized EMS coordination for COVID-19 and other outbreak responses.
2. To improve capacity of general hospital staff and ambulance teams to triage, provide basic emergency care and make appropriate referrals.
3. Quality and timely collection and dissemination of EMS data for continuous quality improvement.
4. To strengthen capacity for safe transfer of highly infectious patients.

Key Strategies and approaches

1. Strengthening recognition, resuscitation, and referral of emergencies (3R)

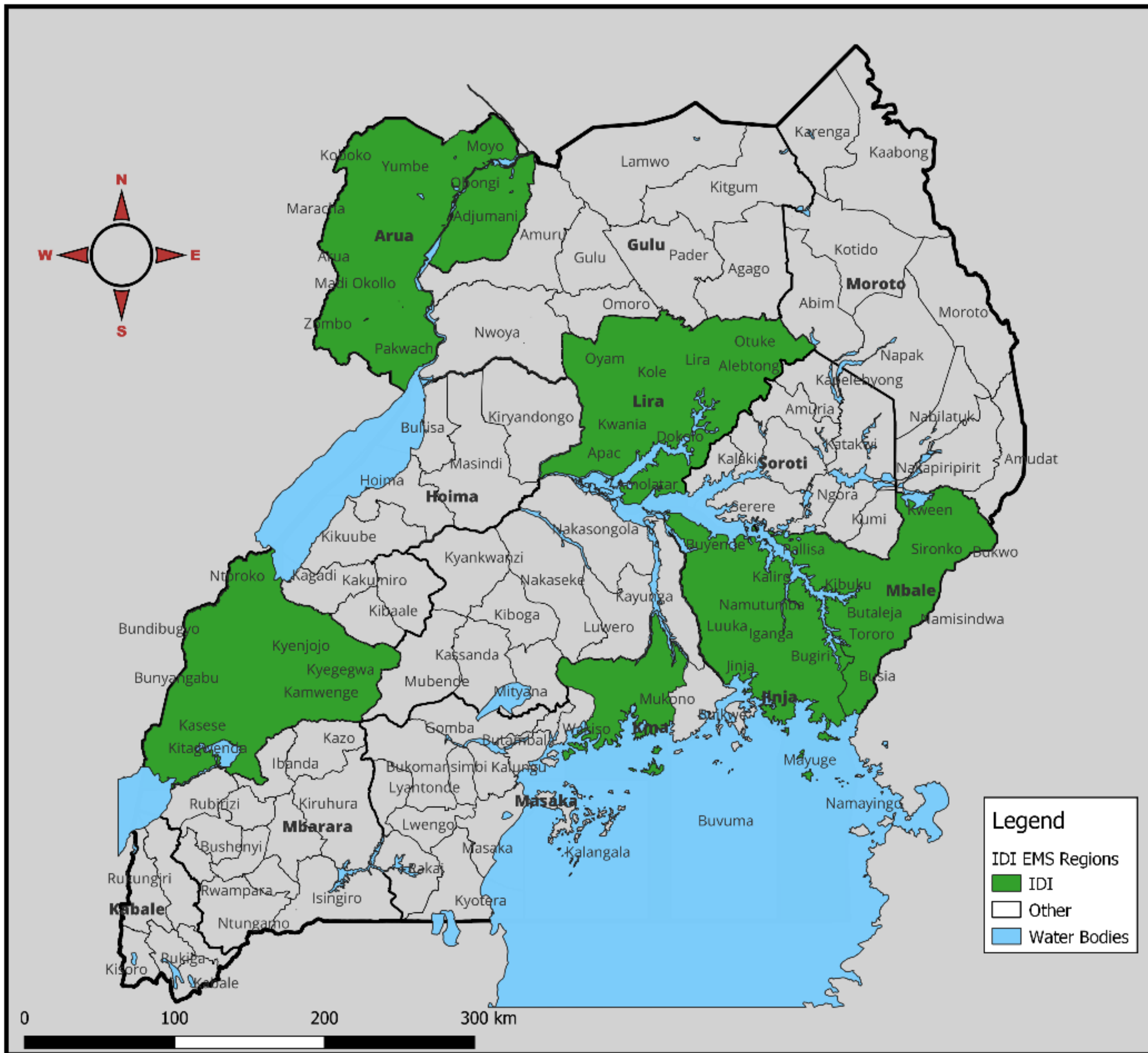
To ensure early recognition of severe and critical cases as soon as they present to lower facilities (through triage), resuscitation (using basic emergency care principles) and referral through a strengthened and well-coordinated EMS system. The 3R arm of the project would ensure health workers in general hospitals and health center IVs are trained and equipped to carry out triage, and are trained on standard EMS protocols, guidelines and documentation.

2. Improving EMS coordination

A well-coordinated regional EMS system with a focal person to ensure adherence to standards and processes to improve early access to definitive care for all patients and ensure quality data collection as well as quality improvement processes.

Geographical Scope

Map of Uganda showing the CDC/IDI project regions



Implementation Progress

Inception Activities:
The following key start-up milestones were achieved:
- Recruited a national EMS coordinator, 6 regional EMS Coordinators and a data officer.
- Developed a project implementation work plan that was approved by all stakeholders.
- Developed indicators to monitor progress in line with existing HMIS indicators.
- Developed data tools for implementation.
- Procurement plans developed and implemented.

Objective 1: To improve regionalized EMS coordination for COVID-19 response.
With guidance and oversight from the Ministry of Health, Department of Emergency Medical Services (EMS), the following were achieved.

Recruitment and deployment of Regional EMS Coordinators (RECs): 6 Regional EMS Coordinators (RECs) were subsequently recruited, trained, and deployed to the 6 project regions of Arua, Fort Portal, Greater Kampala Metropolitan Area (GKMA), Jinja, Lira and Mbale. These supported the EMS regionalization agenda within the respective regions, guided by the EMS policy and strategic plan.

Mentorship and support supervision at national to regional, and regional to targeted facilities improved patient outcomes from enhanced patient risk assessment and medical treatment during transportation.

Provision of Desk phones: Fifteen (15) phones were supplied and installed at the emergency units of every regional referral hospital for pre-notification during patient referrals and transfers. This has led to improved coordination of referrals between referring and receiving facilities, with a reduction in adverse events.

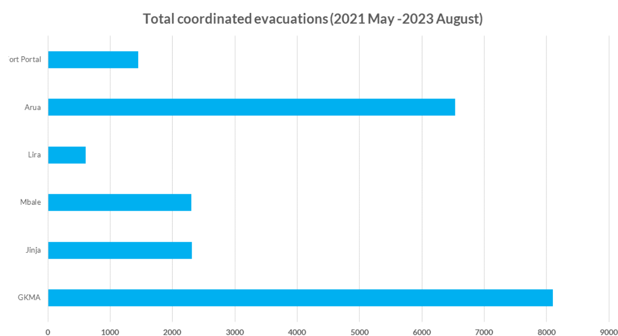
Launch of the National EMS Policy: The project supported and participated in the 27th Health Sector Joint Review Mission and launching of the National EMS policy on the 17th and 18th of November 2021. The project supported an extended digital media campaign through running advertisements on NBS and Bukedde Televisions and circulating EMS policy launch messages on social media handles. The Regional EMS Coordinators, the Program Manager, and the national coordinator supported in organizing and distribution of materials for the working sessions.

Stakeholder Engagement: Continuous engagement with regional and national stakeholders in the different regions. Over a hundred stakeholder meetings were held across the project regions to further streamline regional coordination.

Emergency Care Conference: the project supported the Emergency Care Uganda conference in the following ways;
- The Project supported the conference by printing promotional material like banners.
- The Project facilitated the Regional EMS Coordinators to write abstracts and present these in the conference.
- The Lira region REC chaired the scientific committee for the conference.
- The RECs presented EMS-related abstracts.

Topics	Writer
Building capacity for Healthcare workers in Emergency care to improve COVID-19 case management in Uganda.	Dr. Wasukira Sulaiman Bugosera
The journey of regionalization of emergency medical services in West Nile, Uganda.	Dr. Emmanuel Candia
Redefining EMS service provision-The joint urban metro approach to the COVID-19 resurgence.	Dr. Carl Trevor Kambugu.
Impact of a Type B (Basic Life Support) Ambulance on pre-hospital emergency care in Manjiya Health Sub-district, Bududa district.	Dr. Stephen Emmanuel Aporu
Experience in transferring critically ill patients on a transport ventilator in an LMIC.	Dr. Emmanuel Candia.

COVID-19 and other Emergency evacuations: The table below highlights the total number of cases evacuated in the six project-supported regions from April 2021 to June 2022. These evacuations were well coordinated safe transfers, hence optimizing patient outcomes with the available resources.



The total number of evacuated cases per project region

Broadcasting emergency contacts: As part of festive season preparedness planning, contacts of RECs and EMS Focal Persons were broadcast by the Department of EMS, MoH to increase access by the public.

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

CONTACT LIST

FOR REGIONAL EMERGENCY MEDICAL SERVICES COORDINATORS AND FOCAL PERSONS

	REGION	NAME	CONTACT	EMAIL	TITLE
1	GKMA	Kambugu Carl Trevor	0786079799	tkambugu@idi.co.ug	Regional EMS Coordinator
2	Jinja	Kwagala Racheal	0787024913	kracheal@idi.co.ug	Regional EMS Coordinator
3	Mbale	Aporu Stephen Emmanuel	0783562460	saporu@idi.co.ug	Regional EMS Coordinator
4	Soroti	Ariengu Athanasius	0772917161	arienguathan2960@gmail.com	Regional EMS Focal Person
5	Moroto	Odongo Kenneth	0787512411	odongok512@gmail.com	Regional EMS Focal Person
6	Lira	Wasukira Bagosera Sulaiman	0773610401	swasukira@idi.co.ug	Regional EMS Coordinator
7	Gulu	Anena Joyce	0782652016	emanalaanena@gmail.com	Regional EMS Focal Person
8	Arua	Candiya Emmanuel	0782071118	ecandia@idi.co.ug	Regional EMS Coordinator
9	Hoima	Sebwami Leonard	0702088658	Dr.ssebwamileo@gmail.com	Regional EMS Focal Person
10	Fort Portal	Ikwaru Patricia	0787906558	pkwaru@idi.co.ug	Regional EMS Coordinator
11	Mubende	Atimango Lucille	0784338009	lucilleatimango@gmail.com	Regional EMS Focal Person
12	Mbarara	Kizito Prisca	0774777660	kprisca22@gmail.com	Regional EMS Focal Person
13	Kabale	Kambale Elias	0781986828	elias.kambalekambel@gmail.com	Regional EMS Focal Person
14	Masaka	Bbosa Geoffrey	0703962114	bbosageofrey0000@gmail.com	Regional EMS Focal Person

For any inquiries, kindly contact:
Commissioner Emergency Medical Services
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Fuel cards: IDI supported five project regions with emergency fuel cards to help in the transfer of emergency patients and these have improved timely response to emergencies across these regions.

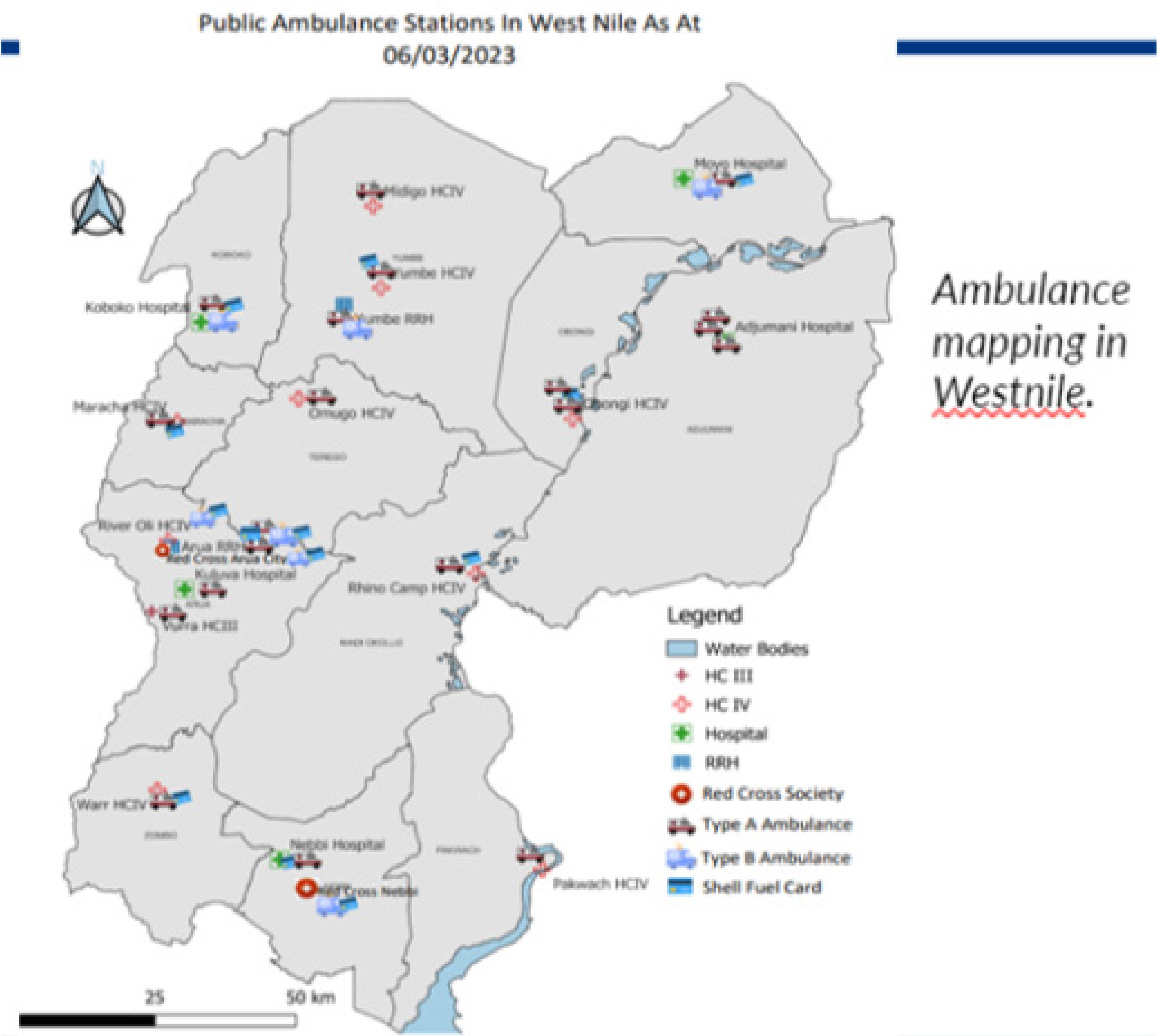
Support supervision: Three sets of support supervision visits were conducted across the project regions in 120 selected facilities to assess the progress of project implementation and address challenges that teams face while providing emergency care to patients.

Below are some of the findings and feedback from some of the health care workers.

- Staff members from the various facilities appreciated the knowledge gained from the regional EMS training and how it has improved their patient management
- There has been improvement in the triage practice and some facilities have established emergency/resuscitation rooms after the training.
- Job aides, HMIS tools like Emergency unit registers, and equipment that were supplied are being utilized.
- The desk phones that were supplied and installed at the regional Referral Hospitals are functional and this helps with pre-notifications and proper coordination among the facilities.

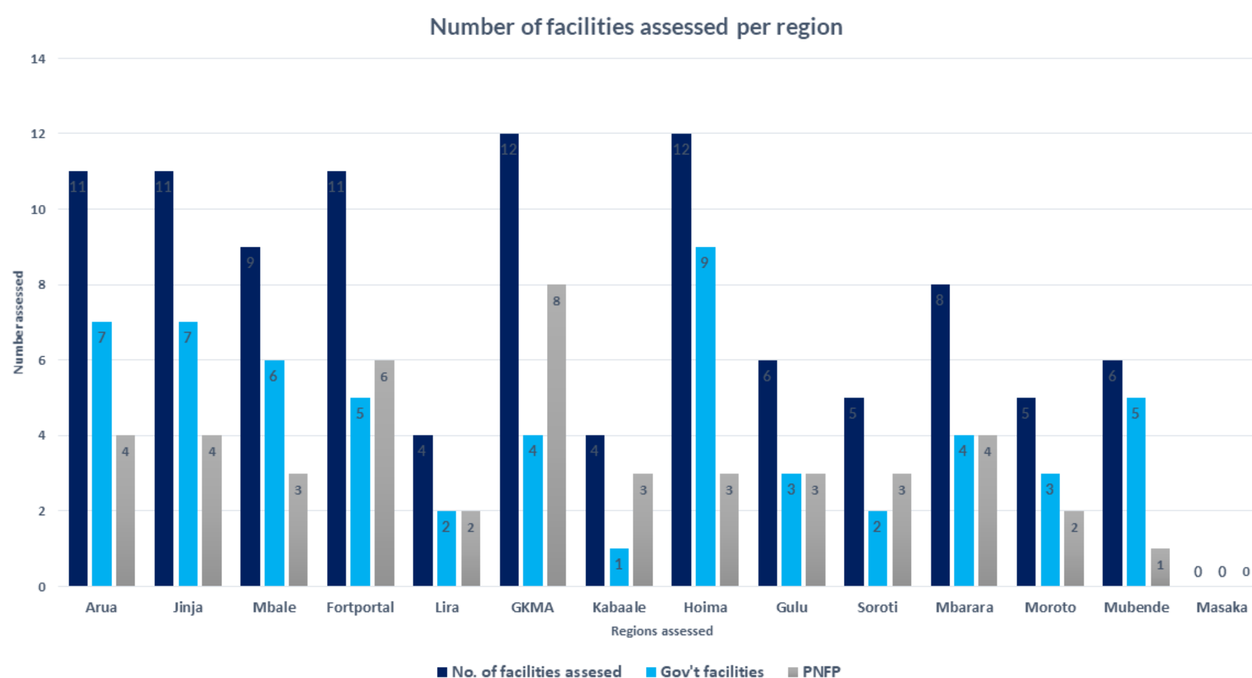
The EMS team providing scene care to a victim of a building collapse in Kisenyi (Kampala)

Mapping of ambulances: To increase access to ambulance services, the team conducted digital mapping of public ambulances in Arua region. The map has been shared with relevant stakeholders for dissemination. This has increased access to ambulance services and hence improved EMS coordination among stakeholders. Additionally, Fort Portal team conducted census of EMS ambulances in the region to improve on the referral system. This aided the strengthening of the system in the regions. This improves the efficient utilization of the few available ambulances



Objective 2: Improve capacity of general hospitals staff to triage, provide basic emergency care and make appropriate referrals of COVID-19 suspects or confirmed cases.

Baseline assessment of emergency departments/units: The project conducted baseline assessment of emergency units in 110 health facilities (regional referral hospitals, general hospitals and HC IVs (both government and PNFP) using the WHO Hospital Emergency Unit Assessment Tool (HEAT) to better understand the emergency care gaps in the facilities.



Area of assessment (n=110)	Percentage of facilities (%)
Designated Emergency Unit Area	
Yes	59.1
No	40.9
Triage	
The facility uses a formal triage system	31.3
Vital signs are measured in the triage area	30.4
There are time targets for each triage category	19.1
Protocol for systematic triage that ensures patients are seen in order of acuity available	28.2
Availability of clinical management protocols	
The initial approach using ABCDEs	32.1
Trauma care checklist	11.9
Medical resuscitation checklist	11.0
Availability of patient transfer protocols	
Presence of transfer or referral protocols	9.2
Communication with the receiving facility prior to the transfer of patients with emergency conditions	12.0

Development of the Emergency Care Principles for COVID-19 Case Management Curriculum:
The project facilitated a 3-day multistakeholder training curriculum development workshop from 19-21st May, to streamline the training content for improving capacity of general hospital staff to triage and provide basic emergency care.

Key outputs from the workshops:

- A 5-day training and orientation program for the recruited RECs.
- A 2-day training curriculum to be rolled out in facilities across the country, and a uniform Uganda Triage and Treatment Algorithm for adults and children (adapted from WHO recommended triage tools).

Procurements for the nationwide training:

- 175 Triage kits for all trained government facilities.
- EMS HMIS forms: Emergency Unit register, Emergency Unit clerking form, referral forms, Ambulance patient care forms. 2100 HMIS tools were printed and distributed to the 205-trained facilities.
- UTAT triage charts.
- WHO Medical and Trauma checklists.
- Emergency Unit patient area labels.

Training in emergency care principles and their application to COVID-19 case management:
A centralized Training of Trainers (ToT) for regional coordinators from 31st May to 4th June 2021, a 5-day orientation and Trainer of Trainer course where they were equipped with knowledge and skills as Trainers, to carry out their regional EMS coordination role, and to support the national training activities.

The project supported roll out of a 2-day training in emergency care principles and their application in COVID-19 case management to health workers from all regional referral hospitals, general hospitals and select high volume HC IVs across the country.

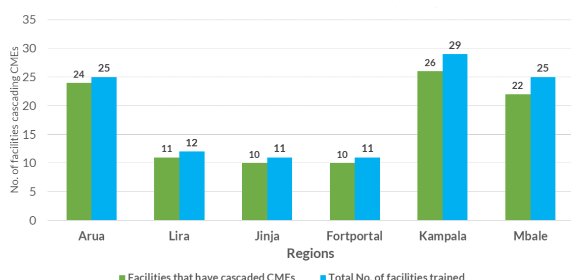
Region	No.of facilities trained	No. of health care workers trained
GKMPA	29	79
Masaka	9	24
Mbarara	19	44
Hoima	14	39
Mubende	13	33
Fort Portal	11	33
Kabale	12	33
Arua	25	66
Gulu	7	21
Lira	12	28
Mbale	25	60
Moroto	9	24
Soroti	9	29
Jinja	11	31
TOTAL	205	544

Key Results

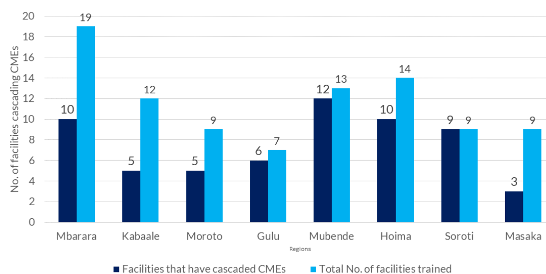
- A uniform Uganda Triage and Treatment Algorithm for adults and children was developed and adapted (Adapted from WHO recommended triage tools) to be used across the country in establishment of uniform triage.
- A basic emergency care principles training curriculum was developed to rapidly upskill health workers in basic emergency care principles and it was rolled out in facilities across the country.
- Enhanced collaboration with other partners supporting emergency care : Seed Global Health, Walimu, Emergency Care Society of Uganda, Makerere University, Mbarara University, Mulago, Mbarara and Soroti Hospitals
- 176 triage kits were distributed among government health facilities.
- 2100 HMIS tools were printed and distributed to the 205 trained facilities.
- 115 facilities have cascaded CMEs of the training package to 3550 health workers

Ambulance Teams Training: Participated in planning and supporting weekly hands-on skills training for ambulance teams across the regions. This intervention has improved the skills and knowledge of ambulance teams in providing emergency and critical care services.
EMS Facility-based CMEs: Supported the cascading of CMEs from the Emergency Care principles and their application to COVID-19 CASE Management training through weekly follow-up of trained facilities.

- 163 out of 205 (79.5%) trained facilities cascaded CMEs to 3550 HCWs



Facilities that have cascaded CMEs in the 6 project regions

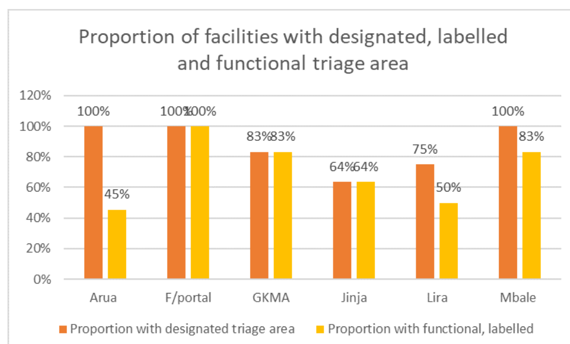


Facilities cascading CMEs in the other 8 regions

Healthcare worker mentorship: During support supervision, the teams conducted onsite EMS mentorship to 84 Healthcare workers from 53 health facilities on proper documentation, reporting, and EMS utilization. These included Emergency unit in charges, EMTs, Records officers. There was a 36% improvement in reporting noted the month after the support supervision.

Online National Level MoH EMS ECHO CME sessions: The Regional EMS Coordinators continuously supported the EMS Department, Ministry of Health working with Seed Global Health to mobilize HCW attendance of the biweekly CMEs. Regional facility teams interfaced with subject matter experts to build their capacity remotely.

Functionalising triage and resuscitation areas: Supported facilities in the regions to functionalize triage and resuscitation areas and implement the UTAT algorithm. Emergency units in the regions have adopted the Uganda Triage and Treatment Algorithm to better manage various emergencies. Additionally, they are utilizing the medical equipment and job aides that were provided.



Ebola Sudan Virus Outbreak Response Support

On 20th September 2022, the Ministry of Health declared an outbreak of the Sudan Ebola virus after a case managed at Mubende RRH was confirmed through testing at the Uganda Virus Research Institute. By 19th December 2022, 9 districts had registered confirmed cases. With funding from CDC, IDI supported efforts to strengthen the coordination of the safe transfer of EVD-related cases and capacity building for EMS teams with guidance from the Ministry of Health.

Strengthen coordination of transfers of EVD cases
Surge Response Personnel: In addition to coordination of transfers within the 5 project regions by the 5 Regional EMS Coordinators (RECs), 2 RECs were redeployed to support affected non-project regions (Mubende and Masaka). Cumulatively 310 EVD-related safe evacuations from 7 regions were conducted to the isolation or treatment facilities.

Ambulance mapping in Mubende Region: IDI in conjunction with MoH assessed EMS and the Ambulance status in the Mubende region proximal districts during the early efforts to ascertain capacities to support the response. Together with the district health offices, ambulance teams were enlisted for training.

EMS IPC training: As a preparedness strategy, 189 EMS teams and pre-hospital providers were trained on IPC for EMS; the training covered practice sessions on Hand Hygiene, donning, decontamination of the ambulance, doffing, and Chlorine preparation. IDI also supported EMS IPC training in the very high-risk districts of Mubende, Masaka, Jinja, KMA, Kyegegwa, and Kassanda & the neighboring high-risk districts of Fortportal, Kyankwanzi, Kagadi, Kakumiro, Kibaale, Gomba, Kiboga, and Mityana.

Capacity building for the Masaka EMS team for the response: The following training was organized for the EMS teams; EVD Standard Operating Procedures for safe patient transfer, Triage, and provision of care during the transfer of EVD suspects and confirmed cases, Dispatch processes for the EVD response within the alert management system, and Patient handover process and referral points within Masaka and the national options.

EVD Prehospital triage and care during transfer: Ambulance teams were trained to use Uganda's EVD prehospital triage tool which prioritized transfers and determined which patients needed care provided enroute. This ensured improved patient outcomes for red patients during transfer.

Renovation of the decontamination site: During the Ebola response, IDI/CDC supported the renovation of the Redcross (URCS) ambulance decontamination site at Mubende through the provision of materials and construction of the sink pit. This helped to prevent infection spread from wash-off water to the surrounding community as ambulances are decontaminated.

Meals for ambulance teams: During the ebola response, IDI/CDC facilitated meals and transport for 74 ambulance team members and volunteers in Mubende region for a period of two weeks. Additionally, IDI supported 6 training sessions (3 in Kampala, and 3 in Masaka) with refreshments.

Objective 3: Collect and disseminate data for continuous quality improvement.

HMIS tools supplied: The project has supported the procurement and distribution of various EMS data tools and job aids across the country

EMS Tool	Quantity
HMIS EMS 001: Call and Dispatch books	400
HMIS EMS 002: Ambulance Patient care Forms	2,000
HMIS EMS 003: Emergency Form	1,500
HMIS EMS 004: Emergency Unit Registers	2,000
COVID-19 referral books	500
UTAT charts Adult (A2 size)	450
UTAT charts Pediatric (A2 size)	450
Transfer Checklist (A2 size)	450
Trauma checklist (A2 size)	450
Medical checklist (A2 size)	450

Operational meetings: Participation in the periodic MoH EMS coordination meetings, national case management pillar meetings, and health facility meetings to improve EMS operations.

Career growth: With support from the MoH EMS department, the RECs completed a course in Proposal Writing in the Sciences sponsored by INASP and Author AID. Each REC obtained knowledge and skills in Research and Proposal Writing and was certified. This has supported the writing of EMS success stories and two manuscripts currently in advanced stages.

Documentation: Formulated EMS-related topics to support evidence-based policy and innovation, identification of gaps, and critical factors for emergency care. Six (6) EMS related abstracts were written and presented during the Emergency care conference in Mbarara. Additionally, success stories were written, and two manuscripts are underway.

EMS Video documentary: The project supported a video documentation on the impact of EMS and the EMS trainings on various facilities, health care workers, and beneficiaries across the regions. Hence creating visibility and credibility of EMS, which increased awareness in the communities.

Performance review: Review meetings with the project team leads were held to review EMS performance in line with the indicators. This helped identify the gaps, find possible solutions to bridge these gaps, and plan for sections that need improvement.

Reporting and Data utilization: Weekly and biweekly reports on patient referrals/evacuations are submitted by teams in the regions for analysis. These capture number of transfers, triage codes, referral types, the strengths, weaknesses, and possible solutions to the emerging issues.

Objective 4: To Strengthen Capacity for Safe Transfer of Highly Infectious Patients.

Coordination patient evacuations: In addition to coordination of transfers within the 5 project regions by the 5 Regional EMS Coordinators (RECs), 2 RECs were redeployed to support affected non-project regions (Mubende and Masaka). Cumulatively 310 EVD-related safe evacuations from 7 regions were conducted to the isolation or treatment facilities.

Emergency Fuel support: IDI provided emergency fuel of 1027 litres to support Ambulance Evacuations across KMA, Jinja, Fort Portal, Masaka, Arua, and Mbale regions. This enabled the timely evacuation of patients and bodies to reduce infection spread within communities and improve patient outcomes with early intervention.

Establishment of Mubende EMS Call and Dispatch Center: Conducted a needs assessment for the establishment of a Call and Dispatch center at Mubende Regional Referral Hospital. The call center working with the surveillance teams, will improve regional coordination of patient evacuations.

EMS IPC training videos: Two (2) videos developed on safe evacuation of highly infectious patients and ambulance decontamination. These will be disseminated via MoH and IDI online channels, and at regional trainings to rapidly scale capacity across the country.

Challenges

- Most regions lack call and dispatch centers hence making the response coordination difficult (though plans by the EMS department underway to setup the coordination units)
- Naguru ambulance station access line is no longer functional. Alternative numbers used to coordinate transfers.
- Facilities that did not participate in the regional training on emergency care principles (HCIVs, HCIIIs as well as some private facilities) still have a lot of poor referrals and poor emergency care.
- Low reporting rates on EMS data due to lack of training and/or EMS HMIS tools.
- Challenges in tracking ambulances as the lack vehicles lack GPS
- Lack of dedicated (fixed employment) ambulance teams hence high drainage of capacity built.End of project support for 4 regions' EMS coordinators

Recommendations

- Restoration of the Naguru ambulance station access line to facilitate wider reach.
- Liaison with hospital records officers and district biostaticians to share the data from the newly brought HMIS EMS tools, also conduct DQAs, and support supervision to improve on reporting.
- Work with the EMS Department, MoH to disseminate the EMS policy, strategic plan, and ambulance norms and standards.
- Work with RRH teams to include EMS in support supervision to lower facilities in their regions.
- Continued engagement with EMS Department at Ministry of Health, and other EMS stakeholders to identify more opportunities for capacity building and system improvement in EMS.

Pictorial

Figure 3: Airway skills station training during the national emergency care trainings

Figure 4: Rollout training for the Uganda Traige and Treatment Algorithm (UTAT) in GKMA

Figure 5: A meeting with a section of the ambulance team in Mbale.

Figure 6: Demonstration of donning and doffing with ambulance teams in the Mbale region.

Picture 5: A photo session with RECs and the EMS department after the EMS Performance review meeting held on 25th October 2021

Picture 6: Stakeholder engagement in the Arua region

Support Supervision Activities

Support supervision at Kisenyi HC IV

The national EMS coordinator sharing with the Bugiri Hospital staff about the Referral system during support supervision.

Mbale region REC inspecting equipment in one of the ambulances attached to Tororo south HSD during support supervision.

The team assessing the Triage book and the Emergency Unit register during support supervision in Greater Kampala region.

The national EMS coordinator testing the functionality of the installed deskphone at Mbale RRH.

A health care worker filling the Emergency unit register as observed by the team during support supervision.

Ambulance Training

Hands-on training of ambulance teams in Arua and Greater Kampala respectively

A team of Community First Aid Responders that was trained in Maracha district where the Arua region REC was one of the trainers.

Jinja region REC doing EMS sensitization during Busoga branch UMA general assembly

The RECs with the MoH officials during the Emergency Care conference

GKMA REC conducting a CME on appropriate referral and utilization of the call center at Naguru NRH.

The Mbale region REC demonstrating steps of oxygen administration during the training of ambulance teams at Busitema University.

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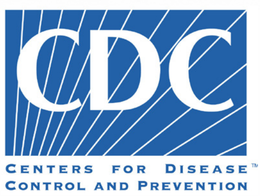
CDC
Centers for Disease Control and Prevention

Makerere University

IDI
Infectious Diseases Institute